

Oceania Care Company Limited - The Oaks Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: The Oaks 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: 9 September 2025 End date: 10 September 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: 96

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 |
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|  | 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 |
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| | 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

The Oaks Rest Home and Village (The Oaks) is part of Oceania Healthcare Limited. The facility provides services for up to 107 residents requiring rest home or hospital levels of care. No changes have been made to the services provided since the last audit. A new Business and Care Home manager was appointed at the beginning of September 2025 and will share responsibility for The Oaks with another Oceania facility; they are supported by a clinical manager, and both have experience in the aged care sector. There were 96 residents in the facility on the first day of the audit; this included 27 residents admitted in August 2025 from a nearby facility that was closing.

This certification audit process was conducted against Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts the service holds with Te Whatu Ora – 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, Oceania regional management, governance representatives, staff, and a nurse practitioner. Residents and whānau were complimentary about the care provided.

No areas for improvement were identified during 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.

Oceania has a Māori and Pacific Peoples Health Policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The Oaks Rest Home and Village works collaboratively to support and encourage a Māori world view of health should any residents identify as Māori. Processes are in place to ensure services are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. The audit opened and closed with a karakia.

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

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 are 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.

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at The Oaks. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and tāngata whaikaha.

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

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

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

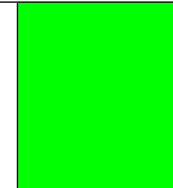
An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. An education/training programme is in place and competencies are assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

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

The Oaks 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.

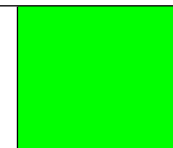
Medicines are safely managed and administered by staff who are competent to do so.

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. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe, and external areas have shade and seating provided and meet the needs of tāngata whaikaha.

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

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

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| <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 Oceania clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.


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

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

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

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

Here taratahi | Restraint and seclusion

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| 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 is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator who is a registered nurse leads the process.

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

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 27 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 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 |
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| <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 and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers, and this can be used at The Oaks Rest Home and Village (the Oaks) should any residents identify as Māori. There were no Māori residents present during the audit.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified</p> |

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| | | <p>as Māori at the time of audit.</p> <p>The service has links for Māori health support through Te Whatu Ora, colleagues, and local external providers, such as Burwood Hospital.</p> <p>The business care manager (BCM) and staff reported they have attended cultural training. This was confirmed in documentation.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>The service provider has a policy on Māori and Pacific People's Health. This describes how the organisation responds to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs and advocates the Fonofale model of care for use with any Pacific residents.</p> <p>There were no residents who identified as Pacific people on the days of audit.</p> <p>The BCM described the connections with Pacific community-based organisations outside the service.</p> <p>The service supports increasing Pacific capacity by employing more Pacific staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Pacific people at the time of audit.</p> <p>The BCM and staff reported, and documentation confirmed, that staff have attended cultural safety training.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p> | FA | <p>Oceania Healthcare Limited and The Oaks management were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake), and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the</p> |

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| <p>requirements.</p> | | <p>Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The Code of Rights was displayed in te reo Māori and English at the front entry of the facility and included in the admission pack.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>The Oaks 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, or share a room with another person with their consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility, and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>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.</p> <p>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 behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission; residents' whānau and enduring powers of attorney (EPOAs) interviewed reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> |

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| | | <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon.</p> <p>A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and the Fonofale model. Wellbeing outcomes for all residents, including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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.</p> <p>Where other agencies were involved in care, communication had occurred. The nurse practitioner interviewed stated that communication from staff was appropriate, timely, and included all relevant information.</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</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.</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; those interviewed described involving residents and whānau in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau; these were known to staff.</p> <p>Advance care planning, establishing and documenting of enduring</p> |

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| <p>to exercise independence, choice, and control.</p> | | <p>power of attorney 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 disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Complaint forms and a box are available at reception. The Code is available in te reo Māori and English.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>A review of the complaints register showed that actions taken, through to an agreed resolution, are documented and completed within the timeframes. No complaints have been received since the last audit, including from external sources. Staff reported that they knew what to do should they receive a complaint.</p> <p>The BCM is responsible for complaints management and follow-up.</p> <p>There is a process in place to ensure that complaints from Māori can be handled in a culturally appropriate manner. The BCM reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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</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</p> |

