

Greenvalley Care Limited - Greenvalley

Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, 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:	Greenvalley Care Limited
Premises audited:	Greenvalley
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 6 June 2023 End date: 7 June 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:	47

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.

General overview of the audit

Oceania Healthcare Greenvalley provides rest home level and dementia level of care for up to 50 residents. At the time of the audit there were 47 residents.

The provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Waitematā. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, nurse practitioner, management, and the prospective buyer.

An experienced business and care manager oversees the day-to-day operations of the facility. They are supported by a clinical manager. There have been no changes to senior staffing since the last audit. There are quality systems and processes being

implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The prospective owners are based in Auckland and also own four other aged care facilities in Auckland. They provide input into the service with one being responsible for oversight of administration. The prospective owners have managed and owned aged care facilities for many years and are very hands-on with the business. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their organisation's quality management system, and policies and procedures will be transitioned to Greenvalley from takeover date. There will be no changes to the existing management, staff, rosters, or the environment. The proposed take-over date is to be 16 August 2023.

The service has completed a number of environmental improvements and upgrades.

This provisional audit identified improvements required around the building environment.

Ō tatou motika | Our rights

Greenvalley provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Oceania Healthcare has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business and care manager is supported by a clinical manager, and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Greenvalley has an established quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Greenvalley collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

The clinical manager and the business care manager efficiently manage entry processes. The registered nurses and the nurse practitioner assess residents on admission. The service works in partnership with the residents, their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau.

Medicines are safely stored and administered by staff with current medication administration competency. Procedures are implemented to support residents that wish to self-administer medications.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan and current menu that will continue to be used. Residents verified satisfaction with meals. There are snacks available 24/7.

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

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

Electrical compliance and calibration is completed as required. There is a current building warrant of fitness. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. The dementia unit is secure with a secure outdoors area. Security is maintained to ensure the safety of staff and residents.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and

resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There were no Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

There is governance commitment to minimise restraint use in their facilities. Restraint policies and procedures are in place. At the time of the audit, the service was restraint free. Maintaining a restraint-free environment is overseen by the restraint coordinator. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	26	0	1	0	0	0
Criteria	0	166	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 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>An Oceania Māori health plan 2022-2025 is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Whakamaui: Māori Health Action Plan 2020-2025 and Nurse Maude Hauora Māori Plan forms the foundation of the document. The service currently has residents who identify as Māori. Greenvally is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan.</p> <p>At the time of the audit, there were no Māori staff. The business and care manager (BCM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The BCM interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan documents the commitment of Oceania Healthcare to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The BCM described how at a local level, they have progressed to</p>

		<p>establishing relationships with the Māori community and kaupapa Māori services at Te Whatu Ora Health New Zealand– Waitematā.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Ten care staff interviewed (one registered nurse (RN), eight healthcare assistants (HCAs), and one diversional therapist) described how they provide equitable services to Māori.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori.</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>FA</p>	<p>Oceania has a policy on Māori and Pacific Peoples' Health which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural safe policy that aim is to uphold the cultural principles of all residents. There are staff that identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff. Staff have been introduced to the Fonofale model.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. Resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The CM interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>The BCM confirmed the Pacific Health Plan is developed and in draft format for discussion. Pacific services information is available through He Hara Whakamua booklet and the community links of their Pasifika staff. Code of Rights is accessible in Tongan and Samoan when required. The BCM described how Greenvalley increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with fourteen (eleven care staff, one chef, one maintenance person, one housekeeper), two managers (BCM, CM) and</p>

		<p>documentation reviewed identified that the service provides person-centred care.</p> <p>The regional clinical manager (RCM) was present during interviews with management.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility by involving residents in care planning. Care plans evidence resident focussed goals with interventions to support residents to make choices around all aspects of their lives.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The CM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly residents' meetings. Five residents and three family/whānau (two from the dementia unit and one from the rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the Spirituality policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The prospective owners know and understand the Code and their</p>

