

Oceania Care Company Limited - Meadowbank Village - Care Centre

Introduction

This report records the results of a Partial Provisional 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: Meadowbank Village - Care Centre

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

Dates of audit: Start date: 17 March 2025 End date: 17 March 2025

Proposed changes to current services (if any): To add a separate two-storey secure dementia unit with 40 occupation right agreement (ORA) beds. The addition will increase the facility's total bed occupancy from 65 to 105, comprised of the current 65 hospital/rest home (dual-purpose) beds and the new 40 dementia care beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Orakei is part of the Meadowbank Care Village – Oceania. Orakei will be providing care suites for up to 40 residents. Secure Level 3 dementia care services for 21 residents are planned on the ground floor, and rest home/hospital level care for 19 residents on the first floor. The facility has been purpose built on the Meadowbank Care Village site and is located in close proximity to all amenities the village offers. This addition will increase the facility's total bed capacity from 65 to 105.

The building is still under the direction of the project manager for the final stages. The external and internal finishing was near completion. The opening date is scheduled for 14 May 2025. Staff are currently being arranged to cover the service. The plan was to staff and to operate the ground floor care suites initially and increase staffing as occupancy increases.

This partial provisional audit was arranged to ensure the level of preparedness is adequate to provide the service, and to increase the total licensed beds by 40 across Meadowbank Care Village. The audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, interviews with

the project manager, the business and care manager, the regional clinical manager and the executive chef. A walk through of the dementia care service was included.

Two areas have been identified that need to be resolved prior to occupancy: the facility's Certificate for Public Use and the approval of the fire evacuation plan, which was with Fire and Emergency New Zealand at the time of the audit. An area of improvement from the previous audit in relation to medication management was fully addressed.

Ō tātou motika | Our rights

Not audited

Hunga mahi me te hanganga | Workforce and structure

The business plan and other assorted documents included the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the regional clinical manager and executives. An experienced clinical manager, who currently manages Meadowbank Care Village, will also oversee Orākei, supported by a charge nurse yet to be appointed. The clinical manager has been involved in the preparation and processes to open the dementia care service.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and the business model.

The recruitment of staff was based on current good practice and is currently underway to ensure adequate cover at the time of opening the facility. Orientation and training are planned for all new staff and two weeks have been allocated prior to the service opening. The rosters have been developed in preparedness. A charge nurse and a registered nurse, yet to be employed, will cover a variety of shifts to ensure staff feel confident in their roles. All staff will complete first aid training during orientation. An ongoing education programme has been developed that is appropriate to the services to be provided.

Ngā huarahi ki te oranga | Pathways to wellbeing

The service provider aims to introduce a new model of care and fundamentals of care. The registered nurses will be responsible for the assessment process on admission, while care partners will be allocated a group of residents and will be responsible for implementing care and activities for each individual resident over the 24-hour period. This person-centred and meaningful engagement approach to service delivery has been adopted by the organisation and, if successful, will be extended to other existing services.

Activities implemented as part of the new model of care will be overseen by the diversional therapist, who covers all residents at Meadowbank Care Village.

There are two spacious designated treatment rooms for the storage of medication, medication distribution trolleys and a designated refrigerator in both medication rooms. Comprehensive medicine management policies and procedures were in place. Locked cupboards are available for management of controlled medicines and controlled drug record books were available. The already contracted pharmacy and pharmacist will be covering this new area of service delivery. An electronic system was set up in readiness for implementation.

Training will be provided to new staff during the orientation, and competencies completed for all staff responsible for administration or checking medications.

The existing food control plan for the village and food safety policy will continue to be used. The menu has been reviewed and approved by a dietitian. Processes have been set up in preparedness to identify individual residents' dietary needs and preferences.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

The new facility consists of 40 single care suites with each room having a full ensuite bathroom, adjustable heating and appropriate furnishings. Residents/family can personalise their own rooms on admission. The 19 dual purpose care suites on the first floor are

large enough to accommodate hoists if needed. The service has two floors with separate dining areas and spacious lounges. The final internal and external finishing work is near completion. Furniture and resources on order were being delivered on the day of the audit.

There are designated areas for the safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substance register are already developed and implemented, and the maintenance team manage this area of service provision. Laundry and cleaning and resources are new and are to be managed by trained housekeeping staff. Laundry will be completed offsite by a contracted service provider.

Appropriate emergency supplies were available, along with reference documents for the use in civil defence emergencies.

A nurse call system has been installed and tested and was accessible in all individual care suites and bathrooms and in all community areas.

