

Oceania Care Company Limited - Bayview

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Bayview

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

Dates of audit: Start date: 8 April 2025 End date: 9 April 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: 82

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Oceania Care Company Limited (Oceania) – Bayview (Bayview) provides age-related residential care at hospital and rest home level for up to 91 residents. There were 82 residents in the facility on the first day of the audit. There is a new business and care manager.

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

There were no areas identified as requiring improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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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. Bayview works collaboratively to support and encourage a Māori world view of health in service delivery and ensure that Māori would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Staff were observed to engage with residents in a culturally safe way. Care was provided in a way that focused on the individual and considered values, beliefs, culture, religion, sexual orientation, and relationship status.

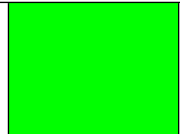
The service provider was aware of the requirement to recruit and retain Māori and Pacific peoples in its workforce; the requirement to do this is embedded in policy and Oceania actively recruits Māori and Pacific peoples into its service where it is able.

On admission, residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Residents were safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Oceania Care Company Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Bayview. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services was occurring with regular reviews according to predetermined schedules.

Well-established quality and risk management systems were focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff were involved in quality activities. Actual and potential risks were identified and mitigated.

The National Adverse Events 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 to 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. An education/training programme was in place and competencies were assessed. Care staff have access to New Zealand Qualification Authority (NZQA) approved health and wellbeing courses.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The entry-to-service process was efficiently managed. There was an electronic system for entry to services. Residents were assessed before entry to the service to confirm their level of care.

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

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Registered nurses were responsible for the assessment, development and evaluation of care plans. Care plans were individualised, based on comprehensive information, and accommodated any new problems that might arise. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

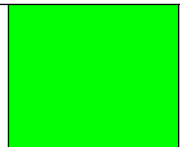
Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans were completed in consultation with residents, their whānau, and with staff. Residents and whānau expressed satisfaction with the activities programme in place.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for, including foods relevant to te ao Māori when required. Food was safely managed. Residents verified satisfaction with meals.

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

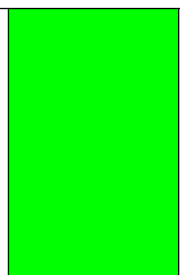
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe, and external areas have shade and seating provided that meet the needs of tāngata whaikaha.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The Oceania clinical governance team oversees implementation of the infection prevention and control programme, which was linked to the quality management system. Annual reviews of the programme were reported to the governance board, as were any significant infection events.

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

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

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

The environment supports both the prevention of infections and the mitigation of their transmission. Waste and hazardous substances were well managed. There were safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims to be restraint-free. This is supported by the governing body and policies and procedures. There were residents observed to be using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process is in place. The clinical manager is the restraint coordinator and is suitably qualified for this role.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	177	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Care Company Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan in place, which described how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers and this can be used at Bayview for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were no residents who identified as Māori present during the audit. However, processes and staff training were in place to ensure Māori residents and their whānau would be provided with culturally appropriate services and that their mana motuhake was respected.</p> <p>The service supported increasing Māori capacity by employing Māori</p>

		<p>staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data was gathered when staff were employed, and this data was analysed at an organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through a local consultant. The Bayview village manager was working to develop a connection with the local marae.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service provider has a policy on Māori and Pacific people's health. This describes how the organisation responded 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 Pacific residents.</p> <p>There were residents who identified as Pacific people in the facility on the days of audit. Bayview has connections with Pacific organisations outside the service, via connections from the Pacific residents and their whānau. Support would also be sought from the Pacific health team at Te Whatu Ora if applicable.</p> <p>The service supported increasing Pacific workforce capacity by employing more Pacific staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data was gathered when staff were employed, and this data was analysed at an organisational level. There were staff who identified as Pacific people at the time of audit. There were no Pacific people in a leadership and/or training role at Bayview. The management team advised consideration would be given if there were suitable applicants for vacant roles when advertised.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-</p>	FA	<p>Staff 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. Posters of the Code in English, te reo Māori and New Zealand Sign Language</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>were posted around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Interviewed staff understood the principles of Māori mana motuhake as guided by the Māori health plan. They stated that Māori mana motuhake would be observed when required. There were no residents who identified as Māori at the time of the audit.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through the activities programme. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and whānau interviews, and in documentation reviewed.</p> <p>Residents reported that their property was respected. Residents had an option to store a small amount of money in the safe that was managed by the receptionist.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt</p>

		comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and the Fonofale model (if Māori/Pasifika are admitted in the service).
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Evidence of open communication was apparent following adverse events and during the management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Residents were able to maintain their own private general practitioners if desired.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements, and processes for residents unable to consent were documented, as relevant, in the resident's record. Signed consent forms, admission agreements and occupational rights agreements were available in residents' electronic files.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This met the</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>requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. There is a process in place to ensure that complaints from Māori can be handled in a culturally appropriate and equitable manner.</p> <p>There have been no complaints received from external sources since the previous audit. There have been six complaints received in the eight months since the business and care manager commenced in this role. The most recent complaints were closed with the assistance of the national director of clinical and care services (DCCS). Learnings were identified in relation to how the service communicated with residents and whānau and facilitated changes to staff rostering. No complaints were open at audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pacific peoples, 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, Pacific peoples 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. Information was provided about available services via the Oceania website, local Needs Assessment and Coordination Services (NASC) staff, word of mouth, and at presential meetings. Information about the Code of Rights and</p>

	<p>infection prevention and control was available in other languages. Specific models of care relevant to Māori and Pacific peoples were available for use for Māori and Pacific 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 supported 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 business plan supported the goals for the Bayview service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data was being collected to support equity.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. This included receiving regular information from each of its care facilities, including Bayview.</p> <p>The clinical governance group was appropriate to the size and complexity of the organisation. Monthly governance group meetings were led by the group general manager and the DCCS, who also provided clinical and quality dashboard reports to the board. Internal data collection (eg, adverse events, complaints) were aggregated and corrective action (at facility and organisation level, as applicable) actioned. Changes were made to the business and/or the strategic plans as required.</p> <p>Both the business and care manager (BCM) and clinical manager (CM) are registered nurses. The CM was in the role prior to the last audit. The BCM has been at Bayview for approximately eight months, transferring in from a management role at another Oceania facility. The BCM has responsibilities for another Oceania facility that is located nearby. The BCM and CM are supported by the executive chef and resident services manager, and by the regional clinical manager (RCM) and national operations manager (NOM). The business and care manager (BCM) and clinical manager (CM) confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field. The BCM and CM have completed over eight</p>
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		<p>hours of education related to managing an age-related care (ARC) service in the last 12 months, as required to meet the provider's contract with Te Whatu Ora.</p> <p>Bayview supported residents and their whānau to participate through the care assessment and planning processes, monthly resident meetings, and twice-yearly resident satisfaction surveys. The management team have an open-door philosophy and were available to meet with residents and whānau on a day-to-day basis to discuss resident care needs. Responses from the resident meetings and surveys were noted to be very positive.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care at hospital and rest home level. All beds are dual use. At audit, 82 residents were receiving services (38 at hospital level and 44 at rest home level of care). There are 81 rooms/care suites at Bayview. The BCM advised there are 20 care suites that may be occupied by couples; however, only ten of these rooms can be used for couples at any time. This allows for full occupancy of up to 91 residents. The entry agreement (occupational right agreement) includes consent for a couple who choose a double room. On the day of the audit, two double care suites were occupied by a couple. The other double care suites were occupied by individuals at their choice. There was one vacant care suite.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Bayview uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, a health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle.</p> <p>A range of internal audits were undertaken. There was a high level of compliance with organisation policies. Staff engagement and resident satisfaction surveys were undertaken in 2024 and the results actioned. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated, analysed and discussed. This was confirmed by records</p>

	<p>sighted and by staff interviewed.</p> <p>Monthly health and safety meetings occurred. The health and safety plan provided a formal framework for H&S activities, including new hazard identification/management, regular review of the hazard register, reviewing emergency response and supplies, staff education, and incident and accident review.</p> <p>Quality improvement projects have been undertaken in relation to enhancing the dining experience for residents, developing a staff newsletter to aid with staff communication/team building, the management team 'walking the floor' to talk with residents/whānau, and care planning.</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 Bayview, with follow-up and reporting. A Māori health plan was in place to guide care for Māori.</p> <p>The BCM and RCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including clinical and health and safety risks, and development of mitigation strategies. Where mitigation strategies are identified, there are processes in place to ensure these are implemented. Individual resident risks are identified as part of routine assessment and care planning processes.</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 BCM and CM understood and have complied with essential notification reporting requirements. Since the last audit, there have been Section 31 notifications made to Manatū Hauora or a notification to the Health Safety & Quality Commission (HSQC) related to a change in the business and care manager, notifiable pressure injuries (including a resident admitted with a significant pressure injury), and three resident falls (two falls resulted in a fracture and one fall resulted</p>
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		in a head injury.)
<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>	FA	<p>There was 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 adjusted 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 had a current first aid certificate (usually more) and there is 24/7 RN coverage on each of the two floors. There was a minimum of two registered nurses (RNs) and four care staff on duty. Sufficient catering, cleaning, laundry and activities staff were rostered on duty seven days a week. All 15 permanent RNs employed had current interRAI competency.</p> <p>The BCM works across two Oceania ARRC facilities. The CM works only at Bayview.</p> <p>Continuing education was planned on a biannual basis, including mandatory training requirements. There were role-specific mandatory in-service or training days. Related competencies were assessed and supported equitable service delivery. Care staff had either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Four staff had just graduated with Level 3, four staff have registered to do Level 4 and at least two other staff were enrolled in training. In the records provided, 14 staff had an industry-approved qualification at Level 4, six at Level 3, and three staff at Level 2. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The collecting and sharing of high-quality Māori health information across the service was 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) was available</p>

