

Oceania Care Company Limited - Addington Rest Home

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Addington Rest Home

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

Dates of audit: Start date: 28 February 2025 End date: 28 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: 87

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Addington Rest home, known as Addington Gardens (Addington), is part of Oceania Healthcare Limited (Oceania). Addington provides care for up to 97 residents assessed as requiring rest home, hospital or dementia level care; this includes younger persons with a physical disability. There have been no significant changes to the service or facility since the last audit.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents' whānau/family members, members of the Oceania regional support team, a manager, staff, and a nurse practitioner.

Strengths of the service include the long-established staff and the commitment to dementia care. The corrective actions required from the previous audit have been addressed, with improvements made to the facility's engagement with Māori, the timeliness of assessment and care planning on admission, and medication management. As a result of this audit, no areas for improvement were identified.

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.

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. Addington 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.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Oceania and Addington maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Whānau and legal representatives are involved in decision-making that complies with the law. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably 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 Addington. 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 provided 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 included 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 were 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.

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

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.
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Addington works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

Residents 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, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

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.

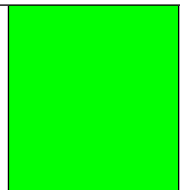
Subsections applicable to this service are fully attained.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, was linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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 using restraints at the time of audit.

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

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	18	0	0	0	0	0
Criteria	0	50	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>	FA	<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.</p> <p>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. A Māori health care plan has been developed with input from cultural advisers, and this can be used at Addington for residents who identify as Māori. Staff interviewed understood the Māori right to self-determination and recognised mana motuhake.</p> <p>Since the last audit, Addington has established links to local iwi and Māori health providers; these have been numerous and are ongoing. Examples discussed included connections and meetings with the Māori group at Rowley Community Centre, who have visited the facility, where a space is provided for traditional flax weaving, meetings with Ngā Hau e Whā Marae and Rehua Marae, and engagement with the Māori liaison team at Te Whatu Ora Waitaha. Connections with Whānau Whanake provide support for staff</p>

		to deliver culturally safe care and for individual residents to engage in te ao Māori. The corrective action raised at the last audit under criterion 1.1.5 is now closed.
<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 Addington 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>Addington has established connections with Pasifika organisations outside the service through resident and staff connections. Staff who identify as Pasifika have actively supported Pasifika residents and their whānau at Addington Gardens. Resident feedback confirmed cultural views were upheld.</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 staff at Addington who were interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>The residents and whānau at Addington 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>The Code was displayed within the reception area and was available in the resident admission pack reviewed along with advocacy brochures.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our</p>	FA	<p>The residents at Addington received services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>All staff are provided with a copy of the Oceania "Code of values and conduct". This is signed by the staff member on the commencement of</p>

<p>services are safe and protected from abuse.</p>		<p>employment and is maintained through ongoing training.</p> <p>Residents reported that their property and finances were respected. Residents were encouraged not to keep valuables in their room and to use the residents' fund for sundries. Fees were billed from Oceania head office.</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>The residents and/or their legal representative at Addington were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed consent forms were evident in all resident files reviewed.</p> <p>Residents in the dementia unit had Enduring Power of Attorney (EPOA) in place, and they had been activated.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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. The documentation reviewed confirmed that the BCM had adhered to processes for investigating and resolving complaints. Minor concerns and complaints followed the same process and were documented together in the complaints register. Eight concerns/complaints had been received since the previous audit. Each complaint had been acknowledged and investigated, and the complainant informed of the</p>

		<p>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 Addington 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 were available for use for Māori and Pasifika residents in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place 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 Addington, 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</p>

		<p>quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Addington.</p> <p>The clinical governance group is appropriate to the size and 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) are a registered nurse with extensive experience in managing an aged care facility and who has been at Addington for 10 years. They are supported by a clinical manager who 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>Addington supports residents, including younger persons with a physical disability, 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>Addington holds contracts with Health New Zealand – 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 Accident Compensation Corporation (ACC) and the Disability Support Services, Ministry of Social Development to provide care for younger persons with a physical disability (YPD).</p> <p>At the time of audit, 87 residents were receiving care at Addington; 32 at hospital level, including three residents funded under the YPD contract, one respite resident, 31 residents at rest home level and 23 residents receiving secure dementia care (rest home level).</p>
Subsection 2.2: Quality and risk	FA	Addington uses Oceania’s range of documents that contribute to quality and

