

Oceania Care Company Limited - Wharerangi

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: Wharerangi

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

Dates of audit: Start date: 23 September 2025 End date: 24 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: 46

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Oceania Care Company Limited (Oceania) – Wharerangi (Wharerangi) provides age-related residential care at hospital, rest home and secure dementia care level for up to 47 residents. There were 46 residents in the facility on the first day of the audit. There have been no changes to the personnel in key roles since the previous audit.

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

There were no areas identified as requiring improvement.

Ō tātou motika | Our rights

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

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

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. 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 were involved in decision-making that complies with the law. Advance directives are followed wherever possible.

There have been no complaints received since the last audit. Processes are in place to ensure these would be investigated and responded to in a timely manner.

Hunga mahi me te hanganga | Workforce and structure

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

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

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

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

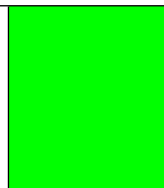
An integrated approach included the collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide, and other aged-related care services nationally.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. An education/training programme was in place, and competencies were assessed. Care staff have access to New Zealand Qualification Authority (NZQA) approved health and wellbeing courses including dementia care qualifications.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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



Subsections applicable to this service fully attained.

When people entered the service, a person-centred and whānau-centred approach is adopted. Relevant information was 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.

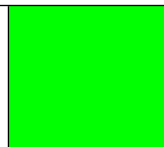
Medicines are safely managed and administered by staff who are competent to do so.

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.

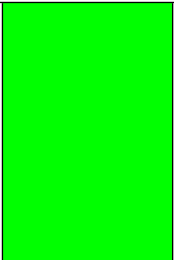


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Clinical equipment was tested as required. Processes were in place for electrical testing of electrical equipment. External areas were accessible, safe, provide shade and seating, and meet the needs of people with disabilities. There is a secure internal area and a garden area for residents in the secure dementia unit.

Staff were trained in emergency procedures, the 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 was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) 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 the 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 well managed. 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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The service is currently a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Care Company Limited (Oceania) has a policy on Māori and Pacific peoples' health and a Māori health plan in place, which described how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific peoples' 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 Wharerangi for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were residents who identified as Māori present during the audit. Processes and staff training were in place to ensure Māori residents and their whānau are provided with culturally appropriate services and that their mana motuhake is respected. This was verified by resident interviews.</p> <p>Oceania has developed a cultural advisory group (including Māori and</p>

		<p>Pacific representatives). The Wharerangi general manager (GM) is on this committee. The inaugural meeting of this group occurred in June 2025 and meeting minutes were sighted. A documented charter details the roles and responsibilities of this group.</p> <p>The service supported increasing Māori capacity by employing Māori staff members as vacancies and applications for employment permit. The Wharerangi GM works with local social services when staff vacancies are available, and training/support for staff new to the aged care sector is provided when required. Ethnicity data was gathered when staff were employed, and this data was analysed at an organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through the chaplain.</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 peoples' health. This describes how the organisation responded to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs and advocates the Fonofale model of care for use with any Pacific residents.</p> <p>There were no residents who identified as Pacific people in the facility on the days of audit. Wharerangi has connections with Pacific organisations outside the service. Support would also be sought from the Pacific health team at Te Whatu Ora if applicable.</p> <p>The service supported increasing Pacific workforce capacity by employing more Pacific staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data was gathered when staff were employed, and this data was analysed at an organisational level. There were staff who identified as Pacific people at the time of audit, including in a 'senior' role. The management team advised that consideration would be given to recruiting Pacific people in leadership and training roles if there were suitable applicants for vacant roles when advertised.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<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. The Code was available in te reo Māori, English, and New Zealand Sign Language (NZSL).</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. Staff training on the Code had been conducted.</p> <p>The clinical manager (CM) interviewed reported that the service recognises mana motuhake of residents, whānau, and their representatives in its updated cultural policy. The assessment process includes the residents' wishes and support needs. A resident who identified as Māori was interviewed and stated that their individual needs were effectively being met by staff.</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 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>There was a documented privacy policy that references current legislative requirements. Staff were observed to maintain residents' privacy and to support residents to maintain their independence through daily activities throughout the audit. Residents can move freely within and outside the facility, including in the secure dementia care service. All residents have their own individual room and personal belongings. There are no shared rooms in this facility.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through activities undertaken, such as policy reviews and translation of English words into te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their</p>

		participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. The orientation process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. The code of conduct was also included in the staff individual employment agreements (IEAs). 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 personal clothing and property was labelled on admission, and they reported that their property and finances were respected and that professional boundaries are maintained by staff.</p> <p>Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model, and the 'Fonofale' model of care. This was verified in the care plans reviewed.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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. Staff interviewed understood the principles of open disclosure, which was supported by policies and procedures.</p> <p>Personal health and medical information from other allied health care providers is collected to facilitate the effective care of residents. The contracted physiotherapist was visiting the facility and was interviewed at audit. Each resident had a whānau, next of kin, or a nominated representative with enduring power of attorney (EPOA) recorded in the individual resident files reviewed. Residents were given time to make decisions as needed.</p>

		<p>Examples of open communication were evident following adverse events.</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>	<p>FA</p>	<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.</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 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 met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Oceania has developed a process to ensure resident 'concerns' are being reported and actioned. Three concerns have been reported at Wharerangi since this process was implemented. These have been investigated and responded to in a timely manner and records retained to demonstrate this process. A monthly summary of complaints (including risk ratings) and concerns is provided to the Oceania clinical governance steering group (CGSG), and information includes the number of each and themes.</p> <p>There have been no complaints received at Wharerangi since the last audit, including from external sources. The GM can describe the processes in place to ensure complaints would be investigated and responded to in a timely manner, and ensure the complainant is informed of findings following investigation. There is a process in place</p>

		to ensure that complaints from Māori can be handled in a culturally appropriate and equitable manner.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Oceania is using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori, and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples and tāngata whaikaha is being addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. Information was provided about available services via the Oceania website, local Needs Assessment and Coordination Services (NASC) staff, word of mouth, and by the management team when attending community meetings. Information about the Code of Rights and infection prevention and control was available in other languages. Specific models of care relevant to Māori and Pacific peoples were available for use for Māori and Pacific residents in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. There has been a recent structure review, and some changes in some roles, titles and reporting lines has occurred. The plan supported the improvement of equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supported the goals for the Wharerangi service,</p>