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| <p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>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, for example, personal mobility equipment. Models of care relevant to Māori and Pacific peoples are available for use for Māori and Pacific residents in the service. The needs of tāngata whaikaha are specifically addressed in the 'Person with a Disability' policy.</p> <p>The BCM, who is a registered nurse (RN), had been in the role at this facility for one day at the time of audit, and has had previous management experience in residential care facilities. The role will be shared across another local Oceania facility.</p> <p>The BCM is supported by a clinical manager (CM), who has been in the role since 2022. The CM is a RN with experience in aged residential care. When the BCM is absent, a relieving BCM carries out all the required duties under delegated authority, with support from the regional operations manager.</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. The Oaks business plan was sighted. Cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including The Oaks.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the director of nursing, and the care services/clinical director, who also provides clinical and quality dashboard reports to</p> |
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| | | <p>the board. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The BCM confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through sector communication, training, Te Whatu Ora Waitaha Canterbury and colleagues.</p> <p>The Oaks supports residents receiving services and whānau to participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident minutes evidenced input into activities and menu planning.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury for respite, rest home and hospital level of care and long-term chronic health conditions (LTCHC) for up to 107 residents. Contracts are also held with the Ministry of Social Development, Disability Support Services for young people with a disability (YPD.)</p> <p>On the day of the audit, 96 residents were receiving care, including two privately paying non-assessed residents.</p> <p>Sixty-five residents were receiving rest home-level care. Twenty-two beds are under Occupation Right Agreements (ORAs). Thirty-one residents were receiving hospital level-care, including one resident on the LTCH contract.</p> <p>All beds are dual purpose beds.</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</p> | <p>FA</p> | <p>The Oaks 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> |

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| <p>on achieving Māori health equity. 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>Residents, whānau and staff contribute to quality improvement through meetings and surveys.</p> <p>The last resident survey was completed in May 2025, with residents reporting an average level of satisfaction with the service delivered. Evidence was sighted of the result being reported back to the residents' meeting in June 2025.</p> <p>The last staff survey was completed during March 2025. Staff confirmed taking part in the survey and expressed satisfaction with the employer and working conditions. Feedback to the staff is yet to occur.</p> <p>The BCM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed, and confirmed there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. There have been monthly staff meetings and resident meetings. Topics include health and safety, infection control, falls, nil restraint, complaints, and audit outcomes. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The 2025 internal audit schedule was sighted. A sample of completed audits including medication, infection prevention and control, laundry, cleaning, and the kitchen were sighted. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed were current, and covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office.</p> <p>The BCM 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. The clinical risk register and the hazard register were both sighted. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms</p> |
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| | | <p>reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The BCM, CM and national quality clinical manager understood and have complied with essential notification reporting requirements. In the last 12 months, three Section 31 notifications were made to Manatū Hauora related to influenza A outbreak, COVID-19 outbreak, and RN shortage. Public Health was notified of the influenza and COVID-19 outbreaks. An email to national office was sighted regarding the Section 31 notification in relation to the change of BCM.</p> <p>Three reports to the Health Quality & Safety Commission relating to fractures were sighted.</p> <p>There have not been any coroners' inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care to residents who identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, handover, and communicating with the resident, and whānau. Staff reported that they are learning te reo Māori, and gave examples of tikanga.</p> <p>The Oaks benchmarks against relevant health performance indicators, for example infections, skin care and falls. The CM reported that data evidenced fluctuations of indicators were within an acceptable level. Graphs were sighted.</p> <p>The CM reported, and evidence was sighted, of critical analysis of practices to improve health equity. The CM described, and evidence was sighted, of strategies to address any shortfalls, for example, a preventative falls programme.</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. 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>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is</p> |

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| <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | | <p>24/7 RN coverage in the hospital.</p> <p>An after-hours on-call system is in place, with the CM providing clinical cover and the BCM providing support for all other areas 24/7. Staff reported that good access to advice is available when needed. Bureau staff have been used to cover RN shortages. The BCM described the recruitment process, which includes an interview, referee checks, and police checks.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. The BCM and staff reported, and documentation confirmed, that staff hold up to Level 4 New Zealand Qualification Authority (NZQA) education qualifications.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Meetings are held with the resident and their whānau to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Minutes evidenced input into meals and activities.</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 staff education.</p> <p>The BCM reported that, where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora gerontology staff, and external community health providers.</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</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of 11 staff records reviewed confirmed the organisation's policies are being</p> |

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| <p>people in adequate numbers meet my needs. 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. 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>consistently implemented.</p> <p>Position descriptions were documented and were sighted in the files reviewed.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of current annual practising certificates was sighted for one enrolled nurse, seventeen registered nurses, five general practitioners, two nurse practitioners, four physiotherapists, a podiatrist, two pharmacists, the diversional therapist, and two dietitians.</p> <p>Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role. Evidence was seen in files reviewed.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy, and staff interviewed confirmed that the opportunity for debrief and support is available to them. Staff reported that incident reports are discussed at staff meetings.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | <p>FA</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. Information is accessible for all those who need it.</p> <p>Files are 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 provider is not responsible for registering residents' National</p> |

