

Oceania Care Company Limited - Duart Rest Home

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 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: Duart Rest Home

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

Dates of audit: Start date: 8 February 2023 End date: 9 February 2023

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: 61

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 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 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

Duart Rest Home and Hospital is part of Oceania Healthcare Limited. The facility can provide services for up to 66 residents requiring rest home or hospital levels of care. This facility is operated under Oceania Healthcare, which is a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand. There were 61 residents in the facility on the first day of the audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke’s Bay. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, and a general practitioner. Residents and family/whānau were complimentary about the care provided.

Areas identified as requiring improvement during this audit relate to staff education/training, staff performance appraisal, interRAI assessments, care planning, care intervention, and medication management.

Ō tatou 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.

Duart Rest Home and Hospital has a Māori and Pacific People Health Policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and the te whare tapa whā model of care. Staff were observed to engage with residents in a culturally safe way, respecting mana motuhake. The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice were shown in service delivery.

Residents and family/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. Family/whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed whenever possible.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Duart Rest Home and Hospital. Māori consultation is occurring at governance level.

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and family/whānau provide regular feedback and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented as applicable. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, identifying trends and leading to improvements, with data benchmarked to other Oceania facilities nationwide.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Document control systems ensure organisational information is current and easily accessible to those who require it.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The entry to service process is efficiently managed. There is an electronic system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

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

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans.


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. Activity plans are completed in consultation with residents, their family/whānau, and with staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

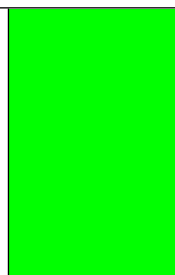
Te aro ki te tangata me te taiao haumaru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Security is maintained.

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

Includes 5 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 clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified nurse manager leads the programme. The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.


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

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices. The laundry is done off site through a contracted provider.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator leads the process.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	4	0	0
Criteria	0	138	0	0	5	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 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific Peoples' Health, which describes how the organisation responds to the cultural needs of residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy addresses Tino Rangatiratanga, equity, options, partnership and te whare tapa whā model of health. 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 as per the requirements of the Ngā Paerewa standard.</p> <p>Oceania is engaging with a group conversant with Māori culture, which is providing advice and assistance as requested. An Oceania Māori Health Plan dated 2022-2025 is in development. Previous policies remain available as this plan still requires final approval from the governance team. The plan describes how te reo and tikanga will be incorporated into staff education days and how the organisation will demonstrate its respect for mana motuhake.</p> <p>While the policy in place embraces the te whare tapa whā care model,</p>

		<p>at interview few staff at Duart Rest Home and Hospital (Duart) understood what this meant and were unaware of the existence of the Māori and Pacific Peoples' Health Policy (refer criterion 1.1.1). Beyond the orientation programme there has been very little education on Te Tiriti o Waitangi and cultural safety (refer criterion 2.3.4). Cultural assessments have not been completed during care planning (refer criterion 3.2.3).</p> <p>There were Māori residents present during the audit. Māori residents and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety confirming that mana motuhake is respected.</p> <p>Partnerships and connections with Māori organisations outside the service have not yet been made (refer criterion 1.1.5).</p> <p>The service is aware of the requirement to recruit and retain Māori but noted that this is dependent on applications; there were few Māori staff employed at the time of the audit (refer criterion 1.1.5). Applications for employment ask for information on ethnicity from candidates.</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>	<p>Not Applicable</p>	<p>The service provider has a policy on Māori and Pacific Peoples' Health. This describes how the organisation responds to the cultural needs of residents and is for use in the interim until the organisation begins its work alongside the Pacific community and formally develops a Pacific plan. The document notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. Whilst the plan is in place, staff at Duart were unaware of its existence and there has been little education/training on culture beyond the orientation programme (refer criteria 1.2.1 and 1.2.2).</p> <p>Corporate managers described plans to work in partnership with Pasifika communities, to develop a Pacific plan and to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Duart has not yet made connections with Pasifika organisations outside the service. (refer criteria 1.2.3 and 1.2.5)</p>

		<p>There were no residents or staff at Duart who identified as Pasifika. The service is aware of the requirement to recruit and retain Pasifika but noted that this is dependent on applications (refer criterion 1.2.4). Applications for employment ask for information on ethnicity from candidates.</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>	FA	<p>Education/training on the Code of Health and Disability Services Consumers' Rights (the Code) is included as part of the orientation process for all staff employed. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes, however in the reviewed files of residents who identified as Māori, there is no documentation in place to guide staff in how to ensure that the residents mana motuhake is recognised and respected (refer criterion 1.3.5).</p> <p>The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed in various areas in the facility. The Code was available in English and Māori language. Advocacy leaflets were readily available.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights. Duart has access to interpreter services as required.</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>	FA	<p>Residents and families/whānau confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality, and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected: staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p>

