

# Oceania Care Company Limited - Elmwood Rest Home and Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Elmwood Rest Home and Village

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

**Dates of audit:** Start date: 7 August 2025 End date: 8 August 2025

**Proposed changes to current services (if any):** None; however, Elmwood Rest Home and Village has recently disestablished an older aged care building on the site, reducing the number of residents it can support from 161 to 111 (in 106 rooms). It has also withdrawn from offering residential disability services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 93



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Elmwood Rest Home and Village is part of Oceania Care Company Limited. The facility can provide services for up to 111 residents requiring age-related residential services at rest home and hospital level of care. The facility opened the new purpose-built care aged-care facility on the existing site in 2024 and has disestablished an older aged care building on the site, reducing the number of residents it can support from 161 to 111. It has also withdrawn from offering residential disability services.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora. The audit included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a governance representative, staff, a nurse practitioner, and a physiotherapist. The facility is managed by an experienced business and care manager supported by an experienced clinical services manager; both are registered nurses and together they have clinical oversight of the facility.

Residents and whānau interviewed were complimentary about the care provided and their engagement with the service managers.

No required improvements were identified from this audit.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). There are processes in place to ensure Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

The service provider is aware of the requirement to recruit and retain staff who identify as Māori or from a Pacific community in its workforce; the requirement to do this is embedded in policy. There were staff identifying as Māori and from a Pacific community in the service.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

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

Complaints were being managed in accordance with the Code of Health and Disability Services Consumers' Rights and in collaboration with all parties. Culturally specific processes are in place for Māori.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Oceania Care Company Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Elmwood Rest Home and Village. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi. Policy and procedures, staff education, and engagement with residents, whānau and local community organisations assists the service in reducing barriers to improve outcomes for Māori, Pacific peoples and people with disabilities (tāngata whaikaha).

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated. The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, and the identification of trends leading to improvements, with data benchmarked to other Oceania Care Company Limited facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

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

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

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and maintained. A Certificate of Public Use has been issued for the new building. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe, and external areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency supplies were adequate for the region. Security was maintained.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensures the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were managed well. There were safe and effective 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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Oceania Care Company Limited is committed to a restraint-free environment in all its facilities. This is supported by the governing body and policies and procedures.

Restraint is not being used by the service. Should restraint be required in the future, there is a comprehensive assessment, approval, consent, and monitoring process for restraint, requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is a registered nurse with a defined role to provide support and oversight for restraint management. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes, including least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori Health Plan in place, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy and plan address tino rangatiratanga, equity, partnership, 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. The Māori Health Plan has been developed with input from cultural advisers and is in use at Elmwood Rest Home and Village (Elmwood).</p> <p>Residents and/or their whānau participate in providing culturally safe care by 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 Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that were consistent with cultural safety, confirming that mana motuhake (self-determination) was respected.</p>

		<p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment, trended, and analysed.</p> <p>The service has links for Māori health support through the local Te Whatu Ora, a local marae, and its community (e.g., kapa haka from local schools and visiting rōpū groups). There are also staff within the service who speak te reo Māori and can assist as required.</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>Staff in the service identify and work in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples. The service provider has a policy on Māori and Pacific people's health; this describes how the organisation will respond to the cultural needs of Pacific people. The document notes the need to embrace cultural and spiritual beliefs and outlines the Fonofale model of care.</p> <p>There were residents who identified as being from a Pacific community in the facility on the days of audit. Interviews with residents and their whānau confirmed that services were being delivered in a culturally appropriate way. Elmwood can access support for residents in their service through the local Te Whatu Ora, Mana Pasifika, and Vaka Tautua (a local Pacific Community Health, Disability and Social Services provider).</p> <p>Active recruitment, training, and actions to retain a Pacific workforce across differing levels of the organisation are in place. Ethnicity data is gathered when staff are employed, and this data is trended and analysed at a management and organisational level. Staff identifying with a Pacific community were employed in leadership and training positions at Elmwood and throughout the wider Oceania organisation.</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>	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</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-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>languages 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>Māori mana motuhake was recognised in service delivery, as confirmed by residents who identified as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, with the exception of five couples who share a room with their partner's consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through Māori signage and artwork posted around the facility. 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 are 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected and their money is protected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and</p>

		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.
<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 relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during 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 are 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. Signed consent forms and admission agreements were available in files reviewed.</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 of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available in English and te reo Māori.</p>

<p>disability system, as active partners in improving the system and their care and support. 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>Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been five complaints received in the last twelve months. All complaints, formal and informal, are managed as per the Oceania complaints process, Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes, and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation.</p> <p>There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There is one (historic) complaint that was received in 2022 via the Office of the Health and Disability Commissioner (HDC). The complaint related to the standard of care delivered to a resident. While the complaint remains open, the HDC has outlined recommendations that it wishes the facility to address. The facility has already begun to address the findings from the HDC complaint; it is required to report back to the HDC by 18 September 2025. No complaints have been received from other external sources.</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 utilises an external consultancy to assist the organisation in ensuring there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have completed cultural training and have taken opportunities to upskill in Te Tiriti o Waitangi and health equity via the Institute of Directors, other community roles, and/or employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international</p>