		responsibilities as a provider of health and disability services, as evidenced through interview.
<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>The Greenvalley annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple in the facility, who confirmed their privacy is respected. The care plans had documented interventions for staff to follow to support and respect their time together. At the time of the audit, there were no shared rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. A discrimination, coercion, harassment, and financial exploitation policy is being implemented. There are educational resources available on the intranet.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff survey for March 2023 evidence a supportive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The managers stated that the service's philosophy of 'Enabling good lives' is a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>
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<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/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. There were three residents that could not speak English. Healthcare assistants interviewed could explain how they communicate with language cards, google translate and the help of family/whānau.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora- Waitematā specialist services (eg, physiotherapist, district nurse, hospice, dietitian speech language therapist, mental health services for older adults, and pharmacist). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The CM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through regular emails, regular monthly newsletters, and resident and family/whānau meetings. Staff have completed annual education related to communication with residents with speech</p>

		impediments and cognitive disabilities.
<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>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Seven electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place that include the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner (NP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the HCAs and RN confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and understanding responsibilities of EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural</p>

		responsiveness to Māori perspective of health.
<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>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The BCM maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating. There was one complaint logged since the last audit. A HDC complaint logged in April 2022 remains open with no further correspondence received from HDC.</p> <p>The one complaint reviewed included acknowledgement, investigation, follow up and replies to the complainant. The complaint was closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. Family/whānau confirm during interview, the CM and BCM are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
Subsection 2.1: Governance	FA	Greenvalley is part of Oceania Healthcare and is located in Auckland.

<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>Greenvalley provides rest home level and dementia level of care for up to 50 residents. The building consists of two floors, with 43 rooms in the upper floor accommodating 20 dementia level beds and 23 rest home level beds. There are seven rooms on the lower-level (Rosewood unit) accommodating rest home level beds. There were 47 residents at the time of the audit: 29 rest home residents and 18 residents at dementia level of care. All residents were on the aged residential care contract (ARRC).</p> <p>Greenvalley has a business plan (2022-2023) in place, which links to the organisation’s vision, mission, values, and strategic direction. There are clear business goals documented and reviewed at regular intervals.</p> <p>There is a Board of Directors. Oceania Healthcare has a well-established organisational structure, including for clinical governance that is appropriate to the size and complexity of the organisation. The governing body is using expertise from a Māori consultancy firm to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have had access to cultural and te reo Māori training and also had opportunities to upskill in Te Tiriti via other community roles and employment. Board commitment to Te Tiriti is documented as an agenda item in Board papers and regularly reviewed and approved by their Māori representative. The Māori health plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>The executive team oversees the implementation of the business strategy and the day-to-day management of the Oceania Healthcare business. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters, and occupancy. The BCM oversees the implementation of the quality plan. The CM provides regular reporting to the RCM, which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved. The working practices at Greenvalley are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family /whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha, as</p>
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	<p>evidenced through documentation review and interviews. Tāngata whaikaha have meaningful representation through monthly resident meetings, complaints management system and annual satisfaction surveys. The management team reviews the results and provides feedback to identify barriers to care to improve outcomes for all residents.</p> <p>The BCM (non-clinical) has been in the role since October 2021 and has prior management experience in aged care. The BCM is supported by an experienced CM with a post graduate certificate in elder care, who has been in the role since July 2022, and has worked for Oceania healthcare for the last 13 years. The management team is directly supported by a RCM, a national infection prevention and control coordinator and national clinical and quality manager. There is regular reporting to the general manager of clinical care at executive level. The BCM and CM have at the time of the audit completed in excess of eight hours of professional development in the last 12 months.</p> <p>The prospective buyers have non-clinical backgrounds; however, manage other aged care facilities, including a 11-bed dementia unit since 2015. The prospective owners are based in Auckland and also own four other aged care facilities in Auckland. The prospective owners provide management oversight; one director being responsible for oversight of administration, including payroll services, and the other for information technology and property management. With the purchase of two more aged-care facilities, the prospective owners intend to set up a clinical governance group made up of the managers. There are peer support processes between the facilities. A transition plan is documented. An interview with the prospective buyer confirmed their understanding of aged care. They confirmed to have a good understanding of contractual requirements related to the different service levels.</p> <p>The prospective buyer interviewed confirmed there is an established organisational structure, including financial management and there will be no changes to key personnel at site level; and RN full time equivalent and HCAs will remain unchanged. The current BCM will have overall responsibility of the day-to-day operations and the CM will have overall responsibility for clinical management; the proposed settlement date is 16 August 2023. The proposed funder Te Whatu Ora</p>
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		– Waitematā has been informed.
<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>	FA	<p>Greenvalley is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored, and evaluated at meetings. Quality goals include the reduction of falls.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. Meetings taking place with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Critical analysis of organisational practices, benchmarking and data collection occur to ensure health equity analysis.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Oceania Healthcare has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed at least every three years. New policies or changes to a policy are communicated to staff.</p> <p>The management team have an open and transparent decision management process that includes regular staff meetings, newsletters, and residents' meetings. The resident and family/whānau satisfaction survey has been completed in November 2022. High levels of satisfaction were indicated for all areas of service delivery.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meets monthly. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There</p>