Security arrangements include the use of security cameras. Signage was available. Sensor monitors were located in all residents' rooms and a location board was visible in all four nurse stations. Two nurses' stations on each floor were sighted.

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

There was a documented infection prevention and control programme that includes surveillance for infections. The programme was appropriate to the services provided onsite. Antimicrobial stewardship and hospital-acquired infections will be monitored as part of the surveillance programme. The registered nurse to be employed will be responsible for the development and implementation of the programme. The job description was available for review. Appropriate resources are available. The organisation has a specialist infection prevention advisor who is accessible when needed. Staff are to be guided by relevant policies and procedures supported with regular education.

Here taratahi | Restraint and seclusion

The organisation has a restraint-free philosophy. The registered nurse will be responsible as the restraint coordinator and training will be provided.

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	12	0	2	0	0	0
Criteria	0	89	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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 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>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring the Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha.</p> <p>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 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 gathered from these sources translates into policy and procedures. Equity for Māori, Pacific peoples and tāngata whaikaha was addressed through the policy documentation, enabled through choices, control over supports, and the removal of any barriers that prevent access to information. This included, for example, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control. Both a Māori model of care (Te Whare Tapa Whā) and a Pacific model of care (Fonafale) have been documented and are available for implementation at Orakei.</p>

		<p>As is the case for other Oceania facilities, the support team have worked to address barriers to equitable service delivery and in the recruitment of Māori and Pacific staff.</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, Pacific peoples and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility plan for Meadowbank Care Village was provided by the business and care manager (BCM) and supports the goals for this service. Cultural safety was embedded in business and quality plans, and staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership support team were committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving information from each of its care facilities. The clinical governance group was appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the national clinical manager, who reports to the board.</p> <p>Internal data collection including adverse events, complaints, infection prevention and restraint are analysed, and any corrective actions are completed. Changes are made to the business or strategic plans by the BCM as required.</p> <p>The regional clinical manager (RCM) and BCM were interviewed. The BCM has been in the role for three years and the RCM was responsible for 10 Oceania sites in the region. The CM for Meadowbank Care Village including Orakei was unavailable on the day of the audit.</p> <p>Meadowbank Care Village welcomes and supports residents and their family/whānau to participate through resident meetings and satisfaction surveys completed annually. The surveys are included on the developed and planned internal audit schedule sighted for Orakei.</p> <p>The organisation holds contracts with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland for rest home, respite and hospital services. Orakei will be contracted to provide for Level 3 (rest home) secure dementia care for up to 21 residents and 19 residents requiring hospital/rest home level care. No residents were receiving care on the day of the audit.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility will adjust staffing levels to meet the changing needs of residents. The proposed rosters were reviewed. The charge nurse CN and registered nurse positions are yet to be finalised, although interviews have taken place. The CN will work full time and will cover four-day shifts during the week, and one of the days on the weekend. Registered nurses will cover all shifts as per the roster reviewed on both floors, to meet the requirements of the contract for the provision of hospital level care. The care partners have a ratio planned of one care partner to every five residents. This is appropriate for the design of each floor. The care partners will be providing the activities for their resident group. This will be overseen by the RN and the diversional therapist (DT) employed by Meadowbank Care Village.</p> <p>Continuing education was planned in readiness for orientation of all new staff, and this will be provided on an annual basis. Related competencies will be completed at orientation to support equitable service delivery. Care partners, if they have not already completed a New Zealand Qualification Authority education programme, will be enrolled to meet the provider's agreement with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland. Records for staff education to be provided at orientation have been set up in readiness. The registered nurses employed, will need to complete, or have completed the aged residential care interRAI competency requirements.</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</p>	<p>FA</p>	<p>Human resource policies and processes are based on good employment practice and relevant legislation. Staff folders are set up in readiness and job descriptions are to be provided. Staff performance will be utilised as part of the recruitment strategies being implemented. A practical component has been included in the selection process, which was a new strategy for the organisation to implement.</p> <p>The records of current annual practising certificates for all health professionals employed and/or contracted were reviewed. This included the RCM, the CM, the nurse practitioner (NP), the dietitian, podiatrist, pharmacist, pharmacist technicians and physiotherapists. The contracted pharmacy licence was also</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>available for verification.</p> <p>The orientation plan for all new staff was shared at audit. The process is planned over two weeks, commencing 28 April 2025 through to 9 May 2025. All staff will be required to participate and to complete the orientation required, and a record will be maintained. First aid training will be provided during this time and was documented on the orientation plan reviewed.</p> <p>A register is set up electronically, in readiness to record all staff information securely. Staff ethnicities will be documented and used in accordance with the health information standard organisation (HISO) requirements. Records will be maintained by the charge nurse and administration staff.</p> <p>A process is in place for all care partners to be involved in a debrief and discussion and receive support following any incidents, to ensure wellbeing. This will be discussed at orientation.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Examples of activities to be offered to the residents were available. Activities incorporate the 'five ways to wellbeing', to give, be active, keep learning and to connect. The new model of care to be introduced at Orakei differs in that the activities are to be provided by the care partners for their group of residents. The activities implemented are to be based on a person-centred approach with individual meaningful engagement. However, all activities provided will be fully overseen by the diversional therapist employed at Meadowbank Care Village, who will support and provide advice as necessary.</p> <p>The activities will be based on the assessments completed by the registered nurses and will reflect the individual residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are to be celebrated. Part of the model of care being introduced is that, if possible, the registered nurse intends to visit the resident in their own home prior to admission. The history of the resident can be discussed with the resident and family/whānau as able.</p> <p>There is a lot of space in the lounges to allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</p> <p>Behaviour support plans are available for residents, along with the leisure/activities plans and progress records which will be maintained by the care partners. The activities will be available with appropriate resources 24-</p>