		<p>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 (e.g., information in other languages for the Code, complaints and infection prevention and control, and bilingual signage). Specific models of care relevant to Māori and Pacific peoples are available for use in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, 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 supports the goals for Elmwood. Cultural safety is embedded in business and quality plans and in staff orientation and training. Ethnicity data is being collected and analysed for residents and staff to support equity.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director, who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, infection control, and complaints) are aggregated, and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The business and care manager (BCM) at Elmwood has significant aged-care experience and is a registered nurse (RN). The BCM is supported clinically by a clinical manager (CM) who is also an experienced registered nurse (RN). The BCM and CM confirmed knowledge of the sector, and regulatory and reporting requirements,</p>
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		<p>and both maintain currency within the field.</p> <p>Elmwood supports residents and their whānau to participate in the service through ongoing communication, care and support planning, resident meetings, and an annual resident satisfaction survey. Responses from meetings and surveys, and through interviews with residents and their whānau during the audit, were noted to be generally positive, though some residents/whānau reported delays in call bell attendance (refer subsection 4.2).</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora (Health New Zealand) for age-related residential care (ARRC). Until recently, the service held a contract to deliver residential disability services, but the service has withdrawn from this contract (acknowledged by HealthCert at the Ministry of Health/Manatū Hauora on 25 June 2025). On the first day of audit, 93 people were in residence; 35 residents were receiving rest home-level care and 58 hospital-level care. All care is delivered in care suites under an Occupation Right Agreement (ORA) arrangement. All the rooms are dual care, providing rest home and hospital care dependent on need. Five of the rooms (from 106 rooms total) are double rooms and all of these were occupied by couples.</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>Elmwood 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, health and safety strategy, critical incident/accident/sentinel event policy, and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of</p>

		<p>organisational practices to improve health equity is occurring across the organisation, including at Elmwood, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM and CM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies are identified, there are processes in place to ensure these are corrected. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incident 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 both understood and have complied with essential notification reporting requirements. In the last 12 months, there have been two Section 31 notifications made to HealthCert related to viral outbreaks at the facility, and six notifications to the Health Safety &amp; Quality Commission (HSQC) related to pressure injury (three) and fracture (three).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents and has access to support from casual staff, Oceania 'pool staff', and an agency to address any staff absence. Staff interviewed reported there were adequate staff rostered to complete the work allocated to them. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in both facilities; this was confirmed on the rosters sighted.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC), health and safety, or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed</p>

		<p>and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programme. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking were in place.</p> <p>Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Job descriptions for all roles were in place, including for the infection control coordinator (ICC) and the restraint coordinator (RC). The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of staff records reviewed showed that orientation was being completed and documented. Staff interviewed confirmed that orientation does take place. Staff described it as useful in preparing them for their role and reported that they felt ready to take on their role when orientation was completed. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There are staff wellbeing policies in place and staff were aware of</p>

		<p>them. Staff interviewed confirmed that debrief and support were available to them following any serious incidents or challenging situations.</p> <p>Information held about staff is accurate, relevant and secure, and stored and archived confidentially. Electronic data is username and password protected. Information is available only to those authorised to use it. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Elmwood maintained quality records that complied with relevant legislation, health information standards, and professional guidelines. Most resident and staff information was held electronically, and these were username and password protected. Residents' files were integrated and mostly electronic, with some paper copy documents which were scanned into the resident's record (e.g., EPOAs). Access was limited dependent on the role of the person in the service. Any paper-based records were held securely, appropriately archived and destroyed, and only available to authorised users. Data collected included ethnicity data for residents and staff.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection.</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>	FA	<p>Residents enter Elmwood 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. Residents enter the service based on documented entry criteria available to the community and understood by staff. The legal team is involved for discussions around the ORA for care suite delivery of service (where applicable); once occupancy is granted, the resident is admitted. The entry process meets the needs of residents.</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>		<p>Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed monthly through the head office, including decline rates for Māori.</p> <p>The service has developed partnerships with the local marae and other Māori communities and organisations, and supports Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. A contracted physiotherapist supports residents as required weekly. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. Māori health care plans were completed for residents who identified as Māori. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the</p>

		<p>process. The nurse practitioner (NP) expressed satisfaction with the care provided to residents and communication received from the clinical team.</p> <p>Tāngata whaikaha participate in service development through the assessment, care planning, and care evaluation processes. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The monthly and weekly activities calendar was developed with input from residents and included the five ways of wellbeing. The activities programme is overseen by a qualified diversional therapist (DT), who is supported by three activities assistants. The activities team receive ongoing training, professional development training, and support as required.</p> <p>Activity assessments and leisure plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests and ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives met the needs of Māori. National cultural events celebrated included Waitangi Day, Matariki and Māori Language Week. Other cultures were celebrated through the cultural day celebration, representing staff and residents' different cultures.</p> <p>Feedback on the programme was provided through resident and whānau meetings, and satisfaction surveys. Residents and whānau 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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. There were residents who were self-administering medication. Appropriate monitoring processes were in place. The NP stated that residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 2 April 2025. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that is valid until 28 March 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Two</p>

