

# Oceania Care Company Limited - Redwood Rest Home and Village

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## 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:** Redwood Rest Home and Village

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

**Dates of audit:** Start date: 13 February 2025      End date: 14 February 2025

**Proposed changes to current services (if any):** Proposed changes approved at the partial provisional audit in 2023 have been completed. However, these have resulted in 90 resident rooms with a total capacity of 95 residents and not the 91 rooms originally proposed. This was confirmed at audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 59**

# Executive summary of the audit

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## 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

Redwood Rest Home and Village is part of Oceania Healthcare Limited (Oceania). A new business and care manager has been appointed since the last audit; they are being supported by the Oceania national operations manager during their orientation period. Changes to the facility that were underway at the time of the last audit have been completed. The facility now has 90 rooms, providing services for up to 95 people, of which 72 are Care Suites and 18 are standard beds.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora Nelson Marlborough (Te Whatu Ora Nelson Marlborough). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a nurse practitioner. Residents and whānau were very complimentary about the care provided.

Strengths of the service included a commitment to quality improvement and engagement with tāngata whenua. Two areas requiring improvement were identified during the audit; both related to restraint use evaluation and review.

## 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.

Oceania has a Māori and Pacific people's health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and the Whare Tapa Whā model of care. Redwood Rest Home (Redwood) works collaboratively to support and encourage a Māori world view 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). Care was provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Oceania and Redwood were aware of the requirement to recruit and retain Māori and Pasifika in its workforce, the requirement to do this is embedded in policy and Oceania actively recruits Māori and Pasifika into its service where it is able.

On admission, 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. Personal identity, independence, privacy and dignity were respected and supported. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed whenever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Redwood. Consultation with Māori is occurring at governance level and locally, 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 is occurring, with regular reviews according to predetermined schedules.

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved 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. 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 against other Oceania facilities nationwide.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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.

Subsections applicable to this service fully attained.

When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and were 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 met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were referred 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 new facility, opened in 2024, meets the needs of residents and was clean and maintained. There is 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 are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. 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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The Oceania clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the governance board, as were any significant infection events.

The implemented infection prevention and antimicrobial stewardship programme was appropriate to the size and complexity of the service. It was adequately resourced. The infection control coordinator is a registered nurse who was involved in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

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

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

The environment supports both prevention and mitigation of transmission of infections. Waste and hazardous substances were well managed. There was safe and effective cleaning. Laundry services were subcontracted and monitored for safety and effectiveness.

## 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 low risk.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one person using restraints at the time of audit.

Policy guides a comprehensive assessment, approval and monitoring process, with regular reviews, for any restraint used. Staff interviewed demonstrated knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	27	0	2	0	0	0
Criteria	0	174	0	2	0	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

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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 Healthcare 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, the 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 and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers, and this can be used at Redwood for residents who identify as Māori. Should Māori residents reside in Redwood, they would be involved in 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 no Māori residents present during the audit. Staff interviewed understood the Māori right to self-determination.</p> <p>Oceania and Redwood support increasing Māori capacity by</p>

