

# Oceania Care Company Limited - Woodlands Rest Home and Village

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

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

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

**Dates of audit:** Start date: 31 August 2022 End date: 31 August 2022

**Proposed changes to current services (if any):** This reconfiguration consists of removing seven existing bedrooms, adding 14 new care-suites, refurbishment of one existing room (#70) by adding a new ensuite and a new nurse's station.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 41

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

## General overview of the audit

Woodlands Rest Home and Village currently provides rest home and hospital level care for up to 42 residents. On the day of the audit there were 41 residents. Twenty beds are occupied under an occupational rights agreement. Twenty-nine residents were receiving rest home level care and 12 residents were receiving hospital level care.

The service is owned and operated by Oceania Health Care Limited and managed by a business and care manager. There were 50 bedrooms prior to the demolition of seven bedrooms.

This reconfiguration consists of removing seven existing bedrooms, adding 14 new care-suites, refurbishment of one existing room (#70) by adding a new ensuite and a new nurse's station.

The addition of seven beds will not impact the well-established systems in place for governance, managing services, or the recruitment, training and performance management of staff. There is provision to increase staff numbers as the care suites are occupied.

The audit was conducted against a subset of the Health and Disability Services Standards and the service's contract with Te Whatu Ora Nelson Marlborough. It included visual inspection of the environment, review of applicable policies and procedures and staff files, observations and interviews with management and staff. Residents and relatives were not interviewed as this was a partial provisional audit.

Strengths of the service include the quality of the new care suites, landscaping and the respect shown to residents.

An improvement is required in the area of a code of compliance.

The areas requiring improvement at the previous audit have been addressed.

## **Ō tatou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

This partial provisional audit was conducted to confirm the reconfiguration and use of the facility's new care suites and a new nurse's station. Seven existing bedrooms were demolished as planned. Fourteen new care suites and a new nurse's station were added. The new care suites will be occupied under an occupational rights agreement. One existing room (#70) was demolished in error. The room was rebuilt and the ensuite was added as planned. There will be 57 rooms and the new care suites are suitable for hospital level care.

The governing body assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

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

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

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

The food service meets the nutritional needs of the residents. Food is safely managed.

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

All aspects of the home meet the needs of residents. The environment was clean, and internal and external areas were being well maintained.

There is a current building warrant of fitness.

Electrical and medical equipment is checked and tested as required. Communal and individual spaces were maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Security is maintained.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

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

## **Here taratahi | Restraint and seclusion**

Not Audited

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	12	0	1	0	0	0
Criteria	0	83	0	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The national quality compliance and audit manager and the regional clinical manager reported that the governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• Defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation.</li> <li>• Identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals.</li> <li>• Demonstrating leadership and commitment to quality and risk management.</li> <li>• Identifying and working to address barriers to equitable service delivery.</li> </ul>

