

Oceania Care Company Limited - Eversley Rest Home and Village

Introduction

This report records the results of a Certification 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](#).

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Eversley Rest Home and Village

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: 24 February 2025 End date: 25 February 2025

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: 48

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 haumarū | 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

Indicator	Description	Definition
	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

Eversley Rest Home and Village is part of Oceania Care Company Limited, a national health care provider. The facility can provide services for up to 50 residents requiring rest home, hospital or secure dementia levels of care.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand. It included a pre-audit review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced business and care manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements identified during the audit related to care planning and restraint management.

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.
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Eversley Rest Home and Village 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 no Pasifika residents in the service at the time of the audit. Systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe were they to be admitted.

The service provider was aware of the requirement to recruit and retain Māori and Pasifika in its workforce. The requirement to do this is embedded in Oceania Care Company Limited's policy and the service actively recruits Māori and Pasifika into its service where it is able. There were staff identifying as Māori and Pasifika in the service.

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. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. Eversley Rest Home and Village provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced and there was evidence that residents and their whānau were kept well informed. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were being managed in accordance with the Code of Health and Disability Services Consumers' Rights and in collaboration with all parties.

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 Care Company Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Eversley Rest Home and Village. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha (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 was occurring, with regular reviews according to predetermined schedules and/or events that arise that may impact the service.

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff engage in quality activities. Actual and potential risks were identified and mitigated. The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings, and adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania Care Company Limited facilities nationwide.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. An education/training programme was in place and competencies were assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses. Staff working in the secure dementia care service had either completed or commenced the required education to work in the area of dementia care.

Resident and staff information was recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The entry-to-service process at Eversley Rest Home and Village is efficiently managed. Residents are assessed before entry to the service to confirm their level of care. When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, and the care provided was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

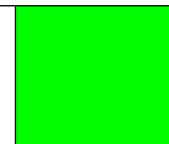
Medicines were safely managed and administered by staff who were competent to do so.

The food service was safely managed and met the nutritional needs of the residents, with cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | 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.



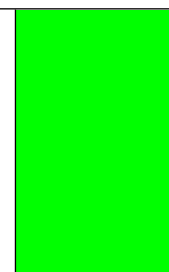
Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well-maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of tāngata whaikaha.

Staff were trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency supplies were adequate for the region. Residents reported a timely staff response to call bells. Security was maintained.

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

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.

The governing body ensured the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator participates in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Oceania Care Company Limited is committed to a restraint-free environment in all its facilities. This is supported by the governing body and policies and procedures.

Oceania has documentation in place to manage restraint, including for restraint assessment, approval, consent, monitoring, and review. Policy requires that restraint be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is a registered nurse who has a defined role to provide support and oversight for restraint management, should this be required. Staff interviewed demonstrated knowledge of restraint processes, including 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	26	0	1	2	0	0
Criteria	0	169	0	1	6	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](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>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.</p>	<p>FA</p>	<p>Oceania Care Company Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori Health Plan in place, which 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 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. A culturally competent services policy has a section on supporting residents who identify as Māori.</p> <p>The Māori Health Plan has been developed with input from cultural advisers, and this can be used at Eversley Rest Home and Village (Eversley) for residents who identify as Māori. Residents participate by providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. 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) was respected.</p>

		<p>The service supports increasing capacity for Māori within the service by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data was gathered when staff are employed, and this data was analysed at a management and organisational level. There were staff who identified as Māori employed by the service at the time of audit.</p> <p>The service has links for Māori health support through two local kaumātua, through staff to 11 local marae, Waimarama Marae (for specific residents in the service's care), and through Oceania's contracted advisory provider.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>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.</p>	<p>FA</p>	<p>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 and outlines the Fonofale model of care to guide care for Pacific peoples.</p> <p>There were no residents who identified as Pasifika in the facility on the days of audit. Oceania has systems and processes in place to enable Pacific people to be provided with services that recognise their worldviews in a culturally safe manner should they to be admitted. Eversley can access support for Pasifika residents in the service through three local Pasifika representatives (one of whom is a pastor, and one is employed by Te Whatu Ora). Access to other churches is through staff who identify with different Pacific peoples.</p> <p>The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data was gathered when staff were employed, and this data was analysed at a management and organisational level. There were staff who identified as Pasifika at Eversley the time of audit. Pasifika were employed in leadership and training positions throughout the wider Oceania organisation.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters in English, te reo Māori and New Zealand Sign Language (NZSL) around the facility, with brochures in English and te reo Māori available at reception. A poster on the Nationwide Health and Disability Advocacy Service was displayed in the front entranceway of Eversley. Staff knew how to access the Code in other languages should this be required. Resident's rights were included in the discussions at residents' meetings; this was evidenced in meeting minutes and through interviews.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents in the service in accordance with their wishes. Eversley recognised mana motuhake (self-determination) for all residents. Residents and whānau interviewed 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. Interviews with six whānau, who visited regularly, confirmed staff were respectful and considerate of residents' rights. Resident meetings included discussion on the Code.</p> <p>Eversley had a range of cultural diversities in its staff mix, and staff can assist if interpreter assistance is required. The service also had access to interpreter services and cultural advisors/advocates as needed. Relationships had been established with Māori and Pasifika organisations for the support of Māori and Pasifika residents in the service.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff at Eversley supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, culture, spirituality, choices and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori actively being promoted throughout the service.</p>

