

Oceania Care Company Limited - Woodlands Rest Home and Village

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:	Woodlands Rest Home and Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 May 2023 End date: 17 May 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:	51

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

Woodlands Rest Home and Hospital is part of Oceania Healthcare Limited. Oceania has had a change of general manager nursing and clinical strategy since the last audit and there have been no changes to senior staff at Woodlands. The facility can provide services for up to 57 residents requiring rest home or hospital levels of care. There were 51 residents in the facility on the day of the audit.

This surveillance audit process 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 Nelson Marlborough. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

Strengths of the service included the commitment of staff to providing quality care to their residents, and their team approach. Improvements are required to pro re nata medications, infection surveillance activity data and general practitioners’ records, which was a corrective action from the previous audit. Improvements have been made to their completion of assessments and re-assessments, and care plans reflecting residents’ requirements; these address areas required from their previous audit. The Building Code of Compliance was an issue at the last audit, and they now have a current building warrant of fitness.

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.

Oceania has a Māori health policy in place, which is being worked on to incorporate Pacific people. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Woodlands works collaboratively to support and encourage a Māori world view of health in service delivery.

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

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

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

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed whenever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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 Woodlands. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. 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. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

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

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

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.		Some subsections applicable to this service partially attained and of low risk.
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The entry to service process is efficiently managed. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents and their family/whānau, where applicable.

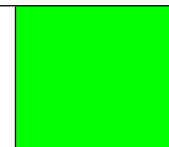
Medicines are administered by staff who are competent to do so. The organisation uses an electronic medication management system. The general practitioners (GPs) are responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines.

The food service meets the nutritional needs of the residents with special cultural needs catered for, including foods relevant to te ao Māori. Food is safely managed. Residents verified satisfaction with meals.

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

Te aro ki te tangata me te taiao 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.



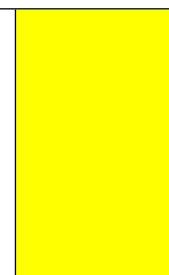
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. 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.



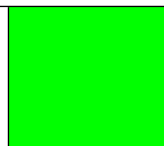
Some subsections applicable to this service partially attained and of low risk.

The service ensures the safety of residents and staff through a planned infection prevention (IP) programme. The infection prevention programme is coordinated by a suitably qualified nurse. An outbreak management plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan. Staff, residents and family/whānau were familiar with the outbreak management plan.

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

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.

The service is a restraint free environment. This is supported by the governing body, policies and procedures. There were no residents using restraint at the time of audit.

Comprehensive processes are in place should restraint be required. Staff interviewed demonstrated a sound knowledge and understanding of a restraint free service.

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	18	0	3	0	0	0
Criteria	0	56	0	3	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>Oceania Healthcare Limited (Oceania) has a policy on the Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori and Pacific people as residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>There were no Māori residents present during the audit.</p> <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. Woodlands spoke of having had a staff member who identified as Māori and they are employing a new staff member who identified as Māori and is commencing shortly. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	Not	Oceania has a Māori health plan 2022-2025, and within this there is a

<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>Applicable</p>	<p>Māori and Pacific people’s health policy, which is in draft and work is underway to include Pacific people’s models of health within the document.</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>There were no residents who identified as Māori at the time of the audit. The service recognises Māori mana motuhake by involving residents’ family/whānau or legal representatives in the assessment and care planning process to ensure their wishes and cultural needs are identified, when required.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Te reo Māori and tikanga Māori were actively promoted in the service and incorporated through the activities programme. Oceania staff orientation and training includes Te Tiriti o Waitangi. Staff spoken with confirmed this and spoke of treating residents with respect and of meeting any cultural requirements.</p> <p>Tāngata whaikaha needs are responded to as assessed, and their participation in te ao Māori is enabled using Te Whare Tapa Whā model of care for residents who identify as Māori, when required.</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>FA</p>	<p>Systems in place to safeguard residents against institutional and systemic racism include the complaints process, residents’ meetings and family/whānau meetings held regularly. The interviewed residents and family/whānau confirmed that residents are treated fairly and opportunities to discuss any concerns were provided by the</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>management team when required.</p> <p>Te Whare Tapa Whā model of care is used to ensure wellbeing outcomes for residents who identify as Māori, when required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Staff were observed to seek consent from residents during service delivery. Informed consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents and their legal representatives, where applicable. Staff understood tikanga best practice in relation to consent. Residents and their family/whānau confirmed they were provided with information and were involved in making decisions about their care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable policy and process are in place to receive and resolve complaints for residents and whānau, including Māori, that leads to improvements. This meets the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There were 10 complaints lodged on the electronic register in the last year and a sample showed that these met the requirements of the Code and that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori</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>and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Throughout Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery including for tāngata whaikaha. The needs of young people with disabilities is reflected in organisational documents, most recently with the release of a ‘Person with a Disability’ policy in September 2022.</p> <p>Woodlands collects ethnicity data from staff and residents and this is available to governance and the senior leadership team.</p> <p>Woodlands holds age related residential care agreement (ARRC) contracts with Te Whatu Ora Nelson Marlborough, for the provision of rest home and hospital services, including respite care, and long-term support for chronic conditions. Additionally, a contract is held with the Ministry of Health for young persons with a disability. Oceania holds a national contract with the Accident Compensation Corporation (ACC) for respite care. There were 17 residents receiving hospital level care, including one under the Ministry for young persons with a disability and one under ACC for respite care. The rest (34), were receiving rest home level care.</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>Woodlands uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Monthly reporting includes clinical key performance indicators which are evaluated, and benchmarking with other Oceania facilities. Quality data is communicated, discussed and analysed and would identify any inequities. This was confirmed by records sighted and by staff at</p>