		<ul style="list-style-type: none"> <li>• Appointing an experienced and suitably qualified person to manage the service.</li> </ul> <p>The BCM reported that reports to the board of directors showed adequate information to monitor performance is reported. Reports are accessed electronically by the regional clinical manager and the national quality compliance and audit manager.</p> <p>The business and care manager (BCM) who has been in the role for two and a half years confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. When the BCM is absent, the clinical manager (CM) carries out all the required duties under delegated authority with support from the guest service manager, the regional operations manager and the regional clinical manager. The CM has aged care experience and has been in the role for 18 months.</p> <p>The BCM reported that the service is focused on improving outcomes and achieving equity for Māori through links with the local Māori health provider and marae. A staff member who identifies as Māori and provides training and guidance to the staff, residents and Oceania management.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough and Manatū Hauora including a Long-Term Support-Chronic Health Care contract and a young person with disabilities contract.</p> <p>On the day of the audit there was an occupancy of 41 residents.</p> <p>This was made up of 29 residents requiring rest home level of care and 12 residents requiring hospital level of care. Including 20 occupational right agreement (ORA) care suites. One resident was under the young people with physical disabilities (YPD) contract and was receiving hospital level care.</p> <p>The service provides respite and end of life care as and when required. The 14 new care suites will be occupied under an occupational rights agreement. There will be 57 rooms and the new</p>
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		<p>care suites are suitable for hospital level care.</p> <p>Residents receiving services and whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through meetings and surveys. Results from the last resident survey was shared with the residents and staff. The BCM reported that the results were very positive.</p> <p>The provider has engaged an external provider to consult with Māori to support the development of plans to ensure Oceania has meaningful representation of Māori in governance groups. This supports the development of focusing on improving outcomes and achieving equity for tangata whaikaha people with disabilities and to ensure the governance body has demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</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 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. Staff reported there were adequate staff to complete the work allocated to them. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. Staff reported there were adequate staff to complete the work allocated to them.</p> <p>A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The CM reported that the regional clinical manager checks and signs the roster.</p> <p>The BCM reported that the allocated financial budget allows for 1 RN and 1 HCA to be added to the roster to cover morning, afternoon and nights shifts 7/7 days when the facility reaches maximum capacity. The CM reported that the staff are currently employed. Cleaners hours will be increased to meet these needs.</p> <p>An afterhours on call system is in place with the clinical manager and a RN sharing on call 24/7. Both have a current annual practicing</p>

		<p>certificate. The BCM is available for non-clinical calls after hours.</p> <p>The BCM described the recruitment process includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The manager reported that residents and family/whānau participate in the service through several avenues. For example, receiving information prior to and at admission, developing and reviewing care plans, and family newsletters. The resident survey result was reported as being really good. The family survey result was reported as positive. Residents' meeting minutes were sighted.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Records are held electronically and were sighted. Related competencies are assessed and support equitable service delivery. Competencies include cultural safety, medication, infection control, hand hygiene, working with young people with disabilities, moving and handling and restraint. The BCM reported that staff have been trained in the use of the new overhead hoist equipment. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The CM reported that three HCAs are either undertaking the Bachelor of Nursing degree or have just completed the programme. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The BCM reported that the opportunity to learn te reo is made available to staff and residents. Te reo was sighted on the activities wall board. The CM reported that discussing equity is part of the annual training programme. A karakia was said at the opening meeting.</p> <p>The BCM reported that collecting and sharing high-quality Māori health information is managed through the local Māori health provider and connections through the local Marae.</p>
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		<p>Staff reported feeling well supported and safe in the workplace. The BCM reported that staff are able to access free physiotherapy, and this was confirmed by staff. Wellbeing initiatives included the service providing herbal teas, morning and afternoon tea, fruit, influenza and Covid-19 vaccinations.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. The CM reported that staff performance is reviewed and documented annually. Evidence was sighted in the files reviewed.</p> <p>Position descriptions are documented and were sighted in the files reviewed.</p> <p>The CM reported that professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the seven registered nurses, three nurse practitioners at the GP practice, physiotherapist, nine pharmacists, dietitian, 11 general practitioners, podiatrist, and diversional therapist. All were within the expiry date.</p> <p>Staff orientation and induction includes all necessary components relevant to the role. The CM reported that orientation included cultural safety, chemicals, fire safety, hand hygiene, infection prevention, and restraint.</p> <p>The BCM and CM reported that seven of the seven registered nurses are interRAI trained. Evidence was sighted.</p> <p>Staff files are held locked and confidential.</p> <p>Ethnicity data is collected on the application form, is recorded and used for recruitment purposes.</p> <p>The BCM reported that staff receive support following incidents to</p>

		ensure wellbeing. Staff confirmed they were well supported.
<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 CM reported and evidence was sighted in four of four resident's files of documentation by a GP verifying the visit, their assessment and their orders.</p> <p>Neurological observations were sighted in four of four resident files when residents have an unwitnessed fall closing out a previous area identified for improvement.</p> <p>Resident's support needs were documented in four of four files sighted. This closes out the previous areas identified for improvement.</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>	FA	<p>The medication management policy is 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. Administration records were sighted. All medications sighted were within current use by dates. Eye drops in use were dated on opening. Medicines are stored safely, including controlled drugs.</p> <p>The RN reported that stock checks are completed monthly when the medication is supplied and delivered to the facility by the contracted pharmacy.</p> <p>The registered nurse was observed administering medications safely and correctly. The CM reported that photos of residents are updated annually.</p> <p>Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample was reviewed during the audit.</p> <p>The CM reported that the facility has a second drug trolley available for the medications for the residents in the new wing. The CM reported that the pharmacy checks the medication six monthly. Evidence of the checked completed on 23 August 2022 was sighted.</p>