		<p>employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Māori at the time of audit.</p> <p>Redwood has established links to local iwi and Māori health providers; these have been numerous and are ongoing. Examples discussed included connections with Kaimahi Oranga Te Kotahi o Te Tauīha charitable trust to provide opportunities for Māori rangatahi to enter the workforce, contact with Ngātiawa iwi to facilitate education for staff at Waikawa Marae, discussions with a local Māori historian to learn more about the whenua and tangata in the Redwood location, and contacts with local kaumātua. Representatives of four local iwi attended the opening and blessing of the new facility in 2024.</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>	FA	<p>Oceania and Redwood have a policy on Māori and Pacific people's health. This describes how the organisation responds to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs and advocates the Fonofale model of care for use with any Pasifika residents.</p> <p>Redwood has connections with Pasifika organisations outside the service through resident and staff connections.</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 is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Pasifika at the time of audit.</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-</p>	FA	<p>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.</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Oceania and Redwood were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake), and were observed supporting residents in accordance with their wishes.</p> <p>The Code was sighted in the resident enquiry pack and was clearly displayed at the front entry. Brochures were available in Māori utilising the Health and Disability Commissioner Te Toihau Hauora, Hauātanga-Ōu Mōtika and the Nationwide Health and Disability Advocacy Service, Advocacy - Ngā Kaitautoko.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Redwood supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents had a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through easy access to tikanga guidelines and multiple activities that support te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Redwood has numerous contacts with local iwi who provide education, support and advice to staff and Māori residents as and when required.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	FA	<p>Staff at Redwood understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau and</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and residents interviewed reported that their property was respected; a resident, whānau and EPOA reported residents' finances are protected, and staff do not handle residents' money.</p> <p>Professional boundaries were maintained by staff. The code of conduct was made available to all staff at onboarding by the human resource team. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon.</p> <p>Care provision was holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, were evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents were met.</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 whānau reported that communication was open and effective, they had opportunities to discuss their needs, and they felt listened to. Information was provided in an easy-to-understand format, and staff described steps taken to ensure good communication for residents with communication difficulties. A resident who was profoundly deaf was using communication aids (white board) on the day of the audit.</p> <p>Changes to residents' health status were communicated to relatives/whānau in a timely manner. The nurse practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access formal interpreter services, if required. Staff represented a range of ethnic groups and were multilingual.</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 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>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau. These were known to staff.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Evidence of EPOA for most residents, and legal guardianship for one resident, were sighted.</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. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>The business and care manager (BCM) are responsible for complaints management with support from the Oceania national operations manager. Residents' complaints were documented electronically with links to associated documentation. Documentation confirmed that the BCM had adhered to processes for investigating and resolving the two complaints that had been received since the previous audit. Each complaint had been acknowledged and investigated, and the complainant informed of the outcome, all within expected timeframes. There is a process in place to ensure that complaints from Māori can be handled in a culturally appropriate manner.</p> <p>There have been no 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 high-quality services at Redwood through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania is using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and 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 of Rights, information in respect of complaints and infection prevention). Specific models of care relevant to Māori and Pasifika are 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 which 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 services at Redwood, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data was being collected to support equity.</p> <p>Oceania 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 its care facilities, including Redwood.</p> <p>The clinical governance group is appropriate to the size and</p>
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		<p>complexity of the organisation. Monthly governance group meetings were led by the group general manager, and the director of clinical and care services who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes were made to business and/or the strategic plans as required.</p> <p>The business and care manager (BCM) has been recently appointed (January 2025), they are being supported during their orientation period by an experienced national operations manager who has experience and knowledge of the aged care sector. The clinical manager (CM) at Redwood has been in place since the last audit and confirmed knowledge of the sector, regulatory and reporting requirements and described how they maintain currency within the field through attendance at local and national education events.</p> <p>Redwood supports residents and their whānau to participate in service development through resident meetings and six-monthly satisfaction surveys. Surveys and minutes from 2024 were reviewed and confirmed residents were happy with the services provided.</p> <p>Following the recent upgrade and opening of the new facility in 2024, Redwood has 90 rooms with a number of one bedroom suites set up for couples; It should be noted the final number differs from the original plans for 91 care suites discussed at the partial provisional audit in October 2023. Two rooms originally designed to be resident rooms were reconfigured to become one larger resident room and a storeroom, this was confirmed by visual inspection and interview with the national operations manager. The facility had not yet submitted a notification of reconfiguration and the need for this was discussed at audit. The room was confirmed to meet the requirements for a dual purpose resident room. Care suites are under occupational rights agreements; however, the BCM has discretion to admit residents under a premium room rate if required.</p> <p>Redwood holds contracts with Te Whatu Ora Nelson Marlborough for age-related residential care at rest home and hospital level including respite care, palliative care and care for those with long term chronic health conditions, the Accident Compensation Corporation (ACC) and the Disability Support Services, Ministry of Social Development to</p>
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		<p>provide care for younger persons with a physical disability (YPD). Redwood also provides support to non-assessed private residents if space allows.</p> <p>At the time of audit, 59 residents were receiving care at Redwood; 27 at hospital level, including one resident funded under the YPD contract and one funded by ACC, 20 residents at rest home level including one funded under the YPD contract and one resident admitted for respite, and 12 private non-assessed residents.</p>
<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>Redwood 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, a 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, including at Redwood, with appropriate follow-up and reporting. A Māori health plan guides care for Māori. A quality improvement plan titled 'Caring for our Tāngata Whenua' with the aim to embed Te Tiriti and to have an honest and upfront partnership with local iwi was underway and showed collaboration with local iwi was occurring.</p> <p>The BCM and national operations manager 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 are identified, there are processes in place to ensure these are implemented.</p> <p>Staff document adverse and near miss events in line with the National</p>