		<p>hours a day. The plan will be reviewed six-monthly or as necessary. Community connections suitable for the residents will be encouraged. The service promotes involvement of EPOA/family/whānau and friends. A van will be available for outings in the community.</p> <p>Should any residents who identify as Māori be admitted to this service, opportunities for whānau to participate in te ao Maori will be facilitated through community engagements with community traditional healers, and by celebrating religious and cultural festivals.</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>A safe system for medicine management using an electronic system is planned. The medication management policy was current and in line with the Medicine Guidelines for Residential Aged Care. Prescribing practices are clearly documented in line with legislation, protocols, and guidelines. Three-monthly reviews by the employed nurse practitioner who will be covering this service will be recorded. Resident allergies and sensitivities are to be recorded on the electronic record system.</p> <p>The system in place for returning expired or unwanted medication to the contracted pharmacy was in place. The same pharmacist and technicians will be covering Orakei as for the rest of the care settings at Meadowbank Care Village. Continuity of service provision is being promoted by Oceania. The record sheets for the temperature monitoring of the medication fridge, and the treatment/medication room, were sighted in readiness. The treatment room has adequate storage for medication and locked cupboards were sighted for the storage of controlled drugs. Controlled drug registers were set up in readiness. Weekly and six-monthly checks are to be effectively implemented by the charge nurse. The registered nurses will check all medications on arrival from the pharmacy every two weeks.</p> <p>A 'Point of Care' medication system has been set up in readiness. Each resident care suite has a locked drawer for their individual medications to be safely stored. Fortnightly medications, blister packed by the pharmacy, will be stored and administered at the bedside to the resident, by the registered nurse or the medication competent care partner. This will be recorded at the time, on the electronic system. The RCM explained all the processes for medication management.</p> <p>Standing orders are not used by Oceania. Residents/family are to be</p>

		<p>supported to understand their relative's medicine when required. The RCM stated that, when requested by a Māori resident/whānau, appropriate support and advice will be provided.</p> <p>An area of improvement from the previous audit in relation to competencies being overdue for residents who self-administered their own medication, and safe storage of medicines at the bedsides has been fully addressed. The RN interviewed verified that three residents in the care suites were self-administering medication on the day of this partial provisional audit. A locked storage container is now provided at the bedside and this was sighted. Competencies for medicine is completed three monthly. Three medication records were reviewed.</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 nutrition to support wellbeing is in line with recognised nutritional guidelines for older people. The menus had been reviewed by the Oceania qualified dietitian and the menus are changing over to the winter menu on 7 April 2025. The executive chef was interviewed and explained the process set up in readiness for Orakei. Māori and their whānau can have menu options that are culturally specific for Māori on request.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operated with an approved food safety plan and registration. The current food control plan expires on 28 March 2025. The audit for the food safety plan renewal was completed on 12 October 2024. The recommendations have been fully addressed. The service provider uses an electronic record keeping system for all aspects of the food service and this process is working effectively.</p> <p>The registered nurses are to complete nutritional profiles for each individual resident on admission and a copy of this profile will be provided to the chef. The RNs will ascertain if a resident requires special diets, has allergies/intolerance to specific foods, and cultural preferences. The chef stated that profiles are only ever changed when advised by the RN. The kitchen staff will cater to meet these requirements.</p> <p>Separate staff have been organised to manage Orakei. A working kitchen was being set up on the day of the audit off the main lounge/dining area on the first floor. Initially, the food service will operate from the main kitchen located in the Village. Options and planning are still in progress and will change as the</p>