		<p>interview.</p> <p>The business care manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies and ongoing review occurring.</p> <p>The business care manager understood and has complied with essential notification reporting requirements. The clinical manager spoke of undertaking reporting to the Ministry related to registered nurse shortfalls and reporting of a COVID-19 outbreak.</p> <p>Managers and staff are given continuing training related to cultural competency to allow them to provide a high level of care to Māori residents, when they are present.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The clinical manager spoke of how they have had a difficult time recruiting staff but that this has improved. The business care manager spoke of the budgeting process and how they have the ability to increase staff should the acuity or number of residents increase. Healthcare staff (HCS) 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 there is a RN on duty each shift within the hospital.</p> <p>There is an Oceania continuing education plan which is updated annually and includes mandatory training. Related competencies are assessed, they support equitable service delivery, and are reviewed for completeness as part of the staff's annual appraisal. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Nelson Marlborough. Figures were provided which showed that out of all the HCS staff, 18 HCS were new staff, still to be enrolled or staff who are undertaking other qualifications such as nursing students, or were long standing staff who did not wish to undertake training. Other HCS included one at level</p>

		<p>two, four at level three and ten at level four.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</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 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>	FA	<p>Professional qualifications are validated as part of the employment process and annual practising certificates were current for all health professionals employed or contracted to work at Woodlands. Records of ongoing training are kept and are checked as part of the annual appraisal process.</p> <p>All staff undertake an orientation process, and this was confirmed in a sample of staff files and confirmed by the clinical manager.</p> <p>Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements. Staff and residents files are kept safe and in line with HISO.</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>A record of entry to service enquiries, admissions and those declined entry were maintained. The service collects ethnicity data on entry to services, and this included entry and decline rates for Māori. Routine analyses of entry and decline rates including specific rates for Māori was completed through the support office.</p> <p>Māori cultural support can be accessed when required. Partnership with Māori organisations and communities were established to benefit Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	PA Low	<p>The registered nurses (RNs) complete nursing admission assessments, care planning and care plan evaluation. The service uses assessment</p>

<p>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>		<p>tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Te Whare Tapa Whā model of care utilised for residents who identify as Māori, when applicable, ensures tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora. Barriers that prevent tāngata whaikaha and whānau from independently accessing information were acknowledged in the Māori health plan and strategies to manage these were documented.</p> <p>The care plans were developed using a range of clinical assessments, including interRAI, referral information, and the needs assessment and service coordination assessments (NASC). Residents and family/whānau representatives of choice were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/ whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Family/whānau goals and aspirations identified were addressed in the care plan. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for any behaviours of concern identified. Neurological observations were completed following unwitnessed falls. The previous area for improvement related to criterion 1.3.3.3 mapped to criterion 3.2.3 which related to documenting of neurological observations, has been resolved.</p> <p>The care plans evidenced service integration with other health providers including activity notes, and medical and allied health professionals. Notations were clearly written, informative and relevant. Changes in residents' health were escalated to the general practitioners (GPs). Records of referrals made to the GPs when a resident's needs changed, and to relevant specialist services as indicated were evident in the residents' files sampled. In interview, the GP confirmed</p>
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		<p>satisfaction with communication from the nursing team and the care provided to residents.</p> <p>Routine medical reviews were completed by the GPs and included members of the multidisciplinary team. Some medical consultation notes were not verified in the residents' records sampled for review. The previous area for improvement related to criterion 1.3.3.3 mapped to 3.2.5 which related to evidence of documentation by the GPs following residents' reviews remains open. There is a contracted physiotherapist who visits the service once a week. Referrals to the physiotherapist were completed where required and these were in the residents' records sampled for review.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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 activities on the programme support community initiatives that meet the health needs and aspirations of Māori and whānau, when required. Waitangi Day and Matariki Day were celebrated with poi dance and kapahaka performances by the local school children. Māori Language Week was celebrated with te reo Māori words for different colours practised to promote te reo Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori</p>	PA Low	<p>An electronic medicine management system was observed on the day of audit. A system was in place for returning expired or unwanted medicine to the contracted pharmacy. The medicine refrigerator temperatures and medicine room temperatures were monitored daily.</p>