		<p>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, clinical manager and regional clinical manager understood and have complied with essential notification reporting requirements. In the last 12 months, there has been one Section 31 notification made to The Ministry of Health notifying the change in business and care manager, and two notifications to the Health Safety and Quality Commission (HSQC) related to SAC 1 and 2 notifiable clinical events were underway at the time of audit. All correct processes and follow-up have occurred.</p> <p>There have been no police investigations, coroner's inquests, or issues-based audits since the last audit.</p>
<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.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</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, and staffing levels have increased as occupancy has increased. Care staff 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.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora – Health New Zealand. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Redwood is working in partnership with the local high school and with Kaimahi Oranga o Te Kotahi Tauiha charitable trust to provide opportunities for local youth to complete the NZQA certificates in</p>

		<p>health and wellbeing and enter the workforce. The success of this initiative has not yet been fully evaluated.</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 education. 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>
<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. There were job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention (IP) portfolio.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) was maintained for registered nurses and associated health contractors. Confirmation of APCs was sighted for 11 registered nurses, one general practitioner, two nurse practitioners, three physiotherapists, a podiatrist, two pharmacists, and two dietitians.</p> <p>A sample of 10 staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff reported that the induction and orientation programme prepared them well for their role and evidence of this occurring was seen in files reviewed. Staff performance was reviewed and discussed at regular intervals. Information held about staff was accurate, relevant, secure, stored, and archived confidentially.</p> <p>Electronic data was username and password protected. Information is available only to those authorised to use it. Ethnicity data was recorded and used in accordance with Health Information Standards</p>

		<p>Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support was available to them.</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>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>	FA	<p>The service maintained quality records that comply with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and was username and password protected. Any paper-based records were held securely, available only to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Redwood is not responsible for National Health Index registration of people receiving services.</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</p>	FA	<p>Residents were welcomed into Redwood based on documented entry criteria available to the community, understood by staff and when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements.</p> <p>Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Enquiries were documented, and where a prospective resident was declined entry, there are processes for communicating the decision, although this rarely occurs. Related data was documented and</p>

<p>communicated to the person and whānau.</p>		<p>analysis of the entry and decline rates, including for Māori, was occurring.</p> <p>The service has developed meaningful partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. There were currently no residents who identified as Māori.</p>
<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>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and would support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling eight resident records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participated in service development through assessments including "about me", "leisure" and "life history". Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau</p>

		could independently access information.
<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>	FA	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. There were two experienced diversional therapists (DT), and they were enthusiastic about the continuing development of a comprehensive activity programme as the facility grew and developed. They were well supported by Redwood management in their positions.</p> <p>Activity assessments “about me”, “leisure”, “life history” and activity plans identify individual interests and consider the person’s identity. Individual and group activities reflected residents’ goals and interests, ordinary patterns of life, and included normal community activities. A monthly calendar of activities was developed and shared with staff and residents. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. Waitangi Day and Matariki were celebrated. Local Pasifika groups have been contacted and are being supported to bring Pasifika activities into Redwood. A meeting between the DT and a Pasifika representative was observed during audit. Social activities data were maintained daily.</p> <p>A monthly newsletter “The Redwood Gazette-Oceania” was available to residents and whānau; residents interviewed looked forward to receiving the publication. Photos of Redwood activities were shared across the Oceania intranet.</p> <p>Feedback on the programme was provided through resident meetings and surveys. Those interviewed confirmed they found the programme met their needs. Residents were seen to be enjoying the various activities on offer. A ‘valentine’s lunch’ for couples occurred on the day of audit, with full participation.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they</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>managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Rongoā would be facilitated if requested. The required three-monthly GP/NP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>There were currently two residents self-administrating limited medication, and this was managed safely.</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 was in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian contracted by Oceania on 19 December 2024 and recommendations have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan by Quality Auditing Specialists dated 13 May 2024 and registration was approved by the Ministry of Primary Industries with an expiry date of 28 March 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. The dietitian's recommendations to meet the international dysphagia diet standardisation initiative are being met through the introduction of 'Pure Foods' for residents with modified texture requirements. If there was a Māori resident, the staff confirmed that menu options would be offered that were culturally specific to te ao Māori. An interview with</p>