		<p>Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual social needs, values and beliefs had been identified, documented, and incorporated into their care plan. Staff interviews described how they support residents to choose what they want to do. Residents stated they had choices, and are supported to make decisions about whether they would like family/whānau members to be involved in their care, or any other form of support. Residents have control and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Resident's spiritual needs are identified, church services are held.</p> <p>The staff have completed cultural awareness training as part of their orientation programme although Te Tiriti o Waitangi and tikanga is not specifically covered in this (refer criteria 1.4.4 and 1.4.5).</p> <p>The service promotes care that is holistic and collective in nature through listening to tāngata whaikaha when planning or changing services.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>The orientation process for staff includes education/training related to professional boundaries, expected behaviours, and the organisation's Code of Conduct. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of abuse or exploitation. Residents confirmed that they are treated fairly.</p> <p>The clinical manager (CM) and general practitioner (GP) stated that there have been no reported alleged episodes of abuse, neglect, or</p>

		<p>discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>Whilst a holistic model of health is promoted at Duart, the model does not prioritise a strengths-based holistic model that focuses on wellbeing outcomes for Māori (refer criterion 1.5.6).</p> <p>The CM stated that any observed or reported racism, abuse or exploitation would be addressed promptly, however, there are no policies and procedures in place that focus on abolishing institutional racism, or and the service's willingness to address racism (refer criterion 1.5.5).</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through interview.</p> <p>Residents and family/whānau members confirmed that they were kept well informed about any changes to the resident's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family/whānau or enduring power of attorney (EPOA) contact section in their files.</p> <p>Information is provided to residents and their family/whānau on admission. The three-monthly resident's meetings identify feedback from residents and consequent follow up by the service. Residents and family/whānau interviewed confirmed they knew what is happening within the facility and felt informed regarding</p>