		<p>Staff working in the service had been educated in Te Tiriti o Waitangi, tikanga and cultural safety through the orientation programme and as part of the education programme. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori, and there were multiple te reo Māori language 'reminder' posters located around the facility to encourage the use of te reo Māori with residents who were te reo Māori speakers.</p> <p>Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. A physiotherapy programme was in place for tāngata whaikaha to assist them in improving or retaining mobility.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Eversley responded to tāngata whaikaha needs and enabled their participation in te ao Māori.</p> <p>Training on the aging process, diversity and inclusion, communication and informed consent was included in training for the support of tāngata whaikaha.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Eversley 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.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Staff were observed to maintain professional boundaries. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected.</p> <p>A strengths-based and holistic model of health was promoted at</p>

		<p>Eversley that included use of Te Whare Tapa Whā and Fonofale models of care specific to Māori and Pasifika. An individualised approach was in place that ensured the best outcomes for all. Ten residents and six whānau interviewed expressed overall satisfaction with the care services being provided by the service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori and tikanga Māori were incorporated into day-to-day work, greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Eversley were held regularly in addition to regular contacts with whānau by email, newsletters, telephone calls, and the 'open door' policy of the business and care manager (BCM) and the clinical manager (CM). A notification on the notice boards advised when the resident and whānau meeting would be held next.</p> <p>Evidence was sighted of residents communicating with staff, including the BCM and the CM. Residents, whānau and staff reported the BCM and CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Evidence of open communication was apparent during the management of any complaints. Documentation supported evidence of ongoing contact with residents' Enduring Power of Attorney (EPOA) or whānau. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>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</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, or when an EPOA had been activated,</p>

<p>supports me to understand why.</p> <p>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.</p> <p>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.</p>		<p>whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Staff who identified as Māori and Pasifika, or other people/organisations involved in the service, assisted staff to support safe cultural practice for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>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. Information on complaints and the complaints process was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been two complaints received by the service in the last 12 months. All complaints, formal and informal, were managed as per the Oceania complaints process. Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation.</p> <p>There have been no complaints from Māori in the service but there were processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There was one (historic) complaint received from the Health and Disability Commission on 12 April 2023. Information was provided by</p>

		<p>the facility as required by 24 May 2023. This complaint remains open. There have been no new complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>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 utilises an external consultancy to assist the organisation in ensuring there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have completed cultural training and have taken opportunities to upskill in Te Tiriti o Waitangi and health equity via the Institute of Directors, other community roles and/or employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. 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 (e.g., information in other languages for the Code, complaints and infection prevention and control, and bilingual signage). Specific models of care relevant to Māori and Pasifika were available for use for Māori and Pasifika residents in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Eversley, and the plan is reviewed at regular intervals. Cultural safety is embedded in strategic, business and quality plans and in staff orientation and training. Ethnicity data was being collected and</p>