	<p>are regular national health and safety meetings. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months. The facility is part of Oceania Healthcare tertiary Accident Compensation Corporation (ACC) accreditation.</p> <p>Electronic reports are completed for each resident incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Opportunities to minimise future risks are identified by the CM in consultation with the staff. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking occurs on a national level against other Oceania facilities and other aged care provider groups. Results are discussed in the staff meetings. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the BCM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 notifications completed since the last audit to notify HealthCERT of a death of a resident and two changes in the CM role. There have been no outbreaks recorded since the last audit and one shingle event was reported to Public Health, as requested by Te Whatu Ora- Waitematā.</p> <p>The prospective provider has an established quality and risk management programme that they plan to implement at Greenvally. It is anticipated this will have minimal impact on Greenvally, as the facility will continue using the same electronic resident management system. There is a three-month transition plan for the implementation of the prospective buyer's own organisational policies, including meeting schedule and internal audit schedule to ensure continuity of the quality and risk management programme. Current NP, physiotherapist and pharmacy contracts will remain. There are no legislative compliance issues that could affect the service.</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>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the BCM is absent, the CM carries out all the required duties under delegated authority. The BCM and CM are on site Monday to Friday. The CM provides on call after hours. There is at least one RN on each day till 6.30pm (they work 10 hours shifts), seven days a week and the number of HCAs are sufficient to meet the roster needs. Absences can be covered by staff working extra hours or an Oceania regional casual pool staff. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>There are medication competent HCAs on morning, afternoons, and nights to perform medication administration duties. There are three HCAs on at night.</p> <p>There is a separate team of housekeepers and kitchen staff to perform non-clinical duties.</p> <p>Oceania healthcare has a comprehensive annual training programme that includes clinical and non- clinical staff study days (four hours for non-clinical and eight hours for clinical) that covers mandatory topic. There is a separate training schedule that includes monthly topics and has been implemented for 2022 and is being implemented for 2023.</p> <p>There are RN study days organised through the Oceania educators to ensure all training requirements are being met. The training schedule for RNs included: wound management; dementia related training; palliative care; diabetes management; falls prevention; infection control; RN preceptorship; antimicrobial usage; and assessment of the deteriorating adult.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff last</p>

	<p>attended cultural awareness training in January 2023. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained. Additional RN specific competencies include, syringe driver, and interRAI assessment competency. Two of three RNs are interRAI trained.</p> <p>There are 35 HCAs employed across the service. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-nine HCAs have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing. All HCAs employed rotate to work in the dementia unit. All but six HCAs have been working more than 18 months in the dementia unit and have completed the relevant dementia standards as per clause E4.5.f of the aged residential service agreement 2022-2023. Six newly employed HCAs are enrolled to complete the dementia standards.</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback in an annual staff survey.</p> <p>The prospective buyer interviewed confirmed to have a policy regarding staff skill mix meeting contractual obligations and rostering around the acuity of residents. The prospective buyer confirms that the current plan for service management (including on call) will remain and that the staff will remain the same with no changes to the management team. The prospective buyer is versed with their responsibilities in respect of the requirements of E4.5f ARRC.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Eight staff files reviewed (CM, three HCAs, two RNs, one housekeeper, one kitchen assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, NPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is implemented. All staff that had been in employment for more than 12 months had an annual appraisal completed, and a three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. There is an employee assistance programme implemented across all Oceania Healthcare sites which is available to all staff.</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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>documented include the name and designation of the service provider.</p> <p>Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. Organisation related documents that are not in use are securely destructed. The BCM is the privacy officer and has to approve request for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Accurate information about the services provided is included in the information pack, and this is explained and discussed with the enquirer as required. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). The enduring power of attorney (EPOA) have consented for admission of residents in the dementia unit and where applicable. Residents were admitted under the appropriate levels of care as assessed by the NASC team. Signed admission agreements and consent forms were available in the records reviewed. Residents, family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Greenvally uses an electronic system "hubspot", to record all enquiries. Residents' information is kept confidential in password protected electronic files. The CM stated that any delay to entry to service will be discussed with the resident or family/ whānau as required. The CM stated that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. Processes are in place for communicating the reason for decline to entry and other options or alternative services information is provided. This was evident in the records seen.</p> <p>The service maintains a record of the enquiries and of those declined entry. The pre-admission information form includes ethnicity data. Routine analysis of entry and decline rates, including specific data for entry and decline rates for Māori, is conducted by the support office at the organisational level. The service has established relationships with</p>