		<p>resident numbers increase. Breakfast will be prepared by staff each morning at Orakei. Storage was sighted and was very adequate. There is a double fridge/freezer in the kitchen on the ground floor and the kitchen developed is homely and is to be accessible for the residents. Food will be delivered to the facility from the main kitchen for lunch and dinner in scan boxes. Kitchen staff will be responsible for mealtimes. Care partners will assist the residents as needed.</p> <p>The dining experience offers flexibility. Residents will be able to dine in the dining room, in their own care suites or in the whānau room.</p> <p>Residents' weights will be recorded on admission and monitored by staff monthly. Snacks and additional foods will be available for residents 24/7 to meet their needs.</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>PA Low</p>	<p>The project manager stated that they are still waiting for sign-off for the building compliance before the Certificate of Public Use can be issued. A letter confirming this information was sighted at audit. Orakei is new and purpose built, with all appropriate systems in place to ensure the residents' environment and facilities, both internally and externally, are safe and meet legislative requirements. The project manager was present for the tour of the facility. Cultural considerations have occurred in the planning of the facility and are reflected in the environment and setting of the outdoor spaces.</p> <p>All equipment and resources have been purchased new, and warranties were in place. All preferred suppliers have provided records of all equipment purchased by Oceania for this facility. Three interior design consultants are currently working to furnish and decorate the facility, placing furniture and other items appropriately throughout. Two care suites were set up in readiness with all furniture for display purposes. The dining and lounge areas will reflect a homely environment. All ensuites are carpeted, and drapes have been installed. Bathroom surfaces are easily cleaned.</p> <p>The environment was spacious and accessible, promoting independence and safe mobility. Handrails were in place in the wide hallways and in the ensuite bathrooms. Personalised equipment will be available for those residents with any disabilities to meet their needs. All beds are high-low beds with electronic controls. Manual hoists are accessible and have been purchased new for this</p>

		<p>facility.</p> <p>All care suites have their own ensuite bathrooms. The toilet seats are a pewter colour for easier recognition for residents. There are additional toilets available for staff and visitors on both floors of the facility. Te reo and English signage was available. There are no shared rooms.</p> <p>The building is two stories high with 21 care suites on the ground floor and 19 care suites on the first floor. The ground floor will be used for secure dementia care and the first floor for hospital/rest home level care. Outside areas include a central courtyard which has seating and is accessible. From the ground floor, there is access to an outdoor area with paving suitable for positioning outdoor furniture. A garden with pathways laid around large established oak trees was near completion on the day of the audit. A shade sail is still to be erected and will be an added asset to this welcoming space.</p> <p>There are two level crossings located outside the entrance to the facility. There is fob access to the facility for staff and a doorbell is situated at the front entrance for visitors. Two sets of doors are located at the front entrance, which provide security and safety for residents. A reception area has been set up in readiness.</p> <p>A separate whānau room is available. There are two nurse stations per floor, which are set up in readiness. Adequate storage is provided throughout the facility.</p> <p>Every care suite has a heat pump with individual controls. Large heating vents were sighted in the lounge/dining areas for ventilation and heating purposes. All rooms have a window and lighting is adequate.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or</p>	<p>PA Low</p>	<p>The fire evacuation plan has been sent to Fire and Emergency New Zealand to be finalised. The policies and procedures for fire safety and emergency are clearly documented. A list of residents with disabilities will be maintained.</p> <p>Training will be provided at the planned orientation. First aid training was also planned for all staff, as verified in the training program sighted.</p> <p>Alternative essential energy and utility sources are readily available, including emergency lighting, first aid resources, personal protective equipment, water, water bottles, torches, batteries, and other resources. There was no generator</p>

<p>unexpected event.</p>		<p>onsite for an emergency power outage, although one can be accessed if needed. There was adequate storage for all equipment and civil defence resources.</p> <p>There is an appropriate call bell system installed throughout the facility and a sensor monitoring system is in place. Display boards were located in the nurses' station. All staff have fob swipe access to the facility. Fobs and name badges are to be provided to all new staff.</p> <p>A signing in electronic system is installed at reception for visitors and contractors. There is a double door entry/exit to Orakei. There is a buzzer at the entry for after-hours visitors.</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 RCM interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and this was included in the business plan reviewed and is part of the quality and risk management programme. Expertise is accessible through the Oceania infection prevention expert lead. Should any trends or events be identified, this information would report appropriately to management or to the agency required.</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</p>	<p>FA</p>	<p>he infection prevention coordinator (ICC) will be the clinical manager until the CN and RN are orientated to the role. The ICC has the appropriate skills, knowledge and qualifications for the role and has the necessary resources and support.</p> <p>The CM is responsible for making decisions around procurement relevant to care delivery, or any changes required in consultation with the RCM.</p> <p>The IP programme has already been approved by the governance body and will be linked to the quality improvement programme. The IP programme was reviewed annually.</p>