		<p>analysed for residents and staff to support equity.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of the organisation’s care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also provided clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, infection control, and complaints) were aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes were made to business and/or the strategic plans as required. Of note, there have been no reports of restraint use from Eversley due to there being one restraint in use that had not been recognised by the facility (refer subsections 6.2 and 6.3); this was partly addressed during the audit and reporting was attended to.</p> <p>The BCM at Eversley has aged-care experience; they have been with the service for three years. The BCM is supported clinically by a CM who is an experienced registered nurse (RN). The BCM and CM confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field.</p> <p>Eversley supported residents and their whānau to participate in the service through ongoing communication, care and support planning, resident meetings, and an annual resident satisfaction survey. Responses from meetings and surveys, and through interviews with residents and their whānau during the audit, were noted to be positive.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand (Te Whatu Ora) under age-related residential care (ARRC) contracts for rest home, hospital, and dementia level care, respite (short-term care), day care services and restore in ARRC (a bridge between the hospital and the person’s home). On the first day of audit, 14 residents were receiving rest home level care, 17 residents were receiving hospital level care, and 17 were under a secure dementia care contract. No residents were receiving services under the respite (short-term care), day care services or restore in ARRC contracts.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>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.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>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.</p>	<p>FA</p>	<p>Eversley uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions were developed and implemented to address any shortfalls, and these were benchmarked at national level. Progress against quality outcomes was evaluated. Quality data was communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity was occurring across the organisation, including at Eversley, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM and CM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies were identified, there were processes in place to ensure these were corrected. Staff document 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.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. In the last 12 months, there has been one Section 31 notification made to Manatū Hauora related to RN shortage (one shift only) and four notifications to the Health Safety and Quality Commission (HSQC) related to pressure injuries (a further two are in process). This is an area requiring improvement (refer criterion 3.2.4).</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>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. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital; this was confirmed on the rosters sighted.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC), health and safety, or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies were assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programme.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Staff working in the dementia care area have either completed (13) or have been enrolled (4) in the required education to work in the dementia care area of the service. One person is new to the unit and has yet to be enrolled but the provider was aware of the need to do so.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking were in place.</p> <p>Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Job descriptions for all roles were in place, including for the infection control coordinator (ICC) and the restraint coordinator (RC). The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of staff records reviewed (eight) showed that orientation and performance appraisal were being completed and documented. Staff interviewed confirmed that orientation does take place and described it as useful in preparing them for their role. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as positive and noted that the process allowed them to set their own career and education goals.</p> <p>There are staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Information held about staff was accurate, relevant, secure, stored, and archived confidentially. Electronic data was username and password protected. Information is available only to those authorised to use it. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	<p>FA</p>	<p>Eversley maintained records that complied with relevant legislation, health information standards and professional guidelines. Most resident and staff information were held electronically, and these were username and password protected. While residents' files were integrated, some did not fully reflect the care the resident required (refer criterion 3.2.3). Resident information was mostly electronic, with</p>

<p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>some paper copy documents which were scanned into the resident's record (e.g., EPOAs). Access was limited dependent on the role of the person in the service. Any paper-based records were held securely, appropriately archived and destroyed, and only available to authorised users. Data collected included ethnicity data for residents and staff.</p> <p>Demographic, personal and health information was completed in the residents' files sampled for review, with the exception of some clinical matters (refer criterion 3.2.3). Clinical notes were current, integrated and legible. Consent was sighted for data collection.</p> <p>Eversley is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were admitted into Eversley when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the levels of care Eversley provides, and when they had chosen Eversley to provide the services they required.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Eversley collected ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their whānau.</p> <p>Eversley had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to the service, residents were enabled to request another provider to manage their medical needs if desired.</p> <p>Files reviewed of residents being cared for in the secure dementia unit evidenced either an activated EPOA, or a Protection of Personal Property Rights (PPPR) document in place, and a specialist's</p>

		authorisation that the resident required care in a secure unit.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>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.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Eversley worked in partnership with the resident and whānau to support wellbeing. Twelve residents' files were reviewed: three rest home files, six hospital files, and three files from residents in the secure dementia care area of the facility; all under ARRC contracts. Files reviewed included residents who identified as Māori, residents who had behaviours that were a challenge, residents with a facility-acquired pressure injury, residents who self-administered medications, residents experiencing pain, residents requiring the use of a restraint, and residents with a number of co-morbidities.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Eversley's service development, deliver services that give choice and control, and remove barriers that prevent access to information. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>A care plan, based on the provider's model of care, was developed by a RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Residents who displayed episodes of challenging behaviours had behaviour assessments, behaviour management plans and ongoing evidence that management strategies were effective. A review of residents who had unwitnessed falls noted a post-fall assessment by a RN and neurological assessments for the required timeframes were addressed. Wound care assessments and plans were in place and managed as requested. Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual/policy requirements. Staff understood and supported Māori and whānau to identify their own pae</p>