		Māori cultural organisations and communities, and cultural support can be accessed for Māori residents and whānau when required.
<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>Seven residents' files were sampled for review (four rest home, and three dementia level of care). The registered nurses (RNs) are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents and family/whānau where appropriate, with resident's consent. The assessment tools used include consideration of residents' life experiences, cultural needs, values, and beliefs. Initial interRAI assessments were completed within three weeks of an admission and six-monthly reassessments were completed.</p> <p>The Māori health care plan utilised for residents who identify as Māori support kaupapa Māori perspectives to permeate the assessment process. The Māori health plan was developed in consultation with a cultural advisor. The Māori health care plan utilised reflected the partnership and support of residents and family/whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The strategies in place included accessing whānau support or Māori cultural advice from a kaumātua when required. The interviewed staff understood the process to support residents and whānau. Māori healing methodologies, such as karakia, rongoā and spiritual assistance are supported. Māori residents confirmed that they can practice their culture if desired (for example, doing a karakia before residents' meetings). Cultural assessments were completed by staff who have completed cultural safety training.</p> <p>The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents and family/whānau representatives of choice and</p>

	<p>EPOAs for residents in the dementia unit confirmed they were involved in the assessment and care planning processes, as confirmed in interviews with residents, family/whānau and EPOAs. All residents' files sampled had current interRAI assessments completed.</p> <p>The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents in the dementia unit. Triggers were identified, where applicable, and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts.</p> <p>Service integration with other health providers, including medical and allied health professionals, was evident in residents' records reviewed. The contracted podiatrist visits the service six-weekly. Notations were clearly written, informative and relevant. Changes in residents' health were escalated to the NP and referral to specialist services were completed, where required. Evidence of this was available in the residents' files sampled. Referrals sent to specialist services included referrals to the mental health services for older adults, eye specialist and radiology department. In interview, the NP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly. Residents were transferred to acute services for medical emergencies with appropriate documentation.</p> <p>There were two active wounds at the time of the audit and no pressure injuries. Wound management plans were implemented with regular evaluation completed.</p> <p>The contracted NP visits the service once a week and provides after hours on call service when required. Medical assessments were completed by the NP within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed if required, as determined by the resident's needs. Medical records were evident in sampled records.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is led by two qualified diversional therapists. The programme is based on the five ways of wellbeing principles: give, be active, keep learning, connect, and take notice. The activities programme covers seven days a week. At least one activity relevant to a certain principle is booked on daily activities. The weekly activities programme in big print was posted on noticeboards around the facility.</p> <p>Residents' activity needs, interests, abilities, and social requirements were assessed on admission with input from residents, family/whānau and EPOAs. Leisure and diversional therapy plans were developed as part of the long-term care plans. The activities programme is regularly</p>