		<p>A sample of two controlled drugs were counted and were correct.</p> <p>Prescribing practices meet requirements and was sighted on the electronic medication system. The CM reported that the GP reconciles medication when a resident is admitted to the facility. The CM reported that the RN also checks the medication at admission. Medication reconciliation is conducted by the GP when a resident is transferred back to the service from the hospital. The CM reported that the GP writes a new prescription, and the unwanted medication is returned to the pharmacy. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>All staff who administer medicines are competent to perform the function they manage. Records were sighted. An HCA reported being medication competent. The RN reported that the pharmacy delivers annual training about the medication used and side effects.</p> <p>Expired medicines are returned to the pharmacy.</p> <p>Allergies were sighted on the electronic medication drug charts reviewed.</p> <p>Residents and their whānau, are supported to understand their medications. The CM reported that the GP explains the medication to the resident at the three monthly medication review. The CM reported they explain changes to the residents and their family. There were no residents who identify as Māori. The CM explained that the family/whānau would be involved through the care plan process.</p> <p>The CM reported that one resident fully self-medicates and three partially self-medicate. The CM reported that the residents do not self-medicate controlled drugs. The clients have a locked drawer in which to keep their medication. The GP assesses the resident's ability to self-medicate three monthly using the self-medicating order.</p> <p>The CM reported that the use of pro re nata (PRN) medication by residents who self-medicate is monitored and recorded by staff.</p>
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		<p>Standing orders have been authorised by the clinical director of the local public health organisation for the use of oxygen during a Covid-19 outbreak. The standing order was sighted.</p> <p>The CM reported that all over the counter medications are prescribed. If a family member brings any supplement medication for the resident, staff send a photograph to the GP who prescribes the medication on the same day.</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 menu has been reviewed by a qualified dietitian April 2022 to ensure it is in line with recognised nutritional guidelines for older people. The kitchen staff have current food handling certificates.</p> <p>Meal services are prepared on-site and served in the respective dining areas. The service operates with an approved food safety plan and registration. The food plan expires on 28 March 2023.</p> <p>All aspects of food management comply with current legislation and guidelines. The chef reported that the food is delivered by external providers. Food waste is composted at the facility.</p> <p>Each resident has a nutritional assessment on admission which identifies dietary requirements, likes, and dislikes. The chef reported that staff forward the kitchen form which informs of the resident's needs. The form is kept in the kitchen. This was confirmed by the CM.</p> <p>The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents are given a choice to select the meals they want on daily basis.</p> <p>A daily special requirement form is completed and accessed by the chef. All alternatives are catered for as required. Diets are modified as required and the chef confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>Snacks and drinks are available for residents throughout the day and</p>

		<p>night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken. Labels and dates were on all containers sighted.</p> <p>The chef reported that in the past Māori residents and their whānau had menu options that were culturally specific to te ao Māori. There were no residents who identify as Māori on the day of the audit.</p> <p>The chef reported the resident satisfaction with meals was good and that feedback books are available in the dining room. The two dining rooms were spacious. The BCM reported that there was sufficient room to seat the additional residents.</p> <p>The chef reported that a group of residents are supported by the chef and the diversional therapist to bake every two weeks.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 31 March 2023.</p> <p>The Code of compliance is yet to be issued.</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.</p> <p>Tagging and testing is current as confirmed by the BCM, the CM, and observation.</p> <p>The CM described the maintenance register which was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Current residents' rooms are personalised with furnishings, photos and other personal items displayed. There is room to store mobility aids, and wheelchairs.</p> <p>The three dining rooms and one lounge are spacious and enable easy</p>

