

# Oceania Care Company Limited - The Bellevue

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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:** The Bellevue

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

**Dates of audit:** Start date: 4 February 2025      End date: 5 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

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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 haumaruru | 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

## General overview of the audit

The Bellevue is part of Oceania Healthcare Limited (Oceania). The facility has 71 care suites and can provide services for up to 94 residents requiring rest home or hospital levels of care. A new facility manager and a new clinical manager have been appointed since the last audit. There have been no changes to the care facility building. There were 48 residents in the facility on the first day of the audit.

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 Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, a contracted physiotherapist and a nurse practitioner. Residents and whānau were complimentary about the care provided.

A strength of the service, which resulted in a continuous improvement rating, was the quality of the food services. No areas for improvement were identified during the audit.

## 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 are fully attained.
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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. The Bellevue works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are 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 The Bellevue 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 are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents were safe from abuse.

Residents and whānau receive 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 are fully attained.
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Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at The Bellevue. 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 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 complies with statutory and regulatory reporting obligations.

An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, and benchmarking data against other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. An education/training programme is in place and competencies were assessed. 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 are fully attained.

The entry-to-services process is efficiently managed. There is an electronic system for entry to services. Residents were 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. Registered nurses are responsible for the assessment, development and evaluation of care plans. Care plans were individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care met the needs of residents and whānau and 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. Activity plans were completed in consultation with residents, their whānau, and with staff. Residents and whānau expressed satisfaction with the activities programme in place.

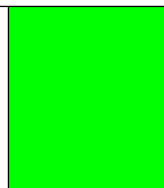
There is a medicine management system in place. Medicines were safely managed and administered by staff who were competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse practitioner is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines.

The food service was of a high standard, meets the nutritional needs of the residents, with special cultural needs catered for, including foods relevant to te ao Māori. Food was safely managed. Residents and whānau verified high satisfaction with the meal service at Bellevue.

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 are fully attained.

The facility meets the needs of residents and was clean and 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 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

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 are fully attained.

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 are reported to the governance board, as are any significant infection events.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. It is adequately resourced. The infection control coordinator is a registered nurse who is 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 is 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 are well 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.		Subsections applicable to this service are fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is a registered nurse, leads the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	27	0	0	0	0	0
Criteria	1	167	0	0	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

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 The Bellevue for residents who identify as Māori. Residents are 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 The Bellevue support increasing Māori capacity by employing more Māori staff members across differing levels of the</p>

		<p>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>The service has links for Māori health support through Te Whatu Ora Waitaha and kaumātua from Ngāi Tahu.</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>The service provider has 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>There were no residents who identified as Pasifika in the facility on the days of audit. The Bellevue has connections with Pasifika organisations outside the service through 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-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>	FA	<p>The Code of Health and Disability Services Consumers' Rights was available and on display at The Bellevue in te reo Māori and English. Brochures on the Nationwide Health and Disability Advocacy Service were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <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>Staff interviewed at The Bellevue understood the requirements of the</p>

		<p>Code of Health and Disability Services Consumers' Rights (the Code) including the right to self-determination (mana motuhake) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on the Code was undertaken in 2024.</p> <p>The Bellevue has cultural diversity in its staff mix, and staff could assist if interpreter assistance was required. The service also has access to external interpreter services and cultural advisors/advocates as required.</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>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that had regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The business and care manager (BCM) and clinical manager (CM) reported that residents are supported to maintain their independence by staff through daily activities. Examples of this included resident-led activities, and individualised mealtimes. Residents were able to move freely within and outside the facility.</p> <p>Staff at The Bellevue have completed training on Te Tiriti o Waitangi, cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion, intimacy and sexuality. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own care suites.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in policies and procedures reviewed and this was sighted during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key</p>

		information in the facility were in English and te reo Māori. The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choice.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at The Bellevue. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the BCM or CM if they had any concerns about racism or discrimination. The CM stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents.</p> <p>Policies and procedures to protect residents' property and finance were evident. The Bellevue has implemented a sound process to manage residents' sundry expenses.</p> <p>Professional boundaries were explained to staff during induction and orientation, were maintained by staff as observed during the audit, and verified by residents and whānau when interviewed.</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.  Te Tiriti: Services are easy to access and navigate and give clear</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format and accommodated different languages and text sizes for people with visual impairments. Information was made available in te reo Māori. Staff understood the principles of open</p>