	<p>and cultural safety was embedded in business and quality plans and in staff training. Ethnicity data was being collected to support equity.</p> <p>Governance and the senior leadership team were committed to quality and risk via policy and processes, and through feedback mechanisms. This included receiving regular information from each of its care facilities, including Wharerangi.</p> <p>The clinical governance group (now called the clinical governance steering committee (CGSC)) was appropriate to the size and complexity of the organisation. Monthly governance group meetings were led by the director of clinical and care services (DCCS). The national clinical and care service manager (NCCSM) central and the senior regional operations manager both attend. Clinical and quality dashboard reports are provided to the board. Internal data collection (e.g., adverse events, complaints) was aggregated, and corrective action (at facility and organisation level, as applicable) actioned. Changes were made to the business and/or strategic plans as required. Work has commenced developing a wound care champion role in all Oceania care facilities.</p> <p>The GM, previously called the business and care manager (BCM), has a background in hospitality management and is responsible for Wharerangi and another Oceania age-related residential care (ARRC) service in Taupo. Time is shared between both facilities, with the GM working two to three days a week in each facility or visiting daily if required.</p> <p>The CM is an experienced registered nurse. The CM and GM were in these roles prior to the last audit. The GM and CM are supported by the kitchen manager, administrator, and by the national clinical and care service manager (NCCSM) central and the senior regional operations manager. The GM and CM confirmed knowledge of the sector, and regulatory and reporting requirements, and both maintain currency within the field. The BCM and CM have completed more than eight hours of education related to managing an ARRC service in the last 12 months, as required to meet the provider's contract with Health New Zealand – Te Whatu Ora.</p> <p>Wharerangi supported residents and their whānau to participate through the care assessment and planning processes, monthly resident meetings, and twice-yearly resident satisfaction surveys. The</p>
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		<p>management team have an open-door philosophy and were available to meet with residents and whānau on a day-to-day basis to discuss resident care needs. Responses from the resident meetings and surveys were noted to be very positive.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care at hospital, rest home, and secure dementia levels of care. There are ten beds in the secure dementia unit. There are 37 beds in the rest home and hospital care area, and the GM advised all these beds are dual use. At audit, 46 residents were receiving services (19 at hospital level, 17 at rest home, and 10 at secure dementia level of care). All rooms are single resident occupancy. There are no ‘couples’ rooms available on site. There were no residents under the age of 65 years.</p> <p>Wharerangi also holds contracts with Health New Zealand – Te Whatu Ora for long-term chronic health conditions (LT-CHC), residential respite (multiple categories), and home and community support services. There were no residents/clients receiving services under these three contracts.</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>Wharerangi uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, a health and safety strategy, critical incident/accident/sentinel event policy, and the quality cycle.</p> <p>A range of internal audits were undertaken. There was a good level of compliance with organisation policies. A resident satisfaction survey was undertaken in 2025. There was a very low response rate. The GM advised the feedback for some components is significantly different to verbal feedback that the management team receives daily, and the results were discussed at a resident meeting. The GM advised an action plan will be developed, will include a review of how the data was collected, and that they will attempt to increase response rates for further surveys.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was</p>

	<p>evaluated, analysed and discussed. This was confirmed by records sighted and by staff interviewed. Actions were discussed at the staff/quality improvement meeting, monthly staff meeting, and monthly registered nurse (RN) meeting. Minutes of these meetings were sighted.</p> <p>Monthly health and safety meetings occurred. The health and safety plan provided a formal framework for health and safety (H&S) activities, including new hazard identification/management, regular review of the hazard register, review of the emergency response and supplies, staff education, and incident and accident review.</p> <p>A quality improvement project is in progress, led by the CM, and is related to enhancing the services for residents receiving palliative care.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity was occurring, including at Wharerangi, with follow-up and reporting. A Māori health plan was in place to guide care for Māori.</p> <p>The GM, national clinical and care service manager (NCCSM) central, and the senior regional operations manager (SROM) described the processes for the identification, documentation, monitoring, review and reporting of risks, including clinical and health and safety risks, and development of mitigation strategies. They confirmed the processes were effective in ensuring new risks were identified and existing risks were monitored/mitigated. Where mitigation strategies are identified, there are processes in place to ensure these are implemented. Wharerangi specific/unique risks are documented in a separate register.</p> <p>Individual resident risks are identified as part of routine assessment and care planning processes.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Designated incidents/events are reported as clinical indicators and benchmarked with other Oceania ARRC facilities. Oceania data is then benchmarked with 13 other ARRC services nationally.</p>
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		<p>The NCCSM central and the CM understood and have complied with essential notification reporting requirements. Since the last audit, there have been Section 31 notifications made to Manatū Hauora or a notification to the Health Safety & Quality Commission (HSQC) related to registered nurse staffing shortages, a resident absconding from the secure dementia unit, a stage two pressure injury, COVID-19, and two resident falls that resulted in a fracture. An example of a learning from harm investigation was sighted, and part A and B notifications sent to HQSC as required.</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>	<p>FA</p>	<p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. The GM monitors the required staff hours and actual staff hours per role rostered at least monthly. There are currently no staff vacancies.</p> <p>Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate (usually more), and there is 24/7 RN coverage. There was a minimum of one registered nurse (RN) and two care staff on duty, usually more. Sufficient catering, cleaning, and laundry staff were rostered on duty seven days a week. Activities are scheduled for Monday to Friday. Six RNs and the CM had current interRAI competency. The CM has current syringe driver competency, with other nurses booked for this training.</p> <p>The GM works across two Oceania ARRC facilities. The CM works full-time and only at Wharerangi. The CM or a senior RN is on call when not on site.</p> <p>Continuing education was planned on a biannual basis, including mandatory training requirements. There were role-specific, mandatory in-service or training days. Related competencies were assessed and supported equitable service delivery. Care staff had either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Staff working in the secure</p>