<p>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>Medicines were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders were used as per organisational policy. Self-administration of medicine was facilitated and managed safely. Residents and their family/whānau, were supported to understand their medications, when required.</p> <p>The interviewed staff demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. Documentation regarding effectiveness of pro re nata (PRN) medicines administered was not consistently completed. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Over-the-counter medicines were documented on the medicine charts where applicable. The GP stated that support for use of traditional Māori medicine will be accessed when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian in March 2023. Recommendations made at that time have been implemented.</p> <p>Residents' diet requirements are assessed on admission to the service. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori when required.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident</p>

		meeting minutes.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and their family/whānau or legal representatives where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evident in residents' transfer records reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There are appropriate systems in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, and that they meet legislative requirements. There is a maintenance person who undertakes proactive maintenance and checks, such as hot water at tap, as per an Oceania templated schedule. They also oversee contractors who come on site to undertake checks. There was evidence of all equipment including biomedical being calibrated and maintained. The monthly fire egress and signage checks for the building warrant of fitness (BWoF) are being undertaken and the present BWoF expires on 31 March 2024.</p> <p>The Oceania Māori health plan documents the organisation's commitment to consult and work with Māori, in co-design of the facility environment.</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</p>	FA	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 19 September 2022, following the completion of the new care suites. Six-monthly fire drills are occurring although some were deferred due to Covid 19 outbreaks, with the last two (April 2023 and</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>September 2022) having no areas of concern raised.</p> <p>Appropriate security arrangements are in place. External doors are locked by staff in the evenings. An external security company patrols the exterior at night and would report any issues. Staff are given training related to security and stated they felt safe within the facility.</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 outbreak management plan in place was last reviewed in July 2022. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were available. The IP resources were readily accessible to support the outbreak management plan.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti o Waitangi were included in the infection prevention and control policies. Cultural advice can be accessed where required. Educational resources in te reo Māori were available and the clinical manager stated that these can be provided to Māori accessing services when required. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>PA Low</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and was defined in the IP programme. COVID-19 infection outbreaks reported since the previous audit were managed effectively. HAIs were communicated to residents and family/whānau in a culturally safe manner. The interviewed residents and family/whānau expressed satisfaction with communication provided. Infection surveillance data did not include ethnicity information.</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</p>	<p>FA</p>	<p>Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities,</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>including Woodlands, is provided to the board annually. The national clinical governance group receive data on restraint use. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Woodlands for some time. The clinical manager confirmed that there are policies and procedures in place should the staff require to initiate restraint for a resident.</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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	Residents’ care was evaluated on each shift and reported in the progress notes by the care staff. Changes noted were escalated to the RNs, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated. Progress towards the achievement of agreed goals and aspirations was evident in six-monthly care reviews with residents and family/whānau. The GPs completed routine medical reviews three monthly. However, the consultation notes were not readily available in three out of five files reviewed. One of the missing GP consultation notes was provided from the GP practice after the clinical manager followed up with the GP	The documentation describing the care the resident requires was not consistent with meeting the resident’s assessed needs.	<p>Provide evidence that every resident’s file has GP consultation notes verifying the visit, their assessment and their orders.</p> <p>180 days</p>

assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		practice on the day of the audit.		
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	The medication management policy was current, and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly medication reviews by the GPs were recorded. Allergies and sensitivities were documented on the medicine charts where applicable. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these. Effectiveness of PRN medicines administered was not completed consistently. An internal medicine administration audit completed identified the same shortfall and corrective actions were implemented. However, there has been no significant improvement yet.	Effectiveness of administered PRN medicine was not being consistently documented in six out of twelve medicine charts sampled for review.	Further work is required to ensure consistent evaluation of the effectiveness of the administered PRN medicine. 180 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised	PA Low	Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and action plans were implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions were used. Ethnicity	Infection surveillance did not include ethnicity data.	Ensure ethnicity is included in infection data to meet the criterion requirements.

surveillance definitions. Surveillance includes ethnicity data.		data was not recorded in surveillance data.		180 days
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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.