# Oceania Care Company Limited - Elderslea Rest Home

## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Elderslea Rest Home

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 1 October 2024 End date: 2 October 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 117

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ person-centred and safe environment
* te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
* here taratahi │ restraint and seclusion.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Elderslea Rest Home is part of Oceania Healthcare Limited. The facility can provide services for up to 123 residents requiring rest home, hospital, or dementia levels of care. There were 117 residents in the facility on the first day of the audit. The facility is managed by a village and care manager, supported by a clinical manager who has clinical oversight of the facility.

This surveillance audit process was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a nurse practitioner.

Improvements have been made in care planning, and laundry management, addressing those areas requiring improvement at the previous (certification) audit.

As a result of this audit, improvements are required to address care plan implementation and the expired building warrant of fitness.

## Ō tātou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,  and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Elderslea Rest Home provided an environment that supported residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed.

There were a number of Pasifika residents and staff in the service at the time of the audit. Systems and processes were in place that enabled Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Brochures on the Code were accessible all around the facility. Posters on the Code and the Nationwide Health and Disability Advocacy Service were also visible. Staff at Elderslea Rest Home maintained professional boundaries and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Staff were knowledgeable about the informed consent process, including for Māori. Residents and whānau felt included when making decisions about care and treatment. The nursing and care staff interviewed understood the principles and practice of informed consent.

Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident’s record.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori but there have been no complaints received from Māori in the service.

A Coroner’s enquiry open at the last (certification) audit remains open. Since that time, there have been five complaints received by the facility from external sources. One was received from Te Whatu Ora, and this has been addressed. The other four have been received through the Office of the Health and Disability Commissioner. One related to the aforementioned Coroner’s enquiry and has been closed, the other three remain open.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Elderslea Rest Home. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring, with regular reviews according to predetermined schedules.

Well established quality and risk management systems are focused on improving service delivery and care outcomes. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide. Actual and potential risks were identified and mitigated. Adverse events were documented, with corrective actions implemented as applicable.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

Staff at Elderslea Rest Home collaborated with the residents and their whānau to assess, plan and evaluate care. Care plans were based on comprehensive risk-based assessments and accommodated any recent problems that arose. Documentation in the files reviewed demonstrated that care met the needs of residents and whānau, and these were evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

|  |  |  |
| --- | --- | --- |
| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Some subsections applicable to this service partially attained and of low risk. |

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A planned maintenance programme ensures safety. Electrical and biomedical equipment is tested as required.

## Te kaupare pokenga me te kaitiakitanga patu huakita │Infection prevention and antimicrobial stewardship

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| --- | --- | --- |
| Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. |  | Subsections applicable to this service fully attained. |

Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme are appropriate to the size and complexity of the service. They are adequately resourced. The infection control coordinators (two) were registered nurses who participate in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required and with results shared with the governing body and staff.

The environment supports prevention and transmission of infections. There were safe and effective laundry services.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