		<p>events/changes related to COVID-19 through emails.</p> <p>Interpreter services are used where indicated.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff interviewed understood the principles of informed consent but were not familiar with tikanga guidelines in relation to consent (refer criterion 1.7.9). Informed consent is obtained as part of the admission documents which the residents and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans were signed by residents who were competent and able to consent. Staff were seen to obtain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in decision making about their care. Where required, a nominated support person is involved with the resident's consent. Information about the nominated residents' representative of choice, next of kin, or EPOA is provided on admission. Communication records verified inclusion of support people where applicable.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and family/whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that the nine complaints received over the last 12 months were addressed and that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit. Staff interviewed knew what to do if someone wanted to make a complaint and understood the right to advocacy if this was required/requested.</p>
<p>Subsection 2.1: Governance</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti is honoured. Board members having access to cultural training, te reo and opportunities to upskill in Te Tiriti via other community roles and employment. Oceania have 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, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of infection prevention and control). The management team is aware of the demographic of the geographic area that Duart sits within. As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of young people with disabilities are reflected in organisational documents, most recently with the release of a Person with a Disability Policy in September 2022.</p> <p>Oceania has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for the Duart service. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, clinical and care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse</p>
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		<p>events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The BCM and CM are new to their roles at Duart. The BCM has a background in sales and business management and the clinical manager (CM) was, until appointed, working as an RN at the facility. Both have been in the role for approximately six months and are being orientated with the assistance of a clinical and quality manager (CQM) who is experienced in the aged-care sector. The BCM, CM and CQM confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>Oceania support people to participate locally through resident meetings, and through satisfaction surveys though resident meetings have not been held in the latter part of 2022 due to outbreaks (COVID-19 and gastroenteritis). A meeting for residents was held in January 2023. Outcomes from the meetings and results from the satisfaction surveys are used to improve services. Responses from meetings and the surveys were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora Health New Zealand Te Matau o Maui Hawke's Bay for aged related residential care (ARRC) services at rest home and hospital level, long-term support-chronic health conditions (LTS-CHC), restore in ARC (short term stay), mental health in ARC, palliative care, and with the Accident Compensation Corporation (ACC). The service also holds a contract with the Ministry of Health (MoH) for residential non-aged young person disabled (YPD) services.</p> <p>Sixty-one (61) residents were receiving services at the time of audit. During the audit 37 residents were receiving rest home care, 17 hospital level care, one LTS-CHC, two mental health in ARC, and two ACC (one at rest home and one at hospital level care). There were two residents receiving care under the MoH YPD contract. No residents were receiving care under the palliative care or restore in ARC contract.</p>
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<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>Duart uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is already occurring including at Duart; however, the corporate office is considering ways to further improve this (refer criterion 2.2.7).</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents’ satisfaction surveys showed a high level of satisfaction with the services provided, residents and family/whānau interviewed also reported a very high level of satisfaction.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The BCM and CM understood and has complied with essential notification reporting requirements. There have been seven section 31 notifications completed in 2022-2023, four related to pressure injury (three facility and one non-facility acquired), one to registered nurse shortage, and two to the changes of the BCM and CM.</p>
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<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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them though this has been stretched when there was COVID-19 in the facility and/or the community. Strategies were put into place to manage this with a move to 12-hour shifts. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>Continuing education/training is planned on an annual basis. Competencies for care staff are covered in an orientation programme followed by annual review. From the documentation sighted, orientation has been completed, or is in progress, for staff employed in 2022/2023 and competencies for staff who were employed prior to this date have been completed. Other education/training for care staff and RNs is through a study day, covering all mandatory education/training requirements. Not all staff have attended the education/training study day in 2022 due to outbreaks in the facility in 2022; only one staff member is documented to have attended in 2023 (refer criterion 2.3.4). There has been little education/training on the care of Māori and Pasifika, cultural safety, and care of tāngata whaikaha; care plans do not always reflect the aspirations of Māori and tāngata whaikaha residents in the service (refer criteria 2.3.6 and 2.3.7). Care staff have access to a New Zealand Qualification Authority health and wellbeing education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Matau a Māui Hawke's Bay.</p> <p>Staff health and wellbeing policies are in place. Wellbeing is discussed at orientation and is part of the education/training programme. Staff reported feeling well supported and safe in the workplace. An employee assistance programme (EAP) is available to staff.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place. Professional qualification for health care professionals had been validated and then checked and documented annually. Job descriptions for all roles are in place. They describe the skills and knowledge required of each position, and identify the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of staff records reviewed showed that orientation was being completed and documented. Staff interviewed confirmed that orientation does take place, and most staff described it as useful in preparing them for their role.</p> <p>There are staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Files sampled evidenced that performance appraisals are not being undertaken as required (refer criterion 2.4.5).</p> <p>Ethnicity data is being recorded for staff and used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are legacy records and are held securely and available only to authorised users.</p> <p>The captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication. The information is integrated, manageable, and accessible for all those who need it. Residents' files are held securely for the required period. No personal or private resident information was on public display during the audit.</p> <p>Consents were sighted for data collection. Resident data collected includes ethnicity data.</p>

		Duart is not responsible for National Health Index registration of people receiving services.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy for the management of enquiries and entry to Duart rest home and hospital is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home and hospital level of care were in place.</p> <p>Prospective residents and/or their families/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Family/whānau members interviewed stated they were satisfied with the admission process and the information made available to them. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services, these are not specific for Māori. Residents' rights and identity are respected. Enquiry records are maintained. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori (refer criterion 3.1.5) and to develop meaningful partnerships with Māori communities and organisations for the benefit of Māori (refer criterion 3.1.6).</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</p>	PA Moderate	<p>The service uses both electronic and paper-based record management systems. The RNs are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>where appropriate. Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning.</p> <p>The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or EPOA (as appropriate), were involved in the assessment and care planning processes. All residents' files sampled had interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. However, three out of eight files had interRAI assessments completed after the care plan had been put into place (refer criterion 3.2.3). Cultural assessments have not been completed in any of the resident files reviewed. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected and identified residents' strengths, goals and aspirations, which were aligned with their values and beliefs, and these were documented. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Care plans evidence service integration with progress notes, activities records, medical and allied health professionals' notations clearly written; they were informative and relevant. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly and included interRAI reassessments (except as noted above). Two interRAI assessments, however, were overdue and not completed within the 21-day required period. Short-term care plans were completed for acute conditions though interventions for two pressure injuries were not documented either in a short-term care plan or in a long-term care plan (refer criterion 3.2.5).</p> <p>Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p> <p>There are currently no cultural guidelines to ensure tikanga and</p>
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		<p>kaupapa Māori perspectives permeate the assessment process. There is a draft Māori health plan which includes Māori healing methodologies, such as karakia, mirimiri and rongoā, but this has not yet been approved by the governance body. The service has Māori residents but there were no tikanga guidelines in any of their care plans. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people’s policy and the CM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident’s condition where required. Medical records were evidenced in sampled records. On call services are provided as required. The general practitioner interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents’ needs and abilities. Activities are run and managed by a diversional therapist (DT) and an activities assistant (AA), who support residents to maintain and develop their interests. A weekly activities planner was sighted. The activities provided are suitable for residents ages and stages of life.</p> <p>A copy of the weekly activities plan is posted on the notice board in the dining room. The residents are given a copy of the activities calendar for their room.</p> <p>The activities are based on assessment and reflected the residents’ social, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents’ birthdays are celebrated. A resident profile called ‘About Me’ is completed for each resident within two weeks of admission in consultation with the residents and their family/whānau.</p> <p>Residents’ activities care plans were evaluated by the RNs in consultation with the DT and AA every six months or when there was any significant change. All of these are documented on the electronic record management system, and other copies are printed off and kept</p>