		<p>dementia unit have completed industry-approved qualifications related to dementia care or were in training. The CM was aware that staff working in the secure dementia unit are required to complete training within two years of starting to work in the unit. In the records provided, five staff were currently working to complete a dementia-level qualification, three staff had either applied for or started training for a Level 4 qualification, one staff member was completing a Level 3 qualification, and one staff member was completing a Level 2 qualification.</p> <p>In the records provided, two health care assistants (HCA) had completed a Level 2 qualification, four staff had completed a Level 3 qualification, seven staff a Level 4 qualification, and 15 staff had a dementia qualification. There are also several internationally qualified nurses employed. Two HCAs interviewed have worked at Wharerangi for between 23-27 years.</p> <p>Staff records reviewed demonstrated completion of the required training and role-specific competency assessments.</p> <p>The collection and sharing of high-quality Māori health information across the service was through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) was available to staff who may require extra support. Influenza and COVID-19 vaccination was offered. The H&S committee also acknowledges a staff member who champions H&S each month. Staff can access three free physiotherapy sessions if required. Staff are provided with vitamin C supplements, fresh fruit, and hot soup. On occasion, meals are also provided, including routine night staff who are unable to leave the premises.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. There were job descriptions in place for all positions that included outcomes,</p>

<p>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>accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also covered responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Staff were provided with a role-specific induction and orientation programme, and records were maintained in the sampled files to demonstrate completion. For newer staff, orientation was still in progress.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) was maintained for RNs, in addition to associated health contractors including 22 nurse or general practitioners, a physiotherapist, a podiatrist, the pharmacists, and a dietitian. The license to operate the pharmacy is in the process of being renewed as per the email sighted. The driver licences for those driving the Wharerangi vehicles and associated van loading competencies were sighted.</p> <p>A sample of nine staff records reviewed confirmed the organisation's policies were being implemented. Staff performance was reviewed and discussed at least annually. Information held about staff was accurate, relevant, secure, stored, and archived confidentially. Electronic data was username- and password-protected. Information was available only to those authorised to use it. Ethnicity data was recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them. External support would be accessed if required.</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</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. Clinical records, medication records, and interRAI assessments were electronic. Staff had a unique login and password.</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>Files were held securely onsite or by a third-party contractor for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>An admission policy for the management of inquiries and entry to Wharerangi was in place. The admission pack contained information about entry to the service. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Resident records reviewed met contractual obligation requirements, and all residents were admitted when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Residents assessed as requiring secure dementia care level of care were admitted with specialist authorisation and consent from the EPOAs. Documents sighted verified that the EPOAs consented to referral and specialist services when required.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori, and monitored monthly.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the local Te Whatu Ora Māori health team if 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</p>	<p>FA</p>	<p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, 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</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>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 assessment, initial care plan, long-term care plan, and review timeframes meet contractual requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services 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 is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Resident files reviewed for behaviour management plans included triggers and interventions for behaviours.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, and the extended whānau as applicable, to support wellbeing. Tikanga principles are included in the Māori health plan based on Te Whare Tapa Whā model of care. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</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</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 activities coordinator has only been in the role for three months. The role is overseen by a diversional therapist from another Oceania site. The activities coordinator is planning to enrol in the diversional therapy training next year. Another staff member is also part of the activities team. Group and one-on-one activities are available for residents.</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals, interests, and ordinary patterns of life, and included regular community activities such as shopping, sightseeing in the region, and visiting places of interest. A social life history assessment, detailing resident's life history, is completed within the first two weeks of admission in consultation with the resident and their whānau. In the dementia care service, a 24/7 approach to activities is available and includes aspects of the resident's life and past routines. Religious beliefs and cultural days are also celebrated. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>A van is available for planned community outings.</p> <p>Feedback on the programme is provided through annual surveys. Residents and whanau interviewed, including those with an EPOA, confirmed the programme meets the needs of each resident, and that whānau always feel welcome to join in activities, if they can. Those interviewed confirmed they find the programme meets 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 occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed weekly and six-monthly and accurate records were maintained. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet 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</p>