		<p>access for residents and staff. Residents can access areas such as the library or one of the three family/whānau rooms for privacy if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Communal areas are available for residents to engage in activities. The number of toilet and bathroom facilities for visitors and staff are adequate. The new care suites are in the north wing of the complex. The wing is connected to the original complex at the east and west ends.</p> <p>A private secure internal courtyard has been developed and landscaped between the original and new wings. The courtyard is accessible from the existing and new wings.</p> <p>The new care suites are spacious. There is an open plan kitchen, dining, and lounge area. The kitchen has the provision for making tea and coffee. The care suites have a sliding door from the lounge to a private secure balcony. A sliding door can be closed to separate the bedroom from the living area for privacy.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedroom safely. An overhead hoist is in place. All the care suites have a spacious ensuite. A sliding door can be closed for privacy.</p> <p>Appropriately secured and approved handrails are provided in the bathroom and hallway areas to promote resident's independence.</p> <p>A family/whānau room provides a space for privacy. The communal areas and resident's rooms are heated by heat pump.</p> <p>The nurses' station is located at the west end of the renovated wing. The hallway included cultural art. The BCM reported that a representative from the marae will open and bless the new wing.</p> <p>The national quality compliance and audit manager reported that there are plans to consult with Māori in the co-design of the</p>
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		environments for new buildings.
<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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>The evacuation plan was submitted to fire and emergency by the project manager. A copy was sighted. The BCM and CM reported they had training with the external fire contractor. The CM has trained the RNs. A trial evacuation was planned for Monday 5 September 2022. The updated floor plan was sighted.</p> <p>The orientation programme includes fire training. Staff records evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Manual call boxes, sprinklers alarms, smoke and heat detectors and fire action notices were sighted throughout the building.</p> <p>The BCM and CM reported that two staff members on shift have a current first aid certificate. One is the RN. There are call bells in the new care suites to alert staff to residents requiring assistance.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</p> <p>Adequate supplies are stored for use in the event of a civil defence emergency, including, water, food, medical supplies and gas BBQ, and meet the requirements for the residents. The BCM reported that there is a generator on site.</p> <p>The BCM reported that residents are informed of the emergency and security arrangements at admission. Residents discuss and debrief following a trial evacuation.</p> <p>The service does not have an updated Fire and Emergency New Zealand- approved evacuation plan.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The regional clinical manager and the national quality, compliance and audit manager reported that the infection prevention (IP) and antimicrobial stewardship (AMS) programmes link to the quality and risk management system and are reviewed and reported on annually.</p> <p>The national quality, compliance and audit manager reported that expertise and advice are sought from the national IP group. The CM reported that advice can be sought from the local GP and or nurse practitioner.</p> <p>The CM reported and evidence was sighted in the IP meeting minutes that progress, issues and significant events are reported to the governing body. Data is gathered and entered electronically. The regional clinical manager accesses the minutes, collates the information and reports to the monthly clinical governance meeting.</p> <p>The service monitors key performance indicators for IP and AMS monthly and three monthly. Benchmarking occurs nationally across Oceania's facilities. The CM reported that the results were good.</p> <p>The CM reported that learning from significant events, for example Covid-19 occurs.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The CM is the infection prevention and control co-ordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to senior management or the governance group.</p> <p>The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The position description was sighted. Their advice has been sought when making decisions around procurement relevant to care delivery. The IPCC reported and documentation confirmed that advice in the design of any new building or facility changes would be sought at management level. The IPCC receives continuing education in IP and AMS. Evidence was sighted of completed training. The IPCC and the BCM reported access to shared clinical records and diagnostic</p>