<p>and relevant health messages to Māori. 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>disclosure, which are supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings were held monthly, and meeting minutes verified satisfaction with services provided.</p> <p>Residents, whānau and staff reported the BCM and CM responded promptly to any suggestions or concerns. The organisation has a company-wide newsletter that provides all its sites with updates on all its facilities.</p> <p>Changes to residents' health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the resident's record. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care, when needed.</p> <p>Staff knew how to access interpreter services if required.</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 representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at The Bellevue to actively participate in decision-making. The CM and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting EPOA requirements, and processes for residents unable to consent were documented, as relevant, in the resident's clinical file.</p> <p>Staff who identified with other cultures assisted other staff to support cultural practices. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and support when a resident had a choice of treatment options available to them. Tikanga guidelines in relation to consent were available.</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 BCM is responsible for complaints management, with support from the Oceania national operations manager. Residents' complaints and minor concerns are documented electronically, with links to associated documentation. Documentation confirmed that the BCM had adhered to processes for investigating and resolving the eight 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 The Bellevue 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</p>

	<p>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 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 The Bellevue service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected 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 their care facilities, including The Bellevue.</p> <p>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 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 are made to business and/or the strategic plans as required.</p> <p>The business and care manager (BCM) and clinical manager (CM) confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field through attendance at local and national education events.</p> <p>The Bellevue supports residents and their whānau to participate through resident meetings and six-monthly satisfaction surveys. Surveys and minutes from 2024 were reviewed and confirmed residents were happy with the services provided, with improvement noted in relation to care provision, food services and the laundry.</p> <p>The Bellevue has 71 care suites, with a number of one-bedroom suites set up for couples; there is a maximum capacity of 94 residents.</p>
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		<p>There are seventeen premium suites, and all other care suites are under occupational rights agreements. The service holds contracts with Te Whatu Ora Waitaha 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 Bellevue also provides support to non-assessed private residents if space allows. At the time of audit, 48 residents were receiving care: 17 at hospital level, including one respite care resident, and 31 residents at rest home level of care including six 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>The Bellevue 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 are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes was evaluated. Quality data is 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 is occurring, including at The Bellevue, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</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 Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were</p>

		<p>investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The BCM, CM and regional clinical manager understood and have complied with essential notification reporting requirements. In the last 12 months, there have been two Section 31 notification made to The Ministry of Health notifying the change in clinical manager and facility manager, evidence that these were sent was sighted. Two notifications had been made to the Health Safety and Quality Commission (HSQC) related to SAC 1 and 2 notifiable clinical events. All correct processes and follow-up had occurred.</p> <p>There have been no police investigations, coroner's inquests, or issues-based audits.</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.</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. 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 in the hospital.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora – Health New Zealand. Records reviewed demonstrated completion of the required training and competency assessments.</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.</p> <p>Staff reported feeling well supported and safe in the workplace. There</p>

		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>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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. There are 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 and control (IPC) portfolio.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) is maintained for RNs, 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 is reviewed and discussed at regular intervals. Information held about staff is accurate, relevant, secure, stored, and archived confidentially.</p> <p>Electronic data was username and password protected. Information was available only to those authorised to use it. Ethnicity data was recorded and used in accordance with Health Information Standards 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</p>	FA	The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines.

<p>and in accordance with my wishes.  Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.  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>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>The Bellevue 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.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  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 enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data, including ethnicity data, was documented and analysed, including decline rates for Māori.</p> <p>The Bellevue can access support from Māori health practitioners, traditional healers and other organisations by contacting Te Whatu Ora Waitaha. Assistance for Pasifika people can be accessed from communities related to staff who are employed at The Bellevue.</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</p>	<p>FA</p>	<p>The multidisciplinary team at The Bellevue worked in partnership with the resident and their whānau to support the resident's wellbeing. Eight residents' files were reviewed: five hospital files and three rest home files. These files included residents who had had an acute event</p>