		<p>to staff who may require extra support. Influenza vaccination was offered. There was a monthly staff recognition programme, with staff nominating colleagues to be the 'staff member of the month'. The health and safety (H&S) committee also acknowledges a staff member who champions H&S each month. Staff can access free physiotherapy services on site one day a week.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. There were job descriptions in place for all positions that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also covered responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) was maintained for RNs, in addition to associated health contractors including three nurse or general practitioners, a physiotherapist, a podiatrist, the pharmacists, and a dietitian. The license to operate the pharmacy was also sighted. The driver licences for those driving the Bayview vehicles and associated van loading competencies were sighted.</p> <p>A sample of 10 staff records reviewed confirmed the organisation's policies were being implemented with some minor variances, most of which had been identified via the internal audit programme of staff files. This has not been raised as an area for improvement as it did not reflect current or systemic issues. Staff performance was reviewed and discussed at regular intervals. Information held about staff was accurate, relevant, secure, stored, and archived confidentially. Electronic data was username and password protected. Information was available only to those authorised to use it. Ethnicity data was recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them. External</p>

		support would be accessed if required.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Clinical records, medication records and interRAI assessments were electronic. Staff had a unique login and password.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service, as applicable.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports</p>	FA	<p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau. Staff understood how to support Māori and whānau to identify their own pae ora outcomes in their care plan when required.</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>Tāngata whaikaha participated in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Interviewed staff understood processes to support residents and whānau when required.</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</p>	<p>FA</p>	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and ordinary patterns of life and</p>

<p>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>included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme was provided through monthly residents' meetings and in one-on-one activities with residents. Those interviewed confirmed they found the programme met their needs.</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 was observed on the days of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices were in line with legislation, protocols and guidelines. The required three-monthly reviews by the GP and NP were recorded. Allergies and sensitivities were recorded on the medication chart where applicable. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system was in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. Medications were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders were not used. Self-administration of medication was facilitated and managed safely. Residents and their whānau were supported to understand their medications.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administered medicines were competent to perform the function they managed; current medication competencies were evident in staff files. The RNs oversee the use of all pro re nata (PRN) medicines and documentation regarding</p>