		<p>ora outcomes in their care plan. Management of any specific medical conditions was well documented.</p> <p>The care plans reviewed, however, did not consistently document all the care the resident required to meet their present needs, or the potential needs associated with the diagnosed medical conditions. Early warning signs and risks, with a focus on prevention or escalation, were not consistently recorded. Evidence of ongoing monitoring was, at times, not documented. In addition to the documentation not providing clear instructions on the care required, evidence to verify residents were receiving all the care they needed could not always be validated. This was verified by sampling residents' records, observations, and from interviews of clinical staff, people receiving services, and whānau. These are areas that require improvement (refer criteria 3.2.3 and 3.2.4).</p> <p>Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Interviews with three whānau of other residents expressed satisfaction with the care provided at Eversley. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care residents required, including the cultural aspects of the care required for Māori residents. An interview with the GP expressed satisfaction with the care provided by the staff at Eversley. An interview with the physiotherapist identified residents at Eversley were happy. The physiotherapist assesses all residents and puts a plan in place to enable residents to meet their goals. The physiotherapist was complimentary of the staff's support in assisting residents in maintaining the required regime when the physiotherapist was not on-site.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>An activities coordinator (in training as a diversional therapist) and an activities assistant provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life, six days a week. The service is provided across six days of the week, with two activities staff on-site for four of the days.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. The activities staff arranged frequent participation by local community organisations and weekly outings in the facility's van. Entertainers, and school and church groups visit the service.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori were facilitated, and signage across the facility was in English and te reo Māori. The Whare Tapa Whā model of care was used by the service, with information on the model on display around the facility. Matariki, Māori Language Week and Waitangi Day celebrations were acknowledged. Prior to Matariki celebrations, flax was collected for the residents to do some weaving. The cutting of flax included the staff being mindful of the Māori protocols around its collection. The nine dining room tables during Matariki were each named after one of the nine stars, and flax placemats were used. Residents were enabled to bake Māori food. Constellation cookies were baked and iced. One of the kaumātua's attached to the service visits and blesses Eversley as requested.</p> <p>Observations of documentation and photographs of the activities in the secure dementia unit identified a diverse programme. On the day of audit, the karaoke machine was operating, staff, visitors and residents were singing as they went about their daily chores, folding washing, pairing socks, collecting dishes, washing up, just sitting, or doing a jig saw. The programme operating in the secure dementia unit is overseen by the DT from another of the organisation's facilities.</p> <p>Documentation sighted showed that residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they had input into the programme and that the</p>
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		<p>programme met their needs.</p> <p>Residents' files reviewed in the secure unit verified a 24-hour care plan was in place.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>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.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit.</p> <p>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 had been assessed as competent to perform the function they manage; competencies had been checked annually. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding its effectiveness was noted in progress notes.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medicine reconciliation occurred. All medications sighted were within current use-by dates. A system was in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>Medicines were stored safely, including controlled drugs, and managed in accordance with best practice guidelines. The required stock checks were completed. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices were in line with legislation, protocols and guidelines. The required three-monthly reviews by the GP were recorded on the medicine chart. Residents and their whānau (as applicable) interviewed stated that medication reviews and changes were discussed with them. Standing orders were not used at Eversley. Self-administration of medication was facilitated and managed safely.</p>

		<p>Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications. Over-the-counter medication and traditional supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Eversley was in line with recognised nutritional guidelines for older people. The organisation's dietitian had planned the culturally themed menu. All aspects of food management complied with current legislation and guidelines.</p> <p>Oceania operates with a multi-site approved verification plan. Eversley was audited on 12 June 2024, and five areas requiring corrective action were identified. These have been addressed and were signed off in July 2024. The plan was verified and Eversley is due for a re-verification audit in December 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preference, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>The midday and evening meals offer a number of meal options for residents to choose from. A book in the dining room enables residents to provide feedback to the cook on the meal provided that day. The feedback was seen to be positive. Further evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Two residents, when interviewed, expressed dissatisfaction with the meals; however, they acknowledged there were options available and offered if the meal did not appeal.</p> <p>The main dining room at Eversley was undergoing a refurbishment at the time of audit. A temporary dining room had been created in one of the lounges. The temporary dining area enabled a pleasant eating experience for the residents during the refurbishment process.</p>

		<p>Residents were seen to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Residents in the secure dementia unit had access to food and fluids at any time of the night or day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>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.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>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.</p>	FA	<p>Transfer or discharge from Eversley was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of one resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Residents and whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>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.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>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.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained, and that they meet legislative requirements. There are areas external to the facility for leisure activities with appropriate seating and shade, including for residents in the secure dementia care area of the facility.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including smaller private spaces for residents and their whānau. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use, and access to equipment needed by tāngata whaikaha enabled. Space is available for the storage and</p>