<p>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>requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who were identified as a high falls risk and residents with complex clinical conditions.</p> <p>The files reviewed verified that a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and consideration of the wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, neurological observations taken with oversight by the RN, and notification to the resident's whānau. Residents with long standing wounds had wound assessments, a wound management plan and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the NP had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in four of the files reviewed. Short-term problems had been identified, as well as interventions to address them.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participated in The Bellevue's service development and delivery. Services were designed to provide choice and control while removing barriers that prevented access to information. Service providers understood the Māori constructs of oranga and could implement a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated and understood. This was verified through staff interviews.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that</p>
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		<p>expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>
<p><b>Subsection 3.3: Individualised activities</b></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 diversional therapist and one activity assistant provide an activities programme at The Bellevue six days a week. The programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and 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. Opportunities for Māori and whānau to participate in te ao Māori were facilitated.</p> <p>Residents who were able, can attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori included tikanga and these were facilitated as required. Matariki and Waitangi Day are celebrated with food, language and activities.</p> <p>The Bellevue provided a 24/7 approach to activities, offering activities and diversion at appropriate times for residents, in line with the individual needs identified in the care plan.</p> <p>Residents and whānau were involved in evaluating and improving the programme. Residents and whānau interviewed during the audit reported that they found the programme met their needs. This was also evident in resident feedback from the last satisfaction survey.</p>
<p><b>Subsection 3.4: My medication</b></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. As service providers: We ensure people receive their medication</p>	FA	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols and guidelines. The required three-monthly reviews by the NP were recorded. Resident allergies and sensitivities were recorded on the resident's medication chart and in the resident's care plan. The</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. All temperatures recorded were within the acceptable range. Medications were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders were not used at The Bellevue. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents when admitted, and their whānau, were supported to understand their medications.</p> <p>The staff observed at audit demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications were supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes were discussed with them. Fourteen medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where there are over the counter or alternative medications, these were considered by the prescriber and included in the resident's medication chart.</p>
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<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 at The Bellevue is of a very high standard, above that required for full attainment, and a rating of continuous improvement has been awarded under criterion 3.5.3.</p> <p>The service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by Oceania’s qualified dietitian. All recommendations have been incorporated into the menu and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan. The food control programme period of certification extends from May 2023 through to August 2025</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets and modified texture requirements were accommodated in the daily meal plan. Menu options were available for other cultures, including te ao Māori.</p> <p>Evidence of levels of resident satisfaction with meals was verified by residents and whānau interviews, through satisfaction surveys and resident meeting minutes. A satisfaction survey completed in 2024 evidenced residents and their whānau were highly satisfied with the food services provided at The Bellevue. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. This was evident in the file of the resident audited using tracer methodology who required transfer to an acute care facility (refer subsection 3.2). The RN’s regular contact with the family was well documented.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident’s file.</p> <p>Prior to transfer of the resident back to The Bellevue, the CM engaged</p>

<p>coordinate a supported transition of care or support.</p>		<p>with the district hospital to ensure all relevant information for ongoing care of the resident was communicated and documented. The resident and whānau interviewed reported being kept well informed and supported by staff during the recent transfer from the acute facility.</p> <p>Whānau are 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>	<p>FA</p>	<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 was a current building warrant of fitness which expires on 1 April 2025.</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 have ensuite and there are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were 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. There are no plans for the new construction of buildings. The organisation and the BCM were 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</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. The fire evacuation plan has been approved by Fire and Emergency New</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>Zealand (FENZ) and fire evacuation drills are held six-monthly.</p> <p>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 resources were available, should the main supplies fail.</p> <p>All registered nurses and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7 and the activities coordinator who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements on admission and as required.</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. The Bellevue 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 Waitaha. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the</p>

		<p>board at board meetings.</p> <p>The board collects data on infections and antibiotic use and has added ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at The Bellevue and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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) is responsible for overseeing and implementing the IP programme with reporting lines to the CM. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from the Oceania Clinical Infection Control Expert (OICE) and Te Whatu Ora Waitaha IP clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes, and policies.</p> <p>The IP programme is reviewed and reported on annually. The 2024 annual IP report was completed in January 2025.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by Oceania. Cultural advice is accessed by the Oceania quality team. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The BCM is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Staff at The Bellevue were familiar with IP policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Individual-use items were discarded</p>

		<p>after being used. Residents and whānau are educated about infection prevention relevant to their needs. There are educational resources available in te reo Māori available for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme at The Bellevue has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identified 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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the Oceania regional IP team, BCM, staff, residents, and whānau. Results of the surveillance</p>

<p>an equity focus.</p>		<p>programme were also reported to the board.</p> <p>Clear, culturally safe processes for communication between service providers and those residents who developed or experienced a HAI were evidenced in file notes and in an interview with the RN.</p> <p>There have been no outbreaks at The Bellevue since the previous audit. The outbreak policy was reviewed and demonstrated a thorough process for investigation and follow-up. Regional Public Health Unit (RPH) and Te Whatu Ora Waitaha are informed of an outbreak. Learnings from an event are incorporated into practice.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment at The Bellevue supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling 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 were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Laundry is processed offsite at a nearby Oceania facility. The Bellevue has clear processes in place to ensure there is a separation of clean and dirty linen and these were observed to be followed.</p> <p>Laundry and and cleaning processes were monitored for effectiveness via the internal audit programme and resident satisfaction survey, and</p>