		<p>meal options are offered at lunch time and dinner time. Māori and their whānau have menu options that are culturally specific to te ao Māori. Boil up and fried bread were prepared to celebrate Matariki.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and residents' 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> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. This was evident in transfer records reviewed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well 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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained, and that they meet legislative requirements. Service provision is a new purpose-built facility with 106 dual-purpose (rest home or hospital services) care suites catering to 111 residents (five rooms are double rooms). Care suites are offered under an Occupation Right Agreement (ORA).</p> <p>The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of</p>

		<p>residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use.</p> <p>Rooms for residents requiring hospital-level care allowed space for the use of moving and handling equipment; all the care suites were fitted with ceiling hoists. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All care suites have ensuites. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within and around the facility for leisure activities with appropriate seating and shade.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted. Tempering valves are in place to address any hot water variances. Where deficits had been identified, these were addressed with appropriate documentation.</p> <p>The building has a Certificate of Public Use (CPU) for the building which expires on 9 December 2025. The service has disestablished an older building on the site. There are currently no plans for further building projects requiring consultation, but Oceania directors and the management team at Elmwood were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
Subsection 4.2: Security of people and workforce	FA	The fire evacuation plan was approved by Fire and Emergency New

<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>Zealand (FENZ) on 8 July 2024. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan, which requires a six-monthly fire drill; the last fire drill was held on 24 February 2025. Fire and emergency education and competency are required as part of the orientation process. Education and competency assessment had been delivered to staff in 2024 and 2025; staff interviewed were able to describe what they would do in an emergency.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources are available in the event of the main supplies failing. The facility holds 6000 litres of water on site, with a generator in place so this can be circulated around the facility. Cooking would be managed using the two barbeques on site.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service, and evidence was sighted of discussion of emergency processes in resident meeting minutes. Information on fire and emergency protocols was available in flipchart form throughout the facility. Forty-six (46) staff have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters sighted.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that there was sometimes a delay in call bell responses. The facility was aware of this issue, there was evidence that this had been discussed at staff meetings, and a corrective action had been identified and implemented to address this. The corrective action consisted in changing the notification of call bells to staff through the pager system so that more staff are aware of the call bell. Records sighted during the audit showed that most call bells (over a one-month period) were answered within three to five minutes; where call bell times were in excess of this, staff on duty were asked for an explanation. If call bells are not answered within three minutes, the</p>
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		<p>call is escalated automatically to the RN, then the CM, and then the BCM.</p> <p>Appropriate security arrangements are in place. There are closed-circuit television cameras (CCTV) in place externally, and internally in corridor areas; appropriate signage is displayed advising of its use. The facility has overnight 'lock-up' procedures which allow for emergency egress, and a doorbell is in place for visitors to use. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Staff were noted to be wearing uniforms and name badges throughout the audit.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania national clinical quality managers, who are part of the clinical governance team. The clinical governance group oversees all clinical issues within Oceania.</p> <p>Elmwood has IP and AMS outlined in a suite of policy and procedure documents. The board collects data on infections and antibiotic use and includes ethnicity data; this is analysed at facility and national level to support equity in the service and across the wider Oceania group. Infection prevention and AMS activities are supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level, and to support facilities as required.</p> <p>Expertise and advice are sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information is discussed at the facility level and at clinical governance meetings, and reported to the board at board meetings.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The care manager is the IPCC and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the national infection prevention and control lead has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs, as confirmed in interviews. Educational resources are available in te reo Māori.</p> <p>A pandemic and infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in their use.</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 is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

to the needs, size, and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in staff meetings and the governance body through board reports, and where necessary, recommendations for improvement are identified.</p> <p>Communication between the clinical team, and those residents experiencing a health care-associated infection (HAI), is culturally safe, as confirmed in interviews with residents and whānau.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Laundry services for linen and personal clothes are completed off-site through the organisation's central laundry. There is a room allocated for dirty laundry and a room allocated for clean laundry. Kitchen linen is laundered on-site by the laundry staff. The IPCC has oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility kept clean and tidy. This was confirmed through observations.</p>
Subsection 6.1: A process of restraint	FA	Elmwood is a restraint-free environment. The CM, who is a RN, acts

<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>as the restraint coordinator (RC) for the service. They described the focus on maintaining a restraint-free environment. Restraint processes were understood by staff interviewed, who also described their commitment to maintaining a restraint-free environment. There were no residents observed to be using a restraint during the audit.</p> <p>Policies and procedures meet the requirements of the Standard and have been approved by the governing body. The RC is a defined role to provide support and oversight of restraint. There is a job description in place that outlines the role, and recent education on restraint and restraint management had been completed. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the orientation programme and then through ongoing education and annual competency assessments. Restraint is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau, and the multidisciplinary team (including the NP) as part of the decision-making process.</p> <p>A restraint register was maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should, this be required. The RC undertakes review of all residents who may be at risk in conjunction with the other RNs and the NP; documentation outlines strategies to be used to prevent restraint being required and this was sighted. Review of restraint is also completed at clinical governance level, and any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint is being in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.