		<p>results of people.</p> <p>The regional clinical manager and the national quality, compliance and audit manager reported that the infection prevention (IP) and antimicrobial stewardship (AMS) programmes have been developed with the clinical governance group and approved annually by the governing body.</p> <p>There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits are completed randomly by the IPCC. Policies and procedures are documented and reviewed regularly.</p> <p>Most residents and all staff were vaccinated for COVID-19. COVID-19 rapid antigen tests (RATs) are being conducted for staff and visitors before coming on-site.</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. Residents are educated about infection prevention in a manner that meets their needs.</p> <p>A pandemic/infectious diseases response plan is documented. The IPCC reported that drills have been run. The IPCC and the BCM reported that one resident contracted Covid-19. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The infection control co-ordinator reported that input into other related clinical policies that may impact on HAI risk is managed at management level.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-service education is conducted by the IPCC. The infection training includes handwashing procedures, pandemic plans, outbreak management, donning and doffing, use of PPE and reporting infections. Records of</p>
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		<p>staff education were maintained.</p> <p>The IPCC completed infection prevention and control training online through the MoH and New Zealand Nursing Council. Certificates were sighted. The IPCC spoke of tikanga practices. Cultural advice is sought from the cultural advisor.</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 through the documented AMS programme including policies and guidelines in place is to optimise antimicrobial use and minimising harm. It is appropriate for the size, scope, and complexity of the service. It is approved by the governance body.</p> <p>A suite of policies and procedures are in place to guide staff. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>Infection control reports are completed monthly, and these are discussed at IP meetings. The IPCC reported and minutes evidenced that trends are not identifies as the infection rates are low. The IP audit achieved 100% compliance result. The audit was sighted.</p> <p>The IPCC has access to all relevant residents' data to undertake surveillance, internal audits, and investigations, respectively. Specialist support can be accessed through Te Whatu Ora Nelson Marlborough, and the attending GP.</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</p>	FA	<p>Surveillance of infections is undertaken by the IPCC. It is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>Results of the surveillance programme are shared with staff through the IP meetings. All infection data is compiled and reported to the clinical governance meetings.</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Sighted policies and procedures guide staff in the surveillance of infections. The IPCC reported that staff report signs and or symptoms of infection to the RN. The GP is informed when a resident has an infection and appropriate antibiotics are prescribed for all diagnosed infections. Surveillance of infections include wounds, cellulitis, eye, respiratory and Covid-19.</p> <p>The IPCC reported that ethnicity data is included in the surveillance of infections. The BCM Residents are kept informed of the clinical processes during an HAI. The CM reported that one resident tested positive for Covid-19 and one resident was a close contact. Isolation procedures were implemented. Residents and their family/whānau were kept informed.</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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products. They provide relevant training for staff. Material safety data sheets are available where chemicals are stored.</p> <p>Interviews and observations confirmed there is provision and availability of protective clothing and equipment. The CM and chef interviewed demonstrated awareness of safe and appropriate disposal of waste.</p> <p>Four part time designated cleaners are rostered over seven days. Two cleaners work each day. The BCM reported that there is provision to increase the cleaners' hours as the new care suite rooms are occupied. The cleaner's orientation manual was sighted. The chef reported that cleaning tasks in the kitchen are shared and rostered. They are scheduled and undertaken daily, weekly and monthly. The facility is kept clean and tidy. This was confirmed through observations.</p> <p>Staff receive training in chemical safety at orientation and annually. The locked cleaners room houses the cleaning trollies, material safety</p>

		<p>data sheets, and chemicals stored in labelled containers. Material safety data sheets were also sighted in the laundry.</p> <p>The most recent cleaning audit was completed in May 2022 with a 94% compliance score. Two corrective actions were completed and signed off. The laundry has a clear separation of clean and dirty areas. The most recent laundry audit was completed in February 2022 with a 96% compliance score. The results were accumulated from across all Oceania's facilities.</p> <p>The CM reported that IP audits are completed six monthly. The last audit completed in April 2022 returned a result of 100% compliance. The audits were sighted. There are safe and effective laundry processes appropriate to the size and scope of the service. Documented guidelines were sighted. Laundry is washed off-site</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The BCM reported that the facility does not yet have a Code of Compliance.	Code of compliance is yet to be issued.	<p>Provide a copy of the Code of Compliance.</p> <p>Prior to occupancy</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.