		<p>required three-monthly NP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>A system is in place for returning expired or unwanted medicines to the contracted pharmacy. When able, medication management education is provided by the pharmacist.</p> <p>Self-administration of medication is facilitated and managed safely as needed. No residents were self-administering medicines on the day of the audit. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</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 has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The chef and cook were interviewed.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. The food control plan expires on 28 March 2026.</p> <p>The kitchen was well planned and was observed to be clean, tidy and well stocked. Regular cleaning is undertaken, cleaning schedules were displayed, and all services comply with legislation and guidelines. Labels and dates were on all food containers. Spare food is available for emergencies that may arise and is checked regularly.</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. Māori and their whānau have menu options that are culturally specific to te ao Māori. Additional food is available for the dementia care service 24/7 to meet the needs of residents.</p> <p>Residents are involved in some food preparation as part of the activities programme as deemed appropriate for the activity being completed.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting</p>

		minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided 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. Whānau reported being kept well informed during the transfer of their relative. The yellow envelope system was used if a resident was transferred to the local rural hospital or to the Te Whatu Ora – Lakes Hospital in Rotorua.</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 were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they met legislative requirements. External areas have shade. There was a current building warrant of fitness (expiry 31 May 2026). Clinical equipment had current clinical validation/performance monitoring. Electrical testing and tagging of electrical equipment had occurred, with processes in place for staff to log any resident personal items that require testing.</p> <p>Hot water was tested monthly, and remedial action taken when the water temperature was outside of the required temperature range. Call bells were tested monthly. The facility van had a current registration and warrant of fitness.</p> <p>All bedrooms are single occupancy. Six bedrooms have an ensuite bathroom. None of the rooms are certified for couples.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. This included appropriate relaxation, activity, lounge and dining areas in the</p>

		<p>rest home/hospital and the secure dementia unit. There is a designated courtyard area and walking path for clients in the secure dementia unit. This environment had been reviewed and mitigation strategies implemented following a resident absconding.</p> <p>Nine bedrooms in the rest home/hospital area have a ranch slider door that opens to a courtyard area. Personalised equipment was available for residents with disabilities to meet their needs. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance. Heating is via a combination of underfloor heating, heat pumps, and high wall-mounted heating in bathroom areas.</p> <p>The current environment is inclusive of people’s cultures and supported cultural practices. The general manager (GM) was aware of the requirement to ensure that, when new buildings are being designed, consultation and co-design occur to ensure the facility reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans, policies and ‘flipchart’s direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 2 October 2009 (EVACP04013-09). The most recent fire evacuation was undertaken on 10 July 2025. This was not a drill, but the event occurred in response to a faulty alarm. The FENZ service attended this alarm.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. This included emergency water supplies and a gas cooker. There is a national contract in place with a generator rental service in the event a generator is required. Oceania Care Group has been reviewing national arrangements in the event of a civil emergency/power outage. The proposed plan for Oceania Taupō-based ARRC services</p>