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| | | Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission. |
| <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 based on documented entry criteria available to the community and understood by staff. Residents were welcomed into The Oaks when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care The Oaks provides.</p> <p>Enquiries are documented and, where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and analysed by Oceania at a national level; this includes entry and decline data for Māori.</p> <p>Residents and whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Oceania and The Oaks have developed partnerships with Māori communities and organisations and support Māori and their whānau when entering the service. There were currently no residents who had requested the services of a Māori health practitioner or traditional Māori healer. The Oaks has links with local Māori providers to enable this to occur when needed.</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> | FA | <p>The multidisciplinary team at The Oaks works in partnership with the resident and whānau to support wellbeing. Ten resident files were reviewed: four hospital files and six rest home files. The files included residents receiving care under an age-related residential care (ARRC) contract, a long-term chronic health contract and a resident receiving end-of-life care under a support care contract. These files included a resident with changing needs, residents with a chronic wound and/or an infection, a resident self-administering medication, residents with compromised mobility, residents recently transferred to an acute facility, residents with several co-morbidities, and a resident</p> |

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| | | <p>cognitively unable to make decisions with an activated EPOA.</p> <p>The files reviewed verified that a registered nurse develops a plan of care, based on the provider's model of care, to suit the resident's needs following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which included wider service integration, where required. Assessments included resident and whānau input (as applicable). Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. Timeframes for the initial assessment, nurse or general practitioner input, initial care plan, long-term care plan, short-term care plans, and review/evaluation met contractual requirements.</p> <p>Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</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. Short-term care plans are developed, if necessary, and examples were sighted for weight loss, infections, and wound care. These are reviewed weekly, or earlier if clinically indicated. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau interviewed confirmed active involvement in the process, including one EPOA.</p> <p>When a resident's needs change, or their assessed level of care is no longer meeting their needs, referral is made to the NASC for reassessment of needs. Examples of this occurring appropriately were sighted, and the nurse practitioner confirmed that nurses identify when a resident's needs change and they are called appropriately when required.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in service development. Examples of choices and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information.</p> |
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| | | <p>A nurse practitioner employed by Oceania to support the facility was interviewed, and stated that the standard of care was very good and they were called appropriately, and their instructions were followed.</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>Activities at The Oaks are provided by a diversional therapist (30 hours per week) who is supported by an activity's coordinator (20 hours per week). The BCM confirmed a recruitment process was underway to increase staffing in this area due to the recent admission of 27 residents from a nearby facility that was closing. The activities staff have developed an activities programme to support residents to maintain and develop their interests and was suitable for their age and stage of life, including for new residents.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through resident meetings and annual surveys. 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication 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 and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medicines were stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed, including for controlled drugs. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements and medication reconciliation occurs. Over-the-counter medication and supplements are</p> |

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| | | <p>considered by the prescriber as part of the person's medication.</p> <p>Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly nurse or general practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>Self-administration of medication was safely facilitated and managed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications. There were no Māori residents at the time of audit; staff described how they would access traditional support for Māori if requested.</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 provided by a kitchen team led by an executive chef. The service is in line with recognised nutritional guidelines for older persons. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time had 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.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, intolerances, allergies and any special diets, and modified texture requirements are accommodated in the daily meal plan. Cultural preferences are considered, and Māori and their whānau have menu options that are culturally specific to te ao Māori as required.</p> <p>Residents who are able may participate in food preparation through the activity programme.</p> <p>Evidence of resident satisfaction with meals was verified by resident 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</p> |

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| | | with dignity. |
| <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. Options to access other health and disability services and social/cultural supports are discussed where appropriate, and evidence of residents transferred to hospital in acute situations were sighted. 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>A current building warrant of fitness, which includes both buildings, is publicly displayed. It expires on 1 July 2026.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained, and that they meet legislative requirements. The maintenance personnel described the maintenance schedule, which was sighted.</p> <p>Equipment tagging and testing was current, as confirmed in interviews with the maintenance personnel, documentation and observation. Current calibration of biomedical records was sighted. Staff confirmed they know the processes they should follow if any repair or maintenance is required.</p> <p>The facility is accessible to meet the mobility and equipment needs of people receiving services. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>An internal courtyard within both buildings was available for residents to use. Spaces were culturally inclusive and suited the needs of the</p> |