		<p>charging of electronic mobility aids.</p> <p>Rooms for residents requiring hospital level care allowed space for the use of moving and handling equipment. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. A combination of radiator panel heating, ceiling ducts and heat pumps are used for heating. Residents and whānau interviewed were satisfied the care home is kept appropriately warm, cooled, and ventilated. The temperature of the heating is adjusted by staff as required.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells, and these were noted to be near to residents when they were in their rooms. Call bell monitoring is part of the internal audit schedule.</p> <p>The building has a building warrant of fitness that expires on 17 January 2026. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted, and it was noted that there had been fluctuations in the temperatures, which had been difficult to manage. The facility is aware of this, and a plumber had been contracted to attend and address the issue.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance. Care staff interviewed stated they had adequate equipment to safely deliver care for residents.</p> <p>No new buildings are planned at the current time; should this change in the future, the directors of Oceania and the management team at Eversley were aware of the need to consult and co-design with Māori to reflect the aspirations and identity of Māori.</p>
Subsection 4.2: Security of people and workforce	FA	The fire evacuation plan was approved by Fire and Emergency New

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Zealand (FENZ) on 8 June 2012. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 12 September 2024. All staff had completed fire and emergency competency in either 2024 or 2025, and staff interviewed knew what to do in an emergency.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region; alternative essential energy and utility sources are available in the event of the main supplies failing, including a generator for power that is large enough to power the whole facility (including the kitchen) for up to 12 days.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. Eversley staff have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters sighted.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells, and this was observed during the audit.</p> <p>Appropriate security arrangements were in place. The facility had overnight 'lock-up' procedures which allow for emergency egress. Closed-circuit television (CCTV) cameras operate externally and in two (public) areas internally. Signage at the front entranceway notifies anyone entering of its operation. The secure dementia unit is entered and exited using a keypad and strategies for safety in the event of an emergency are included in emergency planning. Residents and whānau were familiarised with emergency and security arrangements through a 'welcome' booklet provided to new residents and their whānau. Staff were noted to be wearing uniforms and name badges throughout the audit.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy) who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.</p> <p>Eversley has IP and AMS outlined in its policy documents. The board collects data on infections and antibiotic use and includes ethnicity data; this is analysed at facility and national level to support equity in the service and across the wider Oceania group. Infection prevention and AMS activities are supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required.</p> <p>Expertise and advice are sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) at Eversley was responsible for overseeing and implementing the IP programme with reporting lines to the CM, management, and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, and design of any new buildings including the present refurbishment of the dining room, facility changes, and policies.</p> <p>The infection prevention and control (IPC) and AMS policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice at Eversley could be accessed through</p>

		<p>staff who identified as Māori, the organisation’s cultural advisors, and local kaupapa Māori services. Staff who identified as Māori and speak te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services, along with kaumātua who are attached to the service. External te reo Māori interpreter support is available should this be required. Educational resources are available in te reo Māori and were accessible and understandable for Māori accessing services.</p> <p>Staff were familiar with policies through education during 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 available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in their use.</p> <p>Policies, processes and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual single-use items were discarded after being used.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Eversley had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials; it has been developed using evidence-based expertise and was approved by the governance body. The AMS programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials was promoted at Eversley, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained and records included ethnicity data, which was analysed to support equity. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of</p>

		antibiotics and the identification of ongoing areas for improvement.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>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.</p>	FA	<p>Eversley undertook surveillance of infections appropriate to those recommended for long-term care facilities and this was in line with priorities defined in the IC programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. The health care-associated infections (HAIs) being monitored include, for example, infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme were reported to management, the governing body, and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Eversley. Suitable PPE was provided to those managing contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand-washing facilities and sterilising hand gel were available throughout the facility. Staff were observed to follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Infection prevention personnel have oversight of the environmental testing and monitoring programme of the built environment. Staff involved had completed relevant training and were observed to carry</p>

		<p>out duties safely.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning. Processes were in place to ensure the use of colour-coded cloths for clean and dirty areas; cloths were changed between each room. Designated access was provided to maintain the safe storage of cleaning chemicals and equipment.</p> <p>Laundry from Eversley is attended to off-site. Clear separation of clean and dirty laundry items was observed. Laundry and cleaning processes were monitored for effectiveness.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Oceania has policies and procedures in place that are geared towards restraint elimination. Policies and procedures meet the requirements of the Standard and have been approved by the governing body.</p> <p>There is an executive leader at organisational level who is responsible for the use of restraint in the organisation. A RN employed in the facility acts as the restraint coordinator (RC). There is a job description in place that outlines the role's responsibilities, and the RC had completed education relevant to the role.</p> <p>The BCM and CM at Eversley initially reported that Eversley was a restraint-free environment and had been restraint free since March 2024. Whilst the service described the focus on maintaining a restraint-free environment, it was clear that managers and the RC did not understand that the 'enabler' in place was a restraint and that it had been mis-classified (refer subsections 6.2 and 6.3). The RC was aware of the Oceania policies and procedures, knew of their content and protocols and knew where to find them. Policy requires that the RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraint; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau,</p>

