

Oceania Care Company Limited - The Sands

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: The Sands

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

Dates of audit: Start date: 22 May 2023 End date: 22 May 2023

Proposed changes to current services (if any): The provider at time of audit has requested reconfiguration of a dual purpose one bed care suite to accommodate two beds. This will increase the bed number from 45 to 46 beds. At the time of audit, the provider was in the process of contacting Te Whatu Ora – Waitematā and HealthCert.

Total beds occupied across all premises included in the audit on the first day of the audit: 38



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The Sands Rest Home and Village (The Sands) provides rest home and hospital level care for up to 45 residents. The service is operated by Oceania Healthcare Limited and managed by an acting business and care manager and an acting clinical manager. There were 38 residents in the facility on the day of audit. Residents and families spoke positively about the care provided.

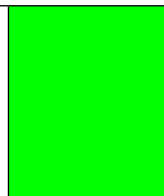
The surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts the service holds with Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā). The audit process included review of policies and procedures, review of residents’ and staff records, observations and interviews with residents, family members, managers, staff and a nurse practitioner.

The provider at time of audit has requested reconfiguration of a dual purpose one bed care suite to accommodate two beds. This will increase the bed number from 45 to 46 beds. At the time of audit, the provider was in the process of contacting Te Whatu Ora – Waitematā and HealthCERT.

There was one area of improvement identified during this audit relating to a non-certified reconfiguration of a care suite prior to an admission.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



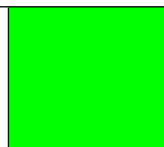
Subsections applicable to this service fully attained.

The needs of tāngata whaikaha are catered for including participation in te ao Māori. The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

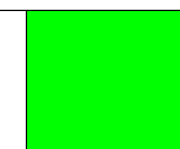
Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at The Sands.

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented as applicable. The service complies with statutory and regulatory reporting obligations.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Residents and whānau interviewed expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications are reviewed by the nurse practitioner (NP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Some subsections applicable to this service partially attained and of low risk.

There is a current building warrant of fitness. Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.


Subsections applicable to this service fully attained.

The service ensures the safety of the people supported and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The acting clinical manager coordinates the programme.

A pandemic plan was in place. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of COVID-19 in July, December 2022, and March 2023 were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were four residents using restraint at the time of audit.

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	20	0	1	0	0	0
Criteria	0	53	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>	FA	<p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a managerial and organisational level.</p> <p>The senior clinical manager for the Auckland region interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. There were no staff that identified as Māori at time of audit.</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</p>	Not Applicable	<p>Corporate managers described plans to work in partnership with Pasifika communities, to develop a Pacific plan and to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Currently there is no specific model of care available for staff to support the care of</p>

<p>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>Pasifika residents. There are no residents and one staff member who identified as Pasifika in the facility on the day of audit. Staff interviewed highlighted the importance of understanding and supporting each other's culture. Residents and family interviewed were happy with the cultural care that was provided.</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>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. The acting clinical manager (ACM), and the senior clinical manager (SCM) reported that residents who identified as Māori will have their mana motuhake recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health plan sighted.</p> <p>Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week.</p> <p>Residents and family/whānau reported that their values, beliefs, and language were respected in the care planning process. The service responds to the needs of the residents including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from</p>	<p>FA</p>	<p>The ACM, SCM, and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Residents expressed that they have not witnessed any abuse or neglect, said they were treated fairly, and they felt safe and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocacy services.</p> <p>A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The ACM and SCM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora Waitematā if required. Residents confirmed that they are provided with information and are involved in the consent/informed choices and decision-making process about their care. Staff reported they are encouraged to refer to the cultural safety policy on tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There have been five complaints in the last 12 months. Documentation sighted showed that complainants had been informed of findings following investigation. All complaints were closed at the time of audit.</p> <p>The senior clinical manager interviewed expressed that they would ensure that the complaints process works equitably for Māori by</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>offering internal and/or external cultural support for the resident and/or whānau and extra time if required. The complaints management system has not been reviewed to ensure this works effectively for Māori.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>In interviews with the senior clinical manager and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people. Training in regard to tāngata whaikaha is yet to be completed.</p> <p>Training records showed that the governance team, BCM and staff have attended training specific to Te Tiriti o Waitangi. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</p> <p>There were 38 residents at the audit opening meeting. The service holds contracts with Te Whatu Ora Waitematā for rest home, hospital, and long-term support - chronic health conditions (LTCH) under the aged related residential care contract (ARRC).</p> <p>Thirteen residents have been assessed as requiring rest home level of care and 25 residents were receiving hospital level care under ARRC. There were no residents admitted under the LTCH contract or as a boarder.</p> <p>The provider is currently in the process of applying for a change in the use of one of its dual-purpose care suites (room one) which currently accommodates one bed to now accommodate two beds. The room was viewed during the onsite audit and is of adequate size and location in the facility to provide accommodation for a couple. On the afternoon of the audit a couple had been admitted into this room (refer to 4.1.1).</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The acting clinical manager is responsible for implementation of the quality and risk system.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meeting/s. Progress against quality outcomes is evaluated and closed out as required.</p> <p>The senior clinical manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There have been six section 31 notification forms completed and sent to HealthCert since the last audit.</p> <p>The staff at The Sands have completed training in Te Tiriti o Waitangi and equity to ensure that the residents that identify as Māori receive appropriate cultural care and support.</p> <p>The Sands has identified external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is still to improve health equity through critical analysis of organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and two staff are medication competent. The registered nurses support an on-call roster. A contracted podiatrist, hairdresser and maintenance team support the service and visit regularly. Bureau staff are not used at this</p>