<p>infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The infection prevention and control policies reviewed reflected the requirements of the standard and are based on current accepted good practice.</p> <p>Cultural advice can be accessed when needed.</p> <p>All staff will receive education for IP and AMS at the orientation training and this was sighted on the training programme.</p> <p>A pandemic/infectious diseases response plan is clearly documented. There were sufficient resources and personal protective equipment (PPE) available.</p> <p>A process is available for reusable medical devices. Single-use medical devices will not be reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The AMS programme reviewed is appropriate for the size of this dementia care service. The programme had already been approved by the governing body. There are relevant policies and procedures in place which comply with evidenced-informed practice. Once the service commences, the programme will evaluate the effectiveness of the programme and identify any areas for improvement and evaluate the progress of AMS activities.</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</p>	<p>FA</p>	<p>Surveillance activities are set up in readiness taking onto consideration the size and complexity of Orakei, including the acuity and/or risks to the people receiving services.</p> <p>The ICC will determine the type and frequency of surveillance to be undertaken. Standardised definitions for IP will be used and information will include ethnicity data.</p> <p>The RCM interviewed stated that results and/or any recommendations made would be reported to governance, and shared with staff and benchmarked</p>

<p>objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>against other Oceania sites.</p> <p>There are clear, culturally safe processes for communication in place to communicate between service providers and residents/families who may develop or experience a hospital-acquired infection.</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>There is a policy available to ensure safe and appropriate storage and disposal of waste and infection or hazardous substances that complies with current legislation and any local authority requirements. Health as safety is a priority for staff, visitors and residents. The service is new. A cleaning programme is set up in readiness. The household manager will ensure the service requirements are adequately met. Staff available are already fully trained for their role.</p> <p>The laundry is to be managed off site. Laundry shutes are in place between the two floors of Orakei. The linen can be sluiced if needed, bagged and collected safely, and taken to the contracted laundry. All processes are documented to guide staff for both the cleaning and laundry services. Clean linen is to be returned to the facility, and staff will put the linen in the designated linen cupboards.</p> <p>Internal audits will be completed three monthly, as per the audit schedule reviewed. Locked storage cupboards were available for any chemicals or cleaning resources. The cleaners' trolley will be stored in a locked room when not in use.</p> <p>The ICC is to have oversight of the testing and monitoring of both the cleaning and laundry services and the facility environment.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of Oceania, including Orakei. This is documented in the restraint policy. The BCM and the RCM confirmed commitment to this.</p> <p>Policies and procedures meet the requirements of the standard. The RCM reported and the policy review stated that restraint would be used only as a last resort when all alternatives have been explored. Low beds and sensor monitors were in place as alternative interventions. The CM will be the</p>

<p>use of restraint in the context of aiming for elimination.</p>		<p>restraint coordinator until the CN or RN take on this responsibility.</p> <p>Full restraint training, including managing residents presenting with challenging behaviours, are to be covered in the orientation programme reviewed. Training is to be recorded and provided annually to meet the service agreement with Te Whatu Ora.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	A letter was sighted from Argon Construction Limited dated 14 March 2025. The final building inspection had been signed off by Auckland Council as of 14 March. However, the fire certification has been held up due to the changes in the fire alarm zoning which necessitated a new fire panel and chip to be manufactured and imported from Australia. This had not been installed at the time of the audit.	The fire alarm certification is required before the Certificate of Public Use (CPU) can be issued.	<p>Ensure the Certificate of Public Use is available before residents are admitted to Orakei.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The draft fire evacuation plan has been forwarded to FENZ for finalisation. However, this is currently being held up due to a late change in the fire alarm zoning. This necessitated a new fire panel chip having to be installed. This chip has to be developed and delivered from Australia and installed. This is now delaying the fire alarm certification, which is a requirement for the fire evacuation plan approval and	The fire safety emergency evacuation plan is yet to be approved by FENZ.	Ensure the emergency fire evacuation plan is approved as required by legislation.

		the CPU.		Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.