		<p>and the resident's GP as part of the decision-making process.</p> <p>Staff in the service had been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the orientation programme and then through ongoing education and annual competency assessments. Staff interviewed were knowledgeable about restraint and restraint monitoring processes but had not recognised the misclassification of the restraint noted above.</p> <p>Restraint is identified as part of the quality programme and is reported automatically through the electronic resident management system in place. However, while the use of restraint at Eversley had not been previously reported due to the fact that the bedrails in place were being seen as an 'enabler', this was addressed prior to the end of the audit.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Moderate</p>	<p>Because a restraint in use had been misclassified as a requested resident 'enabler', assessment for restraint had not taken place and the use of restraint had not been approved, interventions or de-escalation strategies had not been tried or implemented, and there had been no cultural assessment (refer criterion 6.2.1). Consent for an 'enabler' was sighted. The care plan noted that the 'enabler' was a single bedrail on the right-hand side of the bed and required two-hourly monitoring; monitoring had not taken place, and the resident had bedrails in place on both sides of the bed. Neither of the bedrails were covered.</p> <p>Whilst the 'enabler' in use had two-hourly monitoring requirements in place that could have reflected the monitoring requirement of a restraint following appropriate assessment of risk, these had not been carried out. Once the service realised the error, a restraint assessment was completed, and restraint monitoring was planned and instituted. While evidence was sighted of monitoring that had been established, however, the monitoring sighted did not consider the resident's cultural, physical, psychological, and psychosocial needs, nor did it address wairuatanga (refer criterion 6.2.3).</p> <p>Oceania has an electronic restraint register that contains within it</p>

		<p>enough information to provide an auditable record of restraint use and includes all the requirements of the standard. Given the misclassification of the restraints in use as an 'enabler', this had not been added to the restraint register. This was addressed prior to the end of the audit with the restraint being added to the restraint register. However, there was insufficient detail in the resident's record to provide an accurate rationale for use, intervention, duration, and outcome of the restraint (refer criterion 6.2.4).</p> <p>The restraint in use has not been evaluated given the misclassification of the restraint (refer criterion 6.2.7).</p> <p>No emergency restraint has been used at Eversley. If this occurs there are processes in place to ensure that a person-centred debrief follows any episode of emergency restraint, using the most appropriate member of the workforce to do so. Generally, this would include the resident (if able), their whānau, the CM, RC, the resident's GP, and affected staff.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>PA Low</p>	<p>Review of the restraint in use at Eversley has not been completed due to the restraint having been misclassified as an 'enabler' (refer criterion 6.3.1) and therefore does not include all the requirements of the Standard. For this reason, the restraint has not formed part of the Oceania review process that informs changes to restraint policies, guidelines, education, and processes.</p>