		<p>these were sighted.</p> <p>Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and person spaces, are 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 Healthcare has a focus of restraint elimination across all of its facilities. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including The Bellevue, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at The Bellevue since the last certification audit.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use.</p> <p>Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring, have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with The Bellevue multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; 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 and the general or nurse practitioner as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies</p>

		<p>to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>Given there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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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.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>In 2023, The Bellevue resident satisfaction survey identified the following areas where residents were dissatisfied with food services: meals were not well presented, portion size of meals was inadequate, food was not being served at the correct temperature and the menu was not catering for individual and cultural preferences. A quality improvement initiative was commenced in November 2023. The leadership team identified food as integral to resident satisfaction and wellbeing and they worked on removing barriers to achieve a more pleasurable dining experience for residents that maintained dignity and met the needs of residents, including cultural needs.</p> <p>Oceania senior leadership approved the investment in the project, and improvement began in the kitchen with the appointment of an experienced executive chef and increased staffing hours allocated to the</p>	<p>The food services at the Bellevue are of a high standard, and above that required for full attainment of this criterion. Improvements implemented have given each resident increased choice and control over what they eat and when they eat, while maintaining nutritional requirements, giving residents an enhanced dining experience and increasing resident social wellbeing. Evaluation has confirmed this improvement. This was confirmed in documentation, resident interviews, resident surveys and files reviewed.</p>

		<p>food service. Other investment included an upgrade to kitchen equipment, quality dinner service crockery and table settings to provide a high-end dining experience for residents.</p> <p>The menu was reviewed by the new executive chef to incorporate more choice, flavourful restaurant-quality meals with a focus on residents' individual and cultural preferences. This resulted in residents being given increased choice and control over what they ate and when they ate to give a more customised approach. The menu was reviewed and approved by the Oceania dietitian. Over this period, catering for residents' cultural preferences was a high priority. An ongoing initiative, 'Around the World Dinner Series', celebrating different cultural menus, was well received by residents.</p> <p>This quality improvement initiative has resulted in improved outcomes related to resident wellbeing, social interaction and resident satisfaction. This audit confirmed:</p> <ul style="list-style-type: none"> <li>· residents could choose their time preferences to eat their meals</li> <li>· residents had choices at each meal, with two main options available at both lunch and dinner, in addition to soup and dessert</li> <li>· evidence of documented individualised dietary plans in residents' care plans</li> <li>· specific individual food and cultural preferences documented in residents' care plans</li> <li>· resident weight records confirmed that weights were maintained within healthy parameters</li> <li>· the initiatives implemented in 2023 to improve the dining experience have been maintained and the dining room continues to offer a</li> </ul>	
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		<p>high-level dining experience which increases social connectivity for residents</p> <ul style="list-style-type: none"> <li>· residents who wish to can join residents from the attached independent living apartments for morning tea, increasing opportunity for normal social interactions; this was observed to occur.</li> </ul> <p>Evaluation has occurred through feedback from residents and surveys, and this is ongoing to confirm the improvements are maintained. Results have verified a significant increase in resident satisfaction with food services, specifically, meal presentation, adequate portion size, meal choices, the accommodation of cultural preferences and acceptable meal temperatures.</p> <p>Resident surveys review food satisfaction six-monthly. In November 2024, questions related to food showed improvement in all areas; 97% of residents felt their food was well presented (up from 77% in May 2024), 100% responded positively to the question My meals keep me feeling full (up from 80% in May 2024), 91% responded positively to the food is always hot (up from 62% in May 2024) and 76% felt the menu provided good meal choices (up from 61% in May 2024).</p> <p>Over a 12-month period, the Net Promoter Score has risen from 12 in November 2023 to 65 in November 2024. Resident and whānau interviews at audit confirmed these findings and indicated a high level of satisfaction with the meal service.</p> <p>In 2024, The Bellevue won the New Zealand Aged Care Industry award for excellence in food services. There were over 600 entries in this category, nationally. The award recognised the dining transformation at The Bellevue that has enriched residents' lives by fostering mealtimes as a highlight in residents' daily life. This is a significant</p>	
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		achievement that has improved the quality of life for residents at The Bellevue and a rating of continuous improvement is given.	
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End of the report.