		<p>the cook confirmed that a range of functions were catered for, including Matariki and other cultural events such as birthdays and religious occasions. Food/fluid/snacks were available 24/7 for all residents from the satellite kitchens.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Menus were displayed on the dining room walls. Residents were given sufficient time to eat their meals in an unhurried fashion and observation of the food service for those requiring assistance supported that the service was provided with dignity. The dining rooms were safe, spacious and well designed, and furnishings were of a high standard.</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 the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Whānau interviewed reported being kept well informed during the transfer of their relative. Staff interviewed expressed they were well prepared to ensure vital information accompanied the resident during the transfer.</p> <p>Evidence of actions taken to transfer residents to more appropriate facilities when their needs change, such as hospital level care, was sighted.</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</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a current Building Warrant of Fitness that expires on 1 July 2025.</p> <p>The upgrade and opening of the new facility were completed in May 2024. The upgrade resulted in 90 rooms rather than the originally planned 91, with five care suites suitable for couples; this gives a total</p>

<p>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>		<p>potential occupancy of 95. All rooms are dual purpose and can provide rest home and hospital level care. All aspects of the facility are suitable to care for 95 residents and the location of nurses' stations ensure staff are readily available to residents.</p> <p>The environment was of a high standard, 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. All care suites are ensuite and there are adequate numbers of accessible bathroom and toilet facilities throughout the facility. There are internal and external areas within the facility for leisure activities, with appropriate seating and shade.</p> <p>Residents and whānau were very happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices, and residents' rooms were individualised. There are no plans for the new construction of buildings. The organisation and the BCM are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <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>FA</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. Staff interviewed knew what to do in an emergency. Residents and whānau were familiarised with emergency and security arrangements, on admission and as required.</p> <p>The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly; the most recent drill was on 10 February 2025. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Emergency lighting is available</p>

		<p>throughout the facility, gas cooking facilities are available if there is no power, and planning included instructions on the use of battery backup to operate emergency medical equipment.</p> <p>All registered nurses and some caregivers had current first aid certification. Staff were able to provide a level of first aid relevant to the risks for the type of service provided. There was a first aid certified staff member on duty 24/7 and the activities staff who take residents on outings outside the facility had first aid certification.</p> <p>Call bells alert staff to residents requiring assistance and residents interviewed were happy with the responsiveness of staff.</p>
<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 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>The IP and 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. Redwood has IP and AMS outlined in its policy documents. This is being supported at the 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. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Nelson Marlborough.</p> <p>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>The board collects data on infections and antibiotic use and has added ethnicity to its data. The data was collected and analysed to support IP and AMS programmes at Redwood and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and</p>

		<p>personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. There was an infection and prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, was linked to the quality improvement programme and has been approved by the Oceania governing body. Annual review of the programme, with reporting to governance, has occurred.</p> <p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme with reporting lines to the CM and BCM. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Oceania regional CM (Northern) and Oceania national IP coordinator has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. The policies were easily accessed via the Oceania intranet. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori</p>

		<p>and New Zealand Sign Language.</p> <p>A pandemic/infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</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>	FA	<p>Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The GP's and NP have had training on antimicrobial stewardship and were aware of Redwoods and Oceania's guidelines. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<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>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of surveillance and recommendations to improve performance where necessary were identified, documented and reported back to Oceania governance and shared with relevant people in a timely manner.</p> <p>A summary report of two recent infection outbreaks, Norovirus August to September 2024 and COVID-19 in January to February 2025 were reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the events have now been incorporated</p>