<p>services.</p>		<p>facility.</p> <p>The regional operations manager is currently overseeing the business care manager's responsibilities. On the day of audit, it was the acting clinical manager's first day in their role with the prior clinical manager moving into the role of senior clinical manager for the Auckland region.</p> <p>In reviewing the roster, no shifts are left uncovered. The facility is currently recruiting for health care staff.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed. Three RNs and the acting clinical manager are interRAI trained. All RNs and senior HCAs have completed first aid training and are medication competent.</p> <p>The change in use of the room referred to in sub-section 2.1 will involve the provision of the same type of care and services as those currently provided. The senior clinical manager reported that the current ratio of staff members will support the care of all residents if the service was to increase the bed number from 45 to 46.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The senior clinical manager interviewed confirmed that they have an open-door policy. 'Toolbox talks' and staff bulletin information provides information for staff around physical, mental and environmental wellbeing and the importance of being fit for work. Information has also been provided regarding bullying in the workplace, winter wellness, hazards, personal boundaries, accidents, health and safety, the flu vaccine and how best to keep yourself well. Staff have access to the employee assistant programme (EAP) and contact details were provided on the staff information board.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of 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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals. There were job descriptions available. Records of professional qualifications were on file and annual</p>

<p>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>practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised and additional time is provided as required.</p> <p>Ethnicity data is recorded and used in line with health information standards. All staff information held on record is relevant, secure and confidential.</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>	FA	<p>The service's admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were no Māori residents at the time of the audit. The ACM and SCM reported that ethnicity is collected and routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations through Te Whatu Ora Waitematā. The ACM and SCM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, and cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and NP</p>

	<p>involvement are encouraged in the plan of care, and this was further confirmed in interviews conducted.</p> <p>The NP completes the residents' medical admission within the required time frames and conducts medical reviews promptly, and this was confirmed in interview with the NP. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six monthly. Sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process, and added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the senior registered nurse or ACM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support them to identify their own pae ora outcomes in their care and to support wellbeing. The Māori health care plan was developed in consultation with a cultural advisor. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were no residents who identify</p>
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		as Māori at the time of the audit.
<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>	FA	<p>The SCM reported that service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau when required. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, ANZAC holidays, Māori Language Week, and local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections were suitable for the residents. Staff reported that opportunities for Māori and whānau to participate in te ao Māori will be facilitated. Van trips occurred twice a week except under COVID-19 national restrictions. Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p> <p>The service has appropriate staffing, activities and equipment in place if the service was to increase the bed numbers from 45 to 46.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. There is a medication management policy in place. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The NP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p>

		<p>Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse (RN) was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines those residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the registered nurses.</p> <p>The service has appropriate medication services, consumables, secure storage and equipment if the service was to increase the bed numbers from 45 to 46.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The executive chef stated that culturally specific menu options were available and will be offered to Māori and Pasifika residents when required. These included ‘boil ups’ and ‘Island’ food. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</p> <p>The service has appropriate staffing, seating and equipment in place if</p>

wellbeing.		the service was to increase the bed numbers from 45 to 46.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A standard transfer notification form from Te Whatu Ora Waitematā, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>There was a current building warrant of fitness with an expiry date of 2 October 2023. This was displayed at the entrance to the facility. Tagging and testing of equipment was last completed in February 2023.</p> <p>The Sands is licensed for 45 beds. All but one care suite is licensed as a single dual purpose care suite. Room 24 has the option of a secondary bed. This room is currently being used as a single bed care suite. Each care suite has a kitchenette, ensuite and ceiling hoist. Several of the care suites have separate bedrooms to the lounge.</p> <p>On the day of the audit, Care suite room one was fit for purpose. The care suite had a double call bell in both the lounge and bedroom and sufficient lighting. The care suite is located not far from the nurse's station. The care suite has a main lounge including a kitchenette, separate bedroom, ensuite and ceiling hoist in the bedroom. The bedroom can accommodate furniture and equipment as well as two beds, all the while enabling safe manoeuvring if required. The provider did not have an agreement for the reconfiguration of this care suite with Te Whatu Ora – Waitematā and HealthCert.</p> <p>The senior clinical manager for the Auckland region confirmed in an</p>

		interview that they would consult with local iwi if a decision was made to make any changes to the current building.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed on 21 February 2023. The fire evacuation plan was approved by the New Zealand Fire Service on 4 June 2019.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during afternoon and night duties, with rounds occurring regularly. Cameras monitor the main entrances of the facility, and camera signage is clearly visible.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic plan is in place and is reviewed at regular intervals. There were infection outbreaks of COVID-19 in July and December 2022, and March 2023. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</p> <p>The service has an appropriate infection control co-ordinator in place</p>

		with training and skills. The facility has enough PPE consumables if the service was to increase the bed numbers from 45 to 46.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. The ACM reported that the NP is informed promptly when a resident has an infection. Appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff and management respectively.</p> <p>The surveillance interventions and plans in place are able to support the service if it was to increase the bed numbers from 45 to 46.</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>	FA	<p>Restraint policy and procedures meet the requirements of the standards and are aimed at the ongoing reduction and elimination of restraint. They have been reviewed and signed off by the governance board. Oceania's ultimate goal is zero restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The organisation restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed throughout the organisation.</p>

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 provider is currently in the process of applying for a change in the use of one of its dual-purpose care suites (room one) which currently accommodates one bed to now accommodate two beds. The room was viewed during the onsite audit and is fit for purpose. The care suite is of adequate size and location in the facility to provide accommodation for a couple. The care suite had a double call bell in both the lounge and bedroom and sufficient lighting. On the afternoon of the audit a couple had been admitted into this room.</p>	<p>Two residents were admitted to care suite that was only certified to support one resident.</p>	<p>Ensure that the provider has gained an agreement for this reconfiguration by the regulator and funder prior to admission.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.