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA Moderate</p>	<p>A care plan, based on the provider’s model of care, was developed by a RN following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required. A review of 12 care plans found that 10 of the care plans reviewed did not fully describe the care the resident required to meet all their immediate needs, their potential needs, or the needs associated with their diagnosed medical conditions. In addition to this, early warning signs or risks associated with the residents’ conditions were not always</p>	<p>The documentation in the residents’ care plans was not always consistent in describing the care the residents needed to meet their assessed needs.</p>	<p>Provide evidence residents’ care plans describe the care the residents need to meet their assessed needs. Provide evidence residents’ care plans address the residents’ actual and potential needs associated with the residents’ diagnosed medical conditions. Provide evidence care plans describe the early warning signs, associated with the residents’ condition that staff need to be alert to, with a focus on prevention or de-escalation.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>documented to alert care staff to potential deterioration. This specifically related to residents with a history of congestive heart failure, type two diabetes, and dysphagia. The care plans of the residents involved had no reference to these and the nursing interventions required to monitor or minimise the risk.</p> <p>In addition to this, a resident who was reported as requiring palliative care had no documentation in the care plan that this was the approach being taken and the planned regime, including ongoing symptom management. A resident with a potential for seizures and GP notes that referenced an increase in their anticonvulsant medication, had no information regarding the plan for seizure management or monitoring. A resident identified as ‘not at risk’ of pressure injuries developed a reddened area, this was noted and photographed, although no strategies were documented to minimise the risk. The next day, an unstageable area had developed, and the risk was identified. A wound assessment and treatment plan were sighted. A resident with a previous pressure injury that had resolved had ‘repositioning required’ as the intervention documented to ensure the</p>		
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		ongoing risk was managed. A resident with bedrails in place had documentation in the care plan related to the management of this as an 'enabler'. The care plan noted a requirement to monitor the 'enabler' two-hourly, but this had not occurred. The resident was thought (by the BCM and CM) to be legally competent to make their own decisions, hence the bedrails being seen as an enabler. Interview with the resident and review of the clinical records evidenced the resident had previously been deemed legally incompetent for decision-making and the EPOA had been invoked, making the bedrails restraint (refer subsection 6.2).		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(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</p>	<p>PA</p> <p>Moderate</p>	<p>A review of care plans (as described in 3.2.3) did not describe the care the resident required to meet the resident's needs. Despite this, a number of interventions not documented were being provided to residents. Residents who displayed episodes of challenging behaviours had behaviour assessments, behaviour management plans and ongoing evidence that management strategies were occurring and were effective. A review of residents who had unwitnessed</p>	<p>The provision of services to some residents was not consistent with meeting the residents' assessed needs.</p>	<p>Provide documentation to show that the services being provided to residents is consistent with meeting the residents' needs.</p> <p>30 days</p>

<p>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.</p>		<p>falls noted a post-fall assessment by a RN and neurological assessments for the required timeframes were attended to. Wound care assessments and plans were in place and managed as requested.</p> <p>However, at times when interventions were not documented, they were also not provided. A resident who went into heart failure was commenced on frusemide and required weekly weighs; however, no weight records were sighted. Residents who had swallowing difficulties had no interventions provided to minimise the risk.</p> <p>Interviews with clinical staff identified they could not verify the required care to minimise the risk had been provided. At the time of audit, there were two residents with unstageable facility-acquired pressure injuries, and one that had healed. Observations, documentation and interventions evidenced minimal pressure injury prevention strategies were implemented. A review of incident forms noted four additional injuries in the past year. All these injuries were to the feet and all requiring HQSC notification. Interviews, observations and documentation were unable to verify processes related to the use of a restraint and that observations and</p>		
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		monitoring of a person using restraint had occurred (refer subsection 6.2).		
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes available resources able to be put in place;</p> <p>(d) By the most appropriate health professional;</p> <p>(e) When the environment is appropriate and safe.</p>	<p>PA Moderate</p>	<p>During the audit, it was noted that one resident had two bedrails, and that the EPOA for the resident had been activated by the Te Whatu Ora Mental Health Team shortly after admission to the service. A consented 'enabler' had been put into place by the service (at the resident's request) prior to the EPOA being activated. Once the EPOA was activated and the resident was no longer able to consent, the 'enabler' should have been reclassified as a restraint, but this did not take place. Given the misclassification of the restraint prior to the audit, the restraint had not been approved, other interventions or de-escalation strategies had not been tried or implemented, and there had been no cultural assessment. This was rectified to a certain extent during the audit with a restraint assessment being completed by the RC that met Oceania's restraint protocols, including a cultural assessment related to the use of the restraint. Resources for the use of the restraint were in place. However, given the situation, other interventions or de-escalation</p>	<p>Restraint has been instituted without other interventions or de-escalation strategies having been tried or documented and there has not been sufficient time for planning and preparation for the use of restraint. The restraint in use has not been consented to by the resident's EPOA.</p>	<p>Provide evidence that the specific restraint in place has a fully completed assessment and that it has been consented. Provide evidence that the RC has been re-educated in the restraint process, and that they are able to accurately recognise when restraint is in use.</p> <p>30 days</p>