		<p>into practice.</p> <p>Communication between service providers, and residents experiencing a health care-associated infection (HAI), was culturally safe.</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>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Appreciation of the cleanliness of the environment was expressed by whānau interviewed.</p> <p>Laundry was provided by a contracted laundry service. Ironing and the naming of personal items were managed on-site. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</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>	FA	<p>Oceania Healthcare has a focus of restraint elimination across all its facilities. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. Aggregated data on restraint use is reported to the governing body. At the time of audit, one resident was using restraint.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior registered nurse who provides support and oversight of restraint use at Redwood. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation</p>

		<p>techniques have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes and the restraints in use at Redwood had been approved. Whānau/EPOA and the general practitioner were involved in decision-making.</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>	PA Low	<p>Before restraint was used, all other alternatives were explored. Assessments for the use of restraint were completed by the registered nurse, had occurred and monitoring was documented. Whānau and the general practitioner confirmed their involvement through documentation and case conferences. Access to advocacy was facilitated as necessary.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting. De-escalation techniques and interventions were recorded in a behavioural support plan. Assessment showed the decision-making process and evidenced involvement of the EPOA, which was activated, and the general practitioner. Monitoring of restraint was overseen by the restraint coordinator and was recorded in the resident file, which showed the type of restraint used and the frequency of use. The restraint coordinator stated any injury or trauma resulting from restraint would be recorded in the resident file as an incident. This was confirmed in the file reviewed and interview with the restraint coordinator and staff. However, evaluation of restraint did not include all requirements of the standard; refer to criterion 6.2.7.</p> <p>Seclusion is not used at Redwood and there had been no episodes of emergency restraint. There are processes in place to ensure a person-centred debrief would occur, using the most appropriate member of the workforces to do so, should emergency restraint be used.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I</p>	PA Low	<p>The national quality, compliance and audit manager is responsible for reporting to the clinical governance committee and the governing body. Reporting sighted showed the organisation is committed to</p>

<p>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>restraint elimination. Data is aggregated and evidenced restraint reduction across Oceania facilities nationally. However, documentation sighted did not evidence six-monthly reviews had occurred including all elements required by the standard; refer to criterion 6.3.1.</p>
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## 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 6.2.7</p> <p>Each episode of restraint shall be evaluated, and service providers shall consider:</p> <p>(a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;</p> <p>(b) The type of restraint used;</p> <p>(c) Whether the person’s care or support plan, and advance directives or preferences, where in place, were followed;</p> <p>(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;</p> <p>(e) The impact the restraint had on others</p>	PA Low	<p>Restraint is in use at Redwood. The resident file evidenced initial assessment and regular reviews involving the EPOA and general practitioner. Documentation in the resident’s file showed appropriate de-escalation techniques were considered and implemented. The restraint is being evaluated two-monthly. However, the documented evaluation contained limited details and did not meet the requirements of the standard; specifically, the evaluation did not indicate whether the person’s support plan had been followed, the impact of the restraint on the resident, the impact of the restraint on health care and support workers, the duration of the restraint, future options to reduce the use of restraint for this resident, review or modification required to the person’s support plan and a review of the health care and support workers’</p>	<p>Evaluation of restraint use did not include all elements required by the standard.</p>	<p>Ensure that each episode of restraint is evaluated against the evaluation requirements defined in criterion 6.2.7, points (a) to (n) and that this evaluation is documented.</p> <p>180 days</p>

<p>(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-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>requirements, including whether staffing was sufficient.</p> <p>Due to the low risk associated with the two restraints in place, and that there is currently a basic evaluation process in place, this corrective action has been given a low risk.</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</p>	<p>PA Low</p>	<p>Oceania reviews restraint use across all its facilities and reports data to the clinical governance committee and to the governing body. Reports sighted for April 2024 and September 2024 showed actions being taken to reduce/eliminate restraint and data</p>	<p>Review of restraint use did not include all elements required by the standard.</p>	<p>Ensure six-monthly comprehensive review of restraint use includes all requirements defined in criterion 6.3.1 (a) to (m).</p>

<p>underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint 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>was graphed to show that reduction nationally. However, the reports sighted did not evidence that review included all elements required by the standard.</p>		<p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.