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| | | <p>resident groups.</p> <p>There were a number of areas where residents can relax, sit in smaller or larger groups for private conversations, or undertake activities.</p> <p>The dining areas and the lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs. Bedrooms throughout the facility have a toilet and handbasin or full ensuites.</p> <p>There are adequate numbers of toilets and bathrooms of an appropriate design for residents. The number of toilet and bathroom facilities for visitors and staff is adequate. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. Appropriately secured and approved handrails are provided, along with other equipment/accessories that are required to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. Residents, whānau and staff reported the adequacy of bedrooms.</p> <p>Staff reported that they respect the residents' spiritual and cultural requirements.</p> <p>Heating is provided by underfloor heating. Residents, whānau and staff were happy with the environment, including heating and ventilation, and privacy. Each area was warm and well-ventilated throughout the audit.</p> <p>The BCM reported, and documentation confirmed, that a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings.</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</p> | <p>FA</p> | <p>The current fire evacuation plan was approved by the New Zealand Fire Service on 31 August 1999.</p> <p>A trial evacuation and training takes place six-monthly, with a record sent to Fire and Emergency New Zealand (FENZ). The most recent</p> |

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| <p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>evacuation for residents in the main building was held on 19 June 2025. Residents in the building known as Acorn took part in an evacuation on 9 September 2025. The records were sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans were displayed and known to staff.</p> <p>The orientation programme includes fire and security training. Staff files evidenced that staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>Staff reported attending fire safety training and records confirmed this.</p> <p>Current first aid certificates were sighted in the support staff and RN files reviewed. The roster evidenced that a staff member on each shift held a current first aid certificate.</p> <p>Call bells alert staff to residents requiring assistance. Residents reported staff respond as promptly as possible to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and staff undertake checks at night. Closed circuit surveillance cameras have been installed at the entrance of both buildings. Signage was in place.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, two BBQs and PPE were sighted. Emergency lighting is battery operated. Staff reported that a generator would be hired if necessary. Supplies were last checked on 2 September 2025. The maintenance personnel and BCM reported that there is sufficient water stored in ceiling holding tanks. Additional bottled water was sighted. This meets the National Emergency Management Agency recommendations for the region. Residents are informed of the emergency and security arrangements at entry. Evidence that residents were reminded about fire safety was sighted in meeting minutes.</p> |
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| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes 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.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania director of nursing, who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.</p> <p>The Oaks has IP and AMS programmes outlined in its policy documents. This is being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required.</p> <p>Infection prevention and AMS information is discussed at clinical governance meetings, and reported to the board at board meetings.</p> <p>Information is discussed at the facility and is fed back to staff, residents and whānau as required. Minutes evidenced the reporting of issues and significant events.</p> <p>A registered nurse is responsible for the IP and AMS programmes at the facility.</p> <p>Expertise and advice are sought following a defined process. The BCM reported that the facility can access IP and AMS expertise through Oceania colleagues, Te Whatu Ora, nurse practitioner and GP, and outbreaks can be escalated through them when required.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p> | <p>FA</p> | <p>There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Oceania governing body. Annual review of the programme, with reporting to governance, has occurred.</p> |

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| <p>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>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 IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice 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 education during orientation and ongoing education, and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>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 to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the Oceania governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for</p> |

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| | | <p>prescribing antimicrobials.</p> <p>Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identifies 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 with an equity focus.</p> | FA | <p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors, and required actions. Benchmarking with other facilities in the group occurs.</p> <p>Results of the surveillance programme are reported to Oceania governing body, the facility management and shared with staff. Documentation from a 2024 outbreak was reviewed and demonstrated a thorough process for monitoring and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>There are clear processes for culturally safe communication between staff and residents. Residents and whānau/EPOA interviewed were happy with the communication from staff in relation to health care-acquired infection.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of 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 cleaning, laundry, and the management of waste and infectious and hazardous substances. Chemicals were stored safely. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Laundry is completed offsite at a nearby Oceania facility. This is well managed, and processes are in place to ensure the separation of clean and dirty laundry.</p> |

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| | | <p>Laundry and cleaning processes are monitored for effectiveness.</p> <p>Infection prevention personnel have oversight of the environmental testing and monitoring programme.</p> <p>Residents and whānau/EPOA reported that the laundry is managed very well, and the facility is 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 Healthcare has a focus of restraint elimination across all of its facilities. The board is fully supportive of this approach and confirmed that a full report on restraint use from all facilities, including The Oaks, is provided to the board annually. At the time of audit, no residents were observed to be using a restraint. This was confirmed by the BCM, CM and staff.</p> <p>The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use.</p> <p>The RC reported that the BCM, CM and RC would be involved in the purchase of equipment should it be needed.</p> <p>Staff reported, and documentation evidenced, that competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring had been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with The Oaks 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 as part of the decision-making process.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint in use since 2019, subsections 6.2</p> |

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| | | and 6.3 have not been audited. |
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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.

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

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

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

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

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End of the report.