		strategies had not been fully tried or documented and there had not been sufficient time for planning and preparation for the use of restraint. The resident's EPOA was contacted with respect to the 'enabler', changing to a restraint, but consent was not in place during the audit.		
<p>Criterion 6.2.3</p> <p>Monitoring restraint shall include people's cultural, physical, psychological, and psychosocial needs, and shall address wairuatanga.</p>	<p>PA Moderate</p>	<p>The frequency and extent of monitoring of the resident using the bedrails had been determined by the RC, care-planned and implemented following an assessment (including cultural assessment) during the audit; however, the monitoring that had been completed did not include the resident's cultural, psychological, and psychosocial needs, or address wairuatanga. Monitoring was limited to the movement of the resident and their physical needs.</p>	<p>The monitoring of the restraint in use does not reflect all of the monitoring components required when restraint is in use.</p>	<p>Provide evidence that the monitoring of restraint includes the resident's cultural, physical, psychological and psychosocial needs, and that it addresses wairuatanga.</p> <p>30 days</p>
<p>Criterion 6.2.4</p> <p>Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:</p> <p>(a) The type of restraint used;</p>	<p>PA Moderate</p>	<p>The restraint in use was documented on the Oceania electronic restraint register, and a restraint assessment was completed during the audit. The type of restraint was detailed, as well as the reasons for initiating the restraint, and observations required for monitoring (refer,</p>	<p>The restraint use had not been documented in the resident's record in enough detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint.</p>	<p>Provide evidence that the restraint in use has been documented in the resident's record in enough detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint.</p>

<p>(b) Details of the reasons for initiating the restraint;</p> <p>(c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;</p> <p>(d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.</p> <p>(e) The outcome of the restraint;</p> <p>(f) Any impact, injury, and trauma on the person as a result of the use of restraint;</p> <p>(g) Observations and monitoring of the person during the restraint;</p> <p>(h) Comments resulting from the evaluation of the restraint;</p> <p>(i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>		<p>however, criterion 6.2.3). The decision-making process did not include details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint (the restraint was already in place), did not mention if advocacy and support had been offered, provided or facilitated, have any documentation on any impact, injury, or trauma related to the use of the restraint, nor had the restraint use been evaluated.</p>		<p>30 days</p>
<p>Criterion 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers</p>	<p>PA Moderate</p>	<p>The resident using the restraint was admitted to the service in early 2021. At that time, an</p>	<p>No evaluation of restraint had been put into place by the service prior to the audit</p>	<p>Provide evidence that the restraint in use has been evaluated as per Oceania</p>

<p>shall consider:</p> <ul style="list-style-type: none"> (a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used; (b) The type of restraint used; (c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed; (d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānaucentred approach/reflections debrief; (e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people); (f) The duration of the restraint episode and whether this was the least amount of time required; (g) Evidence that other de-escalation options were explored; (h) Whether appropriate advocacy or support was provided or facilitated; (i) Whether the observations and monitoring were adequate and maintained the safety of the person; (j) Future options to avoid the use of restraint; (k) Suggested changes or additions to de-escalation education for health care and support workers; (l) The outcomes of the person- 		<p>'enabler' was put into place at the resident's request, and this was consented. The resident's EPOA was activated approximately two weeks later. At this time, it was not recognised by staff that the 'enabler' then became a restraint and restraint protocols put into place. No evaluations of the 'enabler' or restraint were documented in the resident's clinical file. The service has recognised the misclassification of the restraint and has put timeframes in place to ensure evaluations of the restraint take place as per the Oceania requirements for the evaluation of restraint use.</p>	<p>for the restraint in use.</p>	<p>restraint protocols.</p> <p>90 days</p>
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<p>centred debrief; (m) Review or modification required to the person's care or support plan in collaboration with the person and whānau; (n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).</p>				
<p>Criterion 6.3.1 Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including: (a) That a human rights-based approach underpins the review process; (b) The extent of restraint, the types of restraint being used, and any trends; (c) Mitigating and managing the risk to people and health care and support workers; (d) Progress towards eliminating restraint and development of alternatives to using restraint; (e) Adverse outcomes; (f) Compliance with policies and procedures, and whether changes are required; (g) Whether the approved restraint</p>	<p>PA Low</p>	<p>Review of restraint is usually completed as part of the Oceania quality programme, is documented in resident's clinical notes if in use, and reported in staff, RN and quality meetings. Any changes to restraint policies, guidelines, education, and processes are implemented at corporate level if indicated.</p> <p>Restraint use at Eversley has been reviewed and reported as 'restraint not in use' through meetings and through the electronic resident management system to Oceania clinical governance and board level; however, because of the misclassification of the restraint in use as an 'enabler', comprehensive six-monthly review of restraint use has not been</p>	<p>Six-monthly review of the restraint is use has not been accurately recorded by Eversley.</p>	<p>Provide evidence that comprehensive six-monthly review of the use of restraint is being accurately recorded by Eversley, and that it covers all the required aspects of the Standard.</p> <p>180 days</p>

<p>is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is reported to the governance body.</p>		<p>accurately completed.</p> <p>Now that the service is aware of the restraint, six-monthly review of the restraint in use has been instituted as part of Oceania's restraint protocols.</p>		
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.