<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>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 Addington, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The regional clinical manager and the national health and safety 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 investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The regional clinical manager and clinical manager understood and have complied with essential notification reporting requirements. In the last 12 months, there has been no Section 31 notifications made to The Ministry of Health and three notifications 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 since the last audit.</p>
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing

<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>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 registered nurse 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. Staff working in the secure dementia unit have completed (six staff) or enrolled (five staff) in the required dementia care training; three new staff are yet to enrol.</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 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</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 14 registered nurses, one nurse practitioner, three physiotherapists, a podiatrist, two pharmacists, and two</p>

<p>services.</p>		<p>dietitians.</p> <p>A sample of seven 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>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 was 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>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, interRAI assessments, long-term care plans and review timeframes met contractual/policy requirements. Staff had implemented strategies to ensure these timeframes were met. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling six residents' records including a Māori health care plan in supplementary sampling, and from interviews of clinical staff, people receiving services, and whānau. The principal of Informed choice was consistent throughout assessment and care planning.</p> <p>Management of any specific medical conditions were 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/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>The nurse practitioner interviewed was employed by Addington for two days per week, with three days per week at the local medical practice. They felt that Addington benefited from good nursing leadership. They met weekly with clinical leaders and registered nurses to inspire and guide their practice through role modelling and challenging ideas. Their input was welcomed for</p>

		<p>all new admissions and when there was a change in condition, and they ensured they reviewed all residents as required by agreement/contract, with comprehensive progress notes. Medication prescribing was in real time as they could respond promptly to emails or texts using the electronic medicine management system 24/7. They reported they had excellent communication with the staff and across the multidisciplinary teams. Families were consulted regularly and the NP quickly responded to any family concerns or issues that could arise, resulting in families interviewed expressing their satisfaction with the communication by the NP and CN.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/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 managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The controlled drug registers were legible and all required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements as confirmed in the sample of records reviewed. All 12 medication charts provided evidence of PRN medication being evaluated for effectiveness after administration, and this practice was confirmed when reviewing the medication round. Medicine-related allergies or sensitivities were recorded on all medication records sighted, and any adverse events responded to appropriately. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Supplementary sampling included a resident self-administering and provided evidence of signed self-administration of medication assessment and a medication care plan stating the resident's wishes.</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 menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences, dietary needs, intolerances, and allergies of those using the service. The last menu review was completed on 19 December 2024 by the dietitian contracted by Oceania Healthcare. Addington ensured snacks, food and fluids were readily available 24/7 in the dementia, hospital and rest home units.</p> <p>Evidence of resident satisfaction with meals was verified from residents and whānau interviews, daily feedback notebook, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan dated 9 May 2023 and registration dated 28 March 2015.</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>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. The “yellow envelope” system was used to guide transfer. Risks and current support needs were identified and managed. Referrals to mental health services for older person (MHSOP), podiatrist, physiotherapist and Health NZ were sighted in the files. Whānau reported being kept well informed during the transfer of their relative.</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>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples’ cultures and comply with relevant legislation. This includes a current Building Warrant of Fitness, electrical and bio-medical testing, and hot water temperatures.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance were required. Spaces were culturally inclusive and suited the needs of the resident groups, including younger persons with a physical</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>disability. Residents, staff and whānau were happy with the environment, including heating and ventilation, natural light, privacy, maintenance and outdoor garden areas. Residents in the secure dementia unit had access to suitable outdoor areas.</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 designated infection prevention and control coordinator (IPCC) is a senior registered nurse who was responsible for overseeing and implementing the IP programme and was assisted in the role by the clinical manager (CM). The IP programme has been developed by those with IP expertise and approved by the Oceania Healthcare governance body. The CM supported the (IPCC) role and was available to assist with communication on the day of the audit. The programme was linked to the quality improvement programme and was reviewed and reported on annually. This was confirmed by the CM and review of the programme documentation. Monthly meeting minutes and annual review were sighted for January 2024 and January 2025.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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>	<p>FA</p>	<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. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff and reported to Oceania Healthcare. A summary report for three recent infection outbreak of gastroenteritis was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the events have now been incorporated into practice.</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 at Addington, was 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 Addington 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 the charge nurse 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. 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 Addington multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there were 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 was 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 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>

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.