		<p>effectiveness was noted in progress notes. Medications were supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes were discussed with them. Twenty medication charts were reviewed. The medication policy described the use of over-the-counter medications and traditional Māori medications. Over-the-counter or alternative medications were added to the medication chart by the NP following discussion with the resident and/or their whānau.</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>	FA	<p>The food service was in line with recognised nutritional guidelines for older adults. The menu was reviewed by a qualified dietitian on 31 March 2025. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration that will expire on 28 March 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. The executive chef stated that menu options that are culturally specific to te ao Māori would be provided when requested.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Reasons for transfers were recorded in the progress notes,</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>including discharges to other services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. External areas have shade. There was a current building warrant of fitness (expiry 26 November 2025). Clinical equipment had current clinical validation/performance monitoring. This included the care suite bedrooms, all of which have a ceiling-mounted hoist. Electrical test and tagging of electrical equipment had occurred. Hot water was tested monthly and was within the required temperature range. The facility van and other vehicles had a current registration and warrant of fitness and the van hoist had been serviced.</p> <p>There are 81 care suites. The BCM advised 20 care suites can be used for the care of couples, with a maximum of 10 couples at any time in order to stay within the certified bed numbers.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. All except two care suites have a door that opens to a deck/balcony area. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, with all care suites having a full ensuite bathroom. There is a large wet room/bathroom with a shower trolley that can be used when required.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The BCM was aware of the need to ensure that, if new buildings were being designed, consultation/co-design was required to ensure the facility reflects the aspirations and identity of Māori.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans, policies and ‘flipcharts’ direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan had been approved by Fire and Emergency New Zealand (FENZ) on 18 May 2018. The most recent fire drill was undertaken on 9 March 2025. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. This included emergency water supplies and a connection to the building for a generator. There is a national contract in place with a generator rental service in the event a generator is required. Staff can provide a level of first aid relevant to the types of risk for the type of service provided. Thirty-seven staff, including registered nurses, activities staff, reception, maintenance, kitchen and designated care staff, had current first aid certification, or new applicable staff had been booked to attend this training.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. There is an intercom and camera at the front entrance that facilitates staff verifying visitor identification before giving after-hours access. Signage alerts that security cameras are in use.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were led by the Oceania director of care and clinical services, who also led the clinical governance team. The clinical governance group oversaw all clinical issues within Oceania Healthcare.</p> <p>The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body (January 2025), were linked to the quality improvement system, and</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>were reviewed and reported on yearly. Bayview has IP and AMS outlined in its policy documents. This was supported at governance level through clinically competent specialist personnel who made sure that IP and AMS were appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through the laboratory microbiologist, nurse practitioners and public health services, if required. Infection prevention and AMS information was discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board collected data on infections and antibiotic use and had added ethnicity to its data. The data was being collected and analysed to support IP and AMS programmes at Bayview and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan was documented and had been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained accordingly. Most recently, seven residents had COVID-19 in a cluster in February 2025.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (ICC) was responsible for overseeing and implementing the IP programme with reporting lines to senior management and the clinical governance group. The ICC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where appropriate. The IP programme was approved by the governance body and was last reviewed in January 2025.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention</p>

		<p>in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</p> <p>The Oceania clinical governance group will be involved in procurement relevant to design of any new building or facility changes. At the time of the audit, there were no proposed changes.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guided the use of antimicrobials and was appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials was promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data included antibiotic usage and identified areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</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</p>	FA	<p>Surveillance of HAIs was appropriate for the size and complexity of the service. It was in line with priorities recommended for long-term care facilities and was defined in the IPC programme.</p> <p>Monthly surveillance data was collated and analysed to identify any trends and possible causative factors, and actions plans were implemented. Surveillance tools were used to collect infection data and standardised surveillance definitions were used. Results of the surveillance programme were shared with staff and the senior management in meetings, and with the governance body through</p>

<p>with an equity focus.</p>		<p>monthly reports. Surveillance included ethnicity data.</p> <p>There were three outbreaks reported since the previous audit. Learnings from recent infection outbreaks have now been incorporated into practice.</p> <p>Communication between whānau and those residents experiencing a health care-associated infection (HAI) was culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigated transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel had oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Oceania 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 Bayview, was provided to the board annually. At the time of audit, residents were using a restraint. However, there was approximately a three-year period when Bayview was restraint-free, as noted by staff and managers interviewed.</p> <p>Policies and procedures met the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the clinical manager, who provides support and oversight for restraint use. There was a job description that outlined 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-</p>

		<p>specific interventions, de-escalation techniques, and restraint monitoring had been completed. Restraint protocols were also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with the Bayview multidisciplinary team, was responsible for the approval of the use of restraints; there were clear lines of accountability. For any decision to use or not use restraint, there was a process to involve the nurse practitioner, the resident, their EPOA and/or whānau as part of the decision-making process.</p> <p>The clinical manager and registered nurses have undertaken a six-monthly review of all residents who may be at risk and outlined the strategies to be used to prevent restraint being required; this was documented in residents' files. Any changes to policies, guidelines, education and processes were implemented if indicated.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint was used, this was as a last resort when all alternatives had been explored. Assessments for the use of restraint and monitoring were documented and included all requirements of the Standard. Whānau were involved in decision-making. Processes were in place for the evaluation of restraint use. Due to the timeframe restraint had been in use, evaluation of this had yet to occur. The Evaluation process includes elements required to meet the standards.</p> <p>Monitoring of restraint was overseen by the CM and the registered nursing team and took into consideration the person's cultural, physical, psychological and psychosocial needs, and addressed wairuatanga. The monthly RN meeting functioned as the restraint committee.</p> <p>A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record including all requirements of the standard.</p> <p>A person-centred debrief would follow any episode of emergency restraint, using the most appropriate member of the workforce to do so. No emergency restraint had been used.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Processes were in place for the restraint committee to undertake a six-monthly review of all restraint use, which included all the requirements of the Standard. The RC advised the outcome of the review was reported to the governance body. Any changes to policies, guidelines, education and processes were implemented if indicated. The previous restraint review appropriately noted that no restraints were in use.</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.

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.