		<p>on the residents' files.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The physiotherapist visits two times a week to engage in exercise sessions and assessments with the resident. There is a physiotherapy assistant who is full time at the facility to assist residents with daily exercises.</p> <p>Cultural events celebrated include Waitangi Day and Matariki. Residents interviewed confirmed they find the programme interactive. Duart encourages the use of te reo Māori if residents choose to communicate in this way, and encourages services to support community initiatives that meet the needs and aspirations of Māori and their whānau.</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>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded, however, three of the 16 medication charts reviewed were noted to have overdue medication chart review and four had no evidence of medication reconciliation within the last two months (refer criterion 3.4.2). There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record. In four of the sixteen medication charts reviewed there were no allergies or sensitivities recorded (refer criterion 3.4.4).</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when</p>

		<p>administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used. There was one resident self-administering medications at the time of audit. There was self-medication administration consent on file. The resident had a locked cupboard in their room where the medication was kept. The RN interviewed demonstrated knowledge relating to self-medication administration.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage, current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CM or an RN. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Sixteen (16) medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	<p>FA</p>	<p>The food is prepared on site by chefs and is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last three months, the last review was completed on 3 October 2022. The menu follows a summer and winter pattern over a four-weekly cycle. A holistic review of menu plans occurs, with suggestions of food options/choices to provide in</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>discussion with any Māori residents when admitted to this service.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by Ministry for Primary Industries (MPI). The current food control plan will expire in December 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and their family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A diet preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was verified by resident and family/whānau interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Meals were served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>The chef interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling education/training.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and their family/whānau or EPOA. The service uses the Te Whatu Ora Te Matau a Māui Hawke's Bay 'yellow envelope' system to</p>

<p>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>		<p>facilitate transfer of residents to and from acute care services.</p> <p>Residents' family/whānau reported being kept well informed during the transfer of their relative. The RN reported that an escort is provided for transfers when required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. InterRAI re-assessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed in the resident's progress notes.</p> <p>A senior RN reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Though the service has no formal ties to any Māori agencies, this can be managed through Te Whatu Ora Te Matau a Māui Hawke's Bay. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. Examples of referrals completed were in residents' files sampled, including to the palliative care team and wound nurse specialist.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems 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. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits, tempering valves are fitted to manage inconsistencies should they occur.</p> <p>The building has a warrant of fitness which expires on 17 January 2024. There are currently no plans for further building projects requiring consultation, but Oceania directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their</p>

		<p>needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents to use.</p> <p>Residents' rooms allow space for the use of mobility aids and moving and handling equipment in the dual purpose (rest home or hospital) rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade. Space is available for the storage and charging of electronic mobility aids.</p> <p>Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<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 and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency. All RNs and some other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 8 July 2008 and the requirements of this are reflected in</p>

		<p>the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, the most recent drill was on 1 November 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance, residents and family/whānau reported that staff were responsive to call bells.</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>	FA	<p>The infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes are led by the general manager, nursing and clinical strategy who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare. Infection prevention and control (IPC) and AMS policies and procedures are approved by the board of governance and are appropriate for Duart. The IPC programme and policies and procedures link to the quality improvement system and are reviewed and reported on annually. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within strategic planning documents. This includes reports on significant infection events.</p> <p>Expertise and advice are sought following a defined process with Te Whatu Ora Te Matau a Māui Hawke's Bay infection control officers and experts from the local public health unit accessed when required. A documented pathway within the clinical quality report supports reporting of progress, issues, and significant events to the governing body. Oceania has employed a lead clinical infection prevention and control expert to support the clinical governance team.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
Subsection 5.2: The infection prevention programme and	FA	The infection control coordinator (ICC) role is undertaken by the CM who is an RN. The ICC is responsible for overseeing and