		<p>reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan review, and when there was a significant change in the resident's ability. This was evident in the records sampled and confirmed in interviews with the activities team, residents and EPOAs for residents in the dementia unit.</p> <p>Individual, group activities and regular events were offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises, van trips, puzzles, quiz, walks, knitting group and birthday celebrations. Cultural events that facilitate opportunities for Māori to participate in te ao Māori include celebration of Matariki and Waitangi days. Māori artwork and words were displayed throughout the facility. Te reo Māori language week was observed. Daily activities attendance records were maintained.</p> <p>Residents were observed participating in a variety of activities on the days of the audit. Residents have access to Wi-Fi. Residents in the rest home were supported to access community events and independent residents were enabled to go out into the community as desired. Interviewed residents, family/whānau and EPOAs confirmed they find the programme satisfactory.</p> <p>Activities for residents in the secure dementia unit are specific to the needs and abilities of the people living with dementia. The residents had free access to the secure garden. Combined activities are provided when external entertainers are invited and residents from the secure dementia unit are escorted to join the activities. The diversional therapist stated that the activities in the secure dementia unit were flexible and can be changed to meet the needs of the residents. Care plans reviewed identified that 24-hour activity plans were completed for residents in the dementia unit.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the size and scope of the service. The medication management policy</p>

<p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. A healthcare assistant was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency. Regular medication management education was completed.</p> <p>Medicines were prescribed by the nurse practitioner (NP). The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicines sampled for review were within current use by dates. Clinical pharmacist input was provided six-monthly and on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication rooms sampled were within the recommended range. Opened eyedrops were dated.</p> <p>The NP and the CM stated that residents, including Māori residents and their family/whānau, are supported to understand their medications when required. The NP stated that when requested by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>There were five residents who were self-administering medicine on the days of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions</p>
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		implemented as required. Medication audits were completed with corrective action plans implemented as required.
<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>	FA	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preference were available in the kitchen folder. The food is prepared on site. The menu follows summer and winter patterns in a four-weekly cycle. The menu was reviewed by a qualified dietitian in March 2023. The food is transported to the dining room in the dementia unit and to the rest home in bain-maries.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries. The current food control plan will expire on 28 March 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ weight was monitored regularly by the clinical staff and any concerns in weight identified were managed appropriately. Additional supplements were provided where required. Culturally specific to te ao Māori food options include hāngi and kumara; the chef stated that additional options were offered as per resident’s request. This was observed on the days of the audit, for example, rice was offered instead of potatoes to meet the cultural needs of some residents. Residents who identify as Māori and their EPOAs were satisfied with the food services. There are snacks available 24/7. Family/whānau are welcome to bring culturally specific food for their relatives.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in</p>

		<p>an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Snacks are provided for residents at all times. Residents expressed satisfaction with meals. This was verified in satisfaction surveys and residents' meetings minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guide staff on transfer, exit and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau and the NP. The CM stated that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the NP or the clinical team. The resident, family/whānau or EPOAs for residents in the dementia unit, were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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-</p>	<p>PA Low</p>	<p>The physical environment supports the independence of people receiving services. Handrails are appropriately placed, and the corridors are wide. Processes are in place to ensure the environment is hazard free, that residents are safe, and independence is promoted. There are comfortable looking lounges for communal gatherings and activities in the rest home area and the dementia unit. The home has</p>