		<p>was sighted and will improve resilience. There were clear emergency response processes for residents in the secure dementia unit.</p> <p>Staff can provide a level of first aid relevant to the types of risk for the type of service provided. Twenty-eight staff, including RNs, activities staff, reception, maintenance, kitchen, and designated health care assistant staff had current first aid certification. Other applicable staff had been booked to attend this training.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff responded promptly to call bells. There is an escalation process if call bells are not answered in appropriate timeframes, with alerts to the CM, then different regional and national managers in a cascade process based on waiting time.</p> <p>Appropriate security arrangements were in place. There have been additional security cameras installed both inside and outside the building, including the secure dementia unit garden area. Security cameras monitor public areas only. The GM and CM have access to archive images. Staff working in the secure dementia unit have a personal pendant that they wear. This enables staff to seek additional staff support if and when required.</p> <p>Residents and whānau were familiarised with emergency and security arrangements, as and when required. There is an intercom at the front entrance that facilitates staff verifying visitor identification after hours before opening the doors. Signage alerts that security cameras are in use.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the national clinical quality manager, who oversees all clinical issues across Oceania.</p> <p>Wharerangi has IP and AMS outlined in its policy documents. Oceania</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>collects data on infections and antibiotic use and includes ethnicity data: this is analysed at facility, regional, and national level to support equity in the service 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 were sought as required following a defined process and included escalation of significant events. Infection prevention and AMS information was discussed at facility level, at clinical governance steering group meetings, and was 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 IPCC 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 committee 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 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. The last outbreak was reported in July 2025.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately</p>

		<p>decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are used following a risk assessment process and agreement from the governing body.</p> <p>Care delivery, cleaning and laundry, and kitchen staff were observed following appropriate infection prevention practices, such as appropriate use of hand sanitisers, good handwashing technique, and use of disposable aprons and gloves. Handwashing and sanitiser dispensers were readily accessible around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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>
<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 and the governance body, and where necessary, recommendations for improvement are identified.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment 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. Infection prevention personnel have 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 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 has a focus on restraint elimination across all its facilities. The board is fully supportive of this approach. Restraint device use across all Oceania ARRC services, including Wharerangi, was monitored and reported on quarterly. Data was benchmarked anonymously with other designated national ARRC providers, and the summary document was sighted. The NCQM Central is responsible for restraint elimination oversight at a national level. At the time of audit, no residents were using a restraint at Wharerangi. Wharerangi has been restraint-free for approximately five months, as noted in resident records sighted and confirmed by staff and managers interviewed.</p> <p>Policies and procedures (March 2025) met the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN, who provides support and oversight for restraint use. There was a job description that outlined the role, and the RC has had specific education around restraint and its use. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring had been completed. Restraint protocols were also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with the Wharerangi multidisciplinary team, was responsible for the approval of the use of restraints; there were clear</p>

		<p>lines of accountability. For any decision to use or not use restraint, there was a process to involve the nurse or general practitioner, the resident, and their EPOA and/or whānau as part of the decision-making process.</p> <p>Registered nurses focus on identifying alternative interventions and clearly outlined the strategies to be used to prevent restraint being required. Any changes to policies, guidelines, education or processes were implemented if indicated.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint was used, this was as a last resort when all alternatives had been explored. Assessments for the use of restraint and monitoring were documented and included all requirements of the Standard. Whānau, the RC, a RN, and the resident's general practitioner were involved in decision-making, with written consent signed by all four persons. Processes were in place for the regular evaluation of restraint use. The evaluation process includes elements required to meet the standards.</p> <p>Monitoring of restraint was overseen by the RC and the registered nursing team and took into consideration the person's cultural, physical, psychological and psychosocial needs, and addressed wairuatanga.</p> <p>The restraint committee meets two-monthly, includes a range of different staff roles/perspectives, and ensures that restraint is only used as a last resort. A restraint register was maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record including all requirements of the standard.</p> <p>A person-centred debrief would follow any episode of emergency restraint, using the most appropriate member of the workforce to do so. No emergency restraint had been used.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	<p>FA</p>	<p>Processes were in place for the restraint committee to undertake a six-monthly review of all restraint use, which included all the requirements of the Standard. Incidents were reported via the resident's electronic record. The RC advised that the outcome of the review was reported to</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>the governance body. Any changes to policies, guidelines, education and processes were implemented if indicated. The current restraint review appropriately noted that no restraints were in use.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.