<p>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>implementing the IPC programme at the service level with reporting lines to the BCM and the regional clinical manager (RCM). The ICC role, responsibilities and reporting requirements are defined in the IPC resource nurse's job description. There is currently no staff who can participate in IP practices to ensure culturally safe practice in IP, thus acknowledging the spirit of Te Tiriti (refer criterion 5.2.13).</p> <p>The IPC programme implemented is clearly defined and documented and it is reviewed annually. The policies and procedures were developed by suitably qualified personnel, they comply with relevant legislation and accepted best practice and reflect the requirements of IPC standards including appropriate referencing. The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. Sufficient IPC resources including PPE were sighted. The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education/training during orientation and were observed to follow these correctly. Residents and their family/whānau are educated about IPC in a manner that meets their needs. Additional staff education/training has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis or as a group in residents' meetings.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, and kitchen staff were observed following appropriate IPC practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The ICC reported that residents who identify as Māori would be</p>
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		consulted on IPC requirements as needed.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage</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 HAIs is appropriate for the size and complexity of the service and is in line with priorities defined in the IPC programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff in the staff meetings.</p> <p>Infection prevention audits were completed including cleaning and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The ICC monitors the infection events recorded weekly. Any new infections are discussed at shift handovers so that early interventions can be implemented as required.</p>

		<p>Residents were advised of any infections identified and family/whānau, where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been three COVID-19 infection outbreaks reported since the previous audit. All outbreaks were managed effectively with appropriate notification completed.</p> <p>Duart is in the process of editing their surveillance data collection form so ethnicity data can be collected (refer criterion 5.4.3).</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 antimicrobialresistant organisms.</p>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the process of donning and doffing of PPE and in appropriate mask wearing.</p> <p>The CM has oversight of the facility in relation to infection prevention and control. There are cleaning policies and procedures to guide staff. The facility was observed to be clean throughout. Laundry is undertaken off site by contracted services. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Residents interviewed reported that the off-site laundry services system is effective, and their clothes are returned in a timely manner.</p>
Subsection 6.1: A process of restraint	FA	Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The RCM reported that the board

<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>is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Duart, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Duart since early 2022.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The RC in consultation with the Duart multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system, the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in resident's files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Continuing education/training is planned on an annual basis. There was no evidence to confirm that any staff had completed the required education/training study day in 2022. The ability to attend was limited due to outbreaks (COVID-19 and gastroenteritis) in the facility in 2022; only one staff member has attended in 2023. No alternative education/training was put into place to manage education/training in the absence of the study day in 2022. Education/training days were not rescheduled around outbreaks in the facility, and not all staff have attended eight hours of professional development within the last 12 months. Staff interviewed confirmed that little to no education/training has taken place within the last year.</p>	<p>The education/training programme has not been delivered to the schedule or rescheduled to allow staff to attend. When staff could not attend a study day due to outbreaks in the facility, interventions were not put into place to manage education/training for staff.</p>	<p>Ensure the training programme is managed so that staff can complete the required eight hours of professional development each year.</p> <p>90 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Moderate</p>	<p>Files sampled evidenced that performance appraisals are not being undertaken as required. Of the eight files sampled, three did not require performance appraisal, of the remainder only one had been completed in 2022. Examination of the electronic record for performance appraisals due showed that 15 performance appraisals were outstanding on the last day of the audit.</p>	<p>Staff who were due performance appraisal have not had these completed.</p>	<p>Undertake annual performance appraisal for all staff as these become due.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where</p>	<p>PA Moderate</p>	<p>Short-term care plans were generally completed for acute conditions, however interventions for two pressure injuries were not documented either in a short-term or long-term care plan.</p>	<p>Interventions for two pressure injuries were not documented either in a short-term or a long-term care plan.</p>	<p>All acute condition interventions are to be documented in a short-term or long-term care plan.</p> <p>90 days</p>

<p>progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>The required three-monthly reviews by the GP are recorded, however three of the sixteen medication charts reviewed had medication charts that were overdue for review (over three months) and four had no evidence of medication reconciliation within the last two months.</p>	<p>Three from sixteen medication charts are overdue for review and four have no evidence of medication reconciliation within the last two months.</p>	<p>Duart is to ensure that all medication charts are reviewed every three months and reconciliations are completed every time a medication is received from the pharmacy.</p> <p>30 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>Resident allergies and sensitivities are documented on the medication chart and in the resident's record. Four of the sixteen medication charts reviewed had no allergies or sensitivities recorded.</p>	<p>The allergies and sensitivities have not been recorded in four out of sixteen medication charts.</p>	<p>The service is to ensure all medication charts have allergies and sensitivities recorded on it.</p> <p>30 days</p>

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 of this audit.

No data to display

End of the report.