<p>centred and culturally safe for Māori and whānau. 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>adequate space for equipment, individual, and group activities, and quiet spaces that residents and their family/whānau can utilise if required. There are three dining rooms; two in the rest home area and one in the secure dementia unit. Furniture is well maintained. A corrective action has been raised in relation to areas that require renovations in the dementia unit and rest home area (upper floor), and Rosewood unit on the lower floor.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. The external area in the dementia unit is secure. There is safe access to all communal areas. All residents' rooms are single, and 23 are fitted with a handbasin and toilet. Seven rooms in Rosewood unit have full ensuites. All rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for residents. All rooms have external windows to provide natural light and have appropriate ventilation and heating. There are adequate numbers of accessible communal bathroom and toilet facilities throughout the facility. The toilets are conveniently located and are identifiable.</p> <p>There have been renovations made internally, including refurbishment of the main entrance and front door (to ensure safety of residents in wheelchairs and walkers); refurbishments to the kitchen; and courtyard, including landscaping improvements. The BCM confirm that there was family/ whānau consult during design to reflect the aspirations and identity of Māori when required.</p> <p>Interview with the prospective buyer confirmed there are no immediate plans to change the service or to do any significant environmental changes.</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</p>	<p>FA</p>	<p>Fire safety, disaster/emergency management and civil defence plans, policies and procedures were available. Emergency response flip charts described the required staff responses, and these were displayed on noticeboards around the facility. Staff were familiar with these and have been trained and knew what to do in the event of different types of emergencies. A fire evacuation plan in place has</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>been approved by the New Zealand Fire Service. A trial fire evacuation drill was performed last on 24 March 2023. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors and had clear signage. All exit doors are alarmed. The designated assembly area is clearly marked. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continent products, and a gas BBQ. Emergency lighting was available and is regularly tested. All staff have current first aid certificates.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time depending on the season. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The dementia unit is secure.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of the visitors' register.</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</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of Greenvalley business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Oceania Healthcare head office, Public Health, and Te Whatu Ora- Waitematā. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control and</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>staff meetings. The data is also benchmarked with other Oceania facilities. Oceania Healthcare benchmarks with other aged care organisations and presents the results to their facilities. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the senior management team, the NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the Oceania Healthcare Board.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the national infection control coordinator, in consultation with the infection control coordinators. The annual review was completed and documented in December 2022.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Oceania Healthcare head office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Waitematā. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online seminar with Te Whatu Ora- Waitematā. The service has access to a national infection prevention control coordinator from Oceania`s head office.</p> <p>The infection control coordinator (CM) was interviewed, described the pandemic plan, and confirmed the implementation of the plan, proves to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control internal audit</p>

	<p>monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention coordinator and clinical team, works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits. Infection control meetings (sighted) evidence a clear process of involvement from the infection control committee during the recent renovations of the building.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
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<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>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the infection control and staff meetings. Significant events are reported to the Oceania Healthcare executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Greenvally infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed at infection control and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from the local Te Whatu Ora - Waitematā for any community concerns. There have been no Covid-19 outbreaks since the last audit. One single shingles event has been reported to Public Health in early 2023.</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>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site for personal clothing. All other laundry is laundered off site. Linen is delivered every day of the week. There is a housekeeper on duty each day. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The governance group are aware of their responsibilities in respect of restraint elimination. This is outlined in the relevant policy and procedures and was confirmed at interview with the CM. The service provides a restraint-free environment. The CM is the restraint coordinator. Restraint data is benchmarked, and the restraint coordinator described strategies to maintain a restraint-free environment, and is discussed at the six-monthly restraint committee meetings and monthly staff meetings. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p>

		<p>Interviews with the restraint coordinator confirmed that they are aware of working in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Restraint is included as part of the mandatory training plan and orientation programme. Training records evidence all staff have completed restraint training during their orientation and annually.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval. Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required), includes the resident (if competent), GP, restraint coordinator, registered nurse and family/whānau approval.</p> <p>The prospective buyer interviewed is versed with their responsibilities in respect of the restraint minimisation and safe practice. The prospective buyer has a commitment to restraint elimination.</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	<p>The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, and calibrations of weighing scale and clinical equipment. The scale is checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance personnel as required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The facility van has a current warrant of fitness which expires on 19 December 2023. Compliance certificates for fire and evacuation equipment were sighted. There is a current building warrant of fitness with an expiry date of</p>	<p>There were areas that require renovations. These include:</p> <p>(i). Exposed drainage pipes within the wall cavity in the chemical storage room and hairdresser salon.</p> <p>(ii). Rosewood – corridor walls need renovations and door frames in room 2,4,19,17 (upstairs), and sluice room door in dementia unit and nurses' station in dementia unit and dumbwaiter doors need renovation (downstairs).</p>	<p>(i)-(ii) Ensure fixtures and fittings are maintained to ensure safety.</p> <p>90 days</p>

		<p>21 September 2023. Hazards are identified according to the health and safety programme and the hazard management process. Home decorations reflect the culture of the resident group. There is a combination of art, including items which reflect te ao Māori.</p> <p>There were areas that required renovations in Rosewood unit, dementia unit and the dumbwaiter doors downstairs. The BCM stated that renovations of the internal areas, including rooms and corridors, were in progress. The BCM stated due to recent plumbing and water leakage issues, some wall coverings have been removed to repair plumbing. Rooms were renovated as they become available.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.