The service aims to be a restraint-free environment; this is supported by the governing body and policies and procedures. There was one resident observed to be using a restraint during the audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 17 | 0 | 1 | 1 | 0 | 0 |
| **Criteria** | 0 | 48 | 0 | 1 | 1 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Subsection** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | Oceania Healthcare Limited (Oceania) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work and these are used at Elderslea Rest Home (Elderslea). A Māori and Pacific people’s health policy and a Māori Health Plan 2022-2025 describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health’s Whakamaua Māori Health Action Plan 2020-2025.  The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. The Māori and Pacific people’s health plan has been developed with input from cultural advisers and this can be used at Elderslea for residents who identify as Māori. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) is respected.  The service has links for Māori health support through the Oceania cultural capability consultants, through the organisation’s cultural advisory group, and locally through Orongomai Marae Health Services, Te Whatu Ora Māori Health Unit, Ko Wai Tātou (Māori liaison for mental health), and through the Te Whatu Ora Māori Health and Disability Workforce Groups. Staff links to Māori health support are through Kia Ora Hauora, Te Kawa Whakaruruhau (cultural safety programmes). There were Māori residents in the service at the time of audit, and those interviewed felt culturally safe. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | The service provider has a policy on Māori and Pacific people’s health. This describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020.  There were residents who identified as Pasifika in the facility on the days of audit. Elderslea has connections with Pasifika organisations through Oceania’s cultural capability consultants, through the organisation’s cultural advisory group, and locally through Te Whatu Ora Pacific Health Team, and local church groups. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were seen supporting residents of Elderslea in accordance with their wishes.  When interviewed, residents and their whānau reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code was on display and accessible in English, te reo Māori and New Zealand Sign Language (NZSL). Brochures on the Nationwide Advocacy Service were available in English and te reo Māori. Staff knew how to access the Code in other languages should this be required. Training records verified staff have received training on the Code. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Employment practices at Elderslea included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct. Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practice.  Residents reported that their property was respected, and finances protected. Professional boundaries were maintained. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Residents at Elderslea and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.  Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident’s record. Files reviewed of residents being cared for in the secure dementia unit had an activated EPOA on file, and a specialist’s authorisation that the resident required care in a secure environment. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Documentation sighted showed that complaints had been addressed in a timely manner and that complainants had been informed of findings following investigation. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Advocacy information was readily available in English and te reo Māori to support the complaints process.  There are also processes in place to ensure complaints from Māori can be managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). There have been no complaints received from Māori in the service.  There have been five complaints received from external sources since the previous audit, all related to resident care. Two have been closed, one received through Te Whatu Ora, and one received through the Office of the Health and Disability Commissioner (HDC) following an unexpected death reported in relation to a Coroner’s enquiry (refer subsection 2.2). This one was closed with no breach, but recommendations were made re: training to take place, and this has been addressed by the service. The remaining three (one received by the service in May 2023, one in July 2023, and one in August 2023) have been responded to within the required timeframes but remain open. One of the HDC complaints (August 2023) was also received directly by the facility at the same time the complaint was sent to the HDC, and this has been addressed to the complainant's satisfaction. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania is using external and internal processes to enable the organisation to ensure there is meaningful inclusion for Māori at governance level and that Te Tiriti o Waitangi is honoured. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.  The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. For example, trilingual signage (English, te reo Māori, and New Zealand Sign Language) and information in other languages for the Code of Rights, complaints, advocacy services, and infection prevention and control. Elderslea promotes appropriate models of care specific to residents’ cultural needs, including for Māori and Pasifika.  Governance commits to quality and risk via policy and processes and through feedback mechanisms. This includes receiving regular information from its care facilities, including from Elderslea. Oceania board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the board of directors showed adequate information to monitor performance is reported.  The clinical governance structure is appropriate to the size and complexity of the organisation. The business and care manager (BCM) and clinical manager (CM) are both experienced staff members. The BCM has worked at Elderslea since 2018 and is experienced in aged-care business management. The CM has been at Elderslea since 2015, originally working as a registered nurse (RN) until appointed to the CM role in 2018. The CM confirmed knowledge of the sector, including regulatory and reporting requirements (the BCM was unavailable on the day of audit). The BCM and CM have support available to them through the regional clinical manager (RCM) and specialised staff at the Oceania support office.  The service holds contracts with Te Whatu Ora – Health New Zealand for the provision of age-related residential care (ARRC) services at rest home, hospital, and dementia level care. Contracts are also held for palliative care, respite care, and long-term support – chronic health conditions (LTS-CHC). The service holds contracts with Whaikaha for residential non-aged younger disabled people and with the Accident Compensation Corporation (ACC).  On the day of the audit, 117 residents were receiving services. These were made up of 55 residents receiving rest home level care (including one resident on respite, two under short term ACC and one under a long term ACC contract), 43 residents requiring hospital-level care (including two under short term ACC and one under a long term ACC contract), 18 residents were receiving dementia level care (one under a LTS-CHC contract). One resident was receiving private care. No residents were receiving care under a Whaikaha contract or under a palliative care contract. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.  Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.  Documentation showed that the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies were being followed.  Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.  The BCM and CM have complied with essential notification reporting requirements. There have been 21 notifications since the previous audit. Twelve (12) of these relate to facility-acquired pressure injuries (refer also criterion 3.2.4), four non-facility-acquired pressure injuries, one following an unexpected death (refer criterion 2.2.2), two due to residents absconding (leaving the facility without notifying staff), and two due to outbreaks (one gastroenteritis and one gastroenteritis and COVID-19).  The CM was aware of reporting requirements to Te Tāhū Hauora – Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2 as well as pressure injury at stage 3 and above. No notifications have been made to Te Tāhū Hauora since the change came into effect.  There is one coroner’s enquiry which was open at the time of audit. There has been a police investigation, and an internal investigation has taken place. Information requested by the coroner has been supplied by the service. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents; it considers the geography of the building and the acuity of residents. Some residents, whānau, and staff reported that there were not enough staff in the facility to provide safe services (refer criterion 3.2.4). Examination of rosters, however, showed that sufficient staff were on duty to provide safe services, and these were above the minimum required based on the Oceania acuity tool used by the service to determine staffing levels. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.  Position descriptions reflected the skills, qualifications and attributes for each role to ensures services are delivered to meet the needs of residents. Descriptions of roles also cover additional functions, such as holding an infection prevention and control (IPC) or restraint portfolio.  Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.  Care staff working in the dementia care unit have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with Te Whatu Ora. All but three staff working regularly in the dementia care area have completed the required training, the three remaining have training in progress and were enrolled in appropriate timeframes. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of 11 staff records reviewed confirmed the organisation’s policies are being consistently implemented. Professional qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (a general practitioner (GP), nurse practitioner (NP), pharmacists, physiotherapist, podiatrist, and dietitian).  Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff interviewed confirmed they had input into the process and could set their own goals. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | The multidisciplinary team at Elderslea worked in partnership with the resident and their whānau to document the residents’ requirements to support wellbeing.  Twelve residents’ files were reviewed: seven hospital files, two rest home files and three dementia files. These files included residents who identify as Māori or Pasifika, residents with a wound, residents with a facility-acquired pressure injury, residents who have a number of co-morbidities, residents who have behaviours that challenge, residents who have a high falls risk, residents who are diabetic, residents who reside in care suites and residents who have an elevated risk of developing pressure injuries.  Files reviewed verified the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP or NP assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their whānau participated in the service’s development and removed barriers that prevent access to information. This was verified by reviewing documentation, sampling residents’ records, from interviews, including with the nurse practitioner (NP), a physiotherapist, and from observation.  Residents with wounds were managed in accordance with best practice guidelines and input from the wound care nurse was sought when required. Residents with pressure injuries were observed to have the pressure injury wounds managed appropriately and these were improving. Early warning signs were documented, including the required observations to ensure early detection. Section 31 notifications to the Manatū Hauora for a stage three pressure injury in April 2024 were sighted. A resident requiring restraint had the documentation in place to evidence compliance with the standard. Residents who identified as Māori or Pasifika had health plans that addressed their cultural needs. The documentation in the residents’ files accurately documented the residents’ needs and required care. This addresses a previous corrective action that identified care plans did not fully describe the support required to meet the residents’ assessed needs. Despite clear documentation in care plans, observations, outcomes and interviews verified that, at times, some aspects of residents’ needs were not being attended to, and this requires attention (refer criterion 3.2.4).  Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. A number of residents and whānau confirmed active involvement in the process, including for residents with a disability; however, this was not so for all (refer criterion 3.2.4). |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit.  The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro-re-nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes.  Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.  Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders were not used at Elderslea.  Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person’s medication. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food service provided at Elderslea was in line with recognised nutritional guidelines for older people. The menu was planned and implemented by the organisation’s dietitian and included input from residents.  All aspects of food management complied with current legislation and guidelines. The service operated with an organisation-wide approved food safety plan. A verification audit of the food control plan was undertaken on 17 May 2023. While no areas requiring corrective action were identified, two recommendations were made regarding the mending of a food mixer, and records to be kept regarding the shelf life of pantry items; these had not been addressed at the time of audit. The plan was, however, verified for 18 months and is due for re-audit on 17 November 2024.  Residents in the secure unit have access to food and fluid at all times of the day and night. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Transfer or discharge from Elderslea was planned and managed safely to include current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. A resident and their whānau interviewed reported being kept well informed during the recent transfer of their relative. Whānau are advised of their options to access other health and disability services as required, including social support or kaupapa Māori services. |
| Subsection 4.1: The facility  The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | PA Low | Building, plant and equipment are fit for purpose and inclusive of peoples’ cultures. With the exception of an expired building warrant of fitness (BWoF) the building complies with relevant legislation (refer criterion 4.1.1).  The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits.  Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.  There have been no changes to the building since the previous (certification) audit. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The two infection control coordinators (ICCs) at Elderslea are RNs who are responsible for overseeing and implementing the IP and AMS programme, which has been developed by those with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the ICCs and review of the programme documentation.  Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.  Educational resources are now available and accessible in te reo Māori for Māori accessing services and infection prevention personnel work in partnership with an external cultural capability consultant to ensure Elderslea provides culturally safe practice that acknowledges the spirit of Te Tiriti o Waitangi. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Elderslea undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.  Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance includes ethnicity data. Specific health care-associated infections (HAIs) being monitored include infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms). Results of the surveillance programme, including HAIs, were reported to the board, and shared with staff. Culturally clear processes are in place to communicate with residents and their whānau, and these were documented.  A recent COVID-19 outbreak and two outbreaks of gastroenteritis (one at the same time as the COVID-19 outbreak) were contained to one area of the facility and successfully managed. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | All laundry was laundered on site, including residents’ personal clothing. Policies and processes were in place that identified the required laundering processes including the limited access to areas where laundry equipment and chemicals were stored. Laundry processes are monitored for effectiveness. A clear separation for the handling and storage of clean and dirty laundry was sighted. This addresses a previous corrective action that identified there was a risk of exposure to infection because of the passage of dirty laundry from an external source passing through a food area. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Elderslea aims for a restraint-free environment, and Oceania policies and procedures support restraint elimination. There was one resident observed to be using a restraint during the audit (bed rails). Appropriate safeguards were in place to support the use of restraint, including assessment, consent and evaluation. The resident had entered the service from the local Te Whatu Ora hospital with bed rails in place, and whānau wished for continued use for the safety of the resident. The restraint was monitored by staff. Any use of restraint is reported to the governing body through monthly reporting mechanisms.  Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques and restraint monitoring, as part of the 2024 education programme. |

# Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 3.2.4  In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented. | PA Moderate | Residents with wounds were managed in accordance with best practice guidelines and input from the wound care nurse was sought when required. Residents with pressure injuries were observed. The pressure injury wounds were being managed appropriately and these were improving. A Section 31 notification to Manatū Hauora for a stage three pressure injury in April 2024 was sighted. A resident requiring restraint had the documentation in place to evidence compliance with the standard.  During the audit, it was noted that a number of residents in the mornings were assisted to get up and placed in a ‘lazy boy’ on wheels. They were moved around the facility in the lazy boys and remained in the same position all day. Residents who required changes in position to minimise pressure injuries had this documented in their care plan but were not observed to be moved during the audit. A resident with a pressure injury that had healed was observed to remain in the same position, with the heel protectors not in place for longer than the two-hourly turning regime required. Residents were observed to not be changed or taken to the toilet unless they were able to request that this was needed. A resident requiring assistance with their morning tea had it left for them but was not assisted to eat or drink it. Another resident was noted to have food around their mouth which had not been removed following their meal, and two residents were noted to not have been shaved.  Residents requiring care in the secure unit had behaviour management plans and 24-hour plans that identified residents’ routines and triggers to behaviours. The 24-hour care plan documented was similar for each resident reviewed and did not address residents’ strengths, interests and previous lifestyle patterns, so these could be included in the resident’s daily care regime.  Interviews with nine whānau identified six of nine were happy with the care provided, with three expressing dissatisfactions. As per Tracer One, whānau reported not feeling ‘heard’. Tracer Two whānau identified that there were “no personal touches”. One satisfied whānau and four of sixteen residents made mention of the extended time taken for call bells to be responded to; however, this was not verified by examination of call bell monitoring reports. A few residents and whānau made mention that the facility was often short-staffed; this was reaffirmed to residents by staff saying they were too busy to assist residents as they were ‘short-staffed’. Rosters examined showed that staffing levels were appropriate for the services being delivered, and observations during the audit did not verify that the staff appeared to be in a hurry or rushed. | Some residents were not receiving the care required to meet their assessed needs as per the documentation in their care plan. Care is not being provided in a respectful way to remove potential stigma, build resilience for residents in the service, and in the promotion of positive health outcomes for residents. | Provide evidence residents are receiving the care required to meet their needs. Ensure residents receive services in a respectful manner that removes potential stigma, builds resilience for residents in the service, and promotes positive health outcomes for residents.  30 days |
| Criterion 4.1.1  Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices. | PA Low | The BWoF on display in the facility had an expiry date of 24 August 2024. This was due to a pump that needed to be replaced, and work to replace this has now been completed. All other work related to the BwoF was in place. The BWoF is back with the Hutt City Council awaiting approval. | The BWoF on display in the facility has expired. | Provide evidence of a current BWoF for the facility.  90 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.