

Oceania Care Company Limited - Green Gables

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: Green Gables

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

Dates of audit: Start date: 18 May 2023 End date: 18 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: 33

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

Green Gables Rest Home and Hospital is part of Oceania Healthcare Limited (Oceania) and opened in August 2020. The facility can provide services for up to 61 residents requiring rest home or hospital levels of care in their care suites.

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 (Te Whatu Ora 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.

Oceania has had a change of general manager nursing and clinical strategy since the last audit. Green Gables has seen a high turnover of staff in the last year, estimated to be about 50 percent. This includes the business care manager, who started in January 2023 and the clinical manager, who started in November 2022.

Improvements required relate to:

- External reporting requirements
- Records of training and competencies of staff

- Orientation records
- Evaluation of care
- Infection control surveillance

Improvements have been made following the last audit to signage of security ‘cameras in operation’ within the facility and management of the supplies in the civil defence cabinet.

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 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. Green Gables business care manager identifies as Māori, and the managers and staff work collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Oceania actively recruits Māori and Pasifika into its service, where it is able. Green Gables has a culturally diverse staff with staff identifying as Māori and Pasifika.

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. Residents are protected from abuse.

Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

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

Quality and risk management systems are in place and 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. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked with 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. Oceania has an education and competency programme for all its facilities. 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

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

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

The planned activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and family/whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicines are administered by staff who are competent to do so. 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

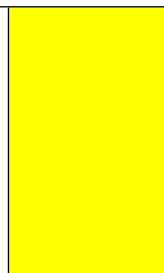
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service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

Green Gables is a modern facility which meets the needs of residents and staff. It was clean and maintained. There was a current building warrant of fitness. Electrical and biomedical equipment have been checked and calibrated as required. Internal and external areas are accessible and safe with shade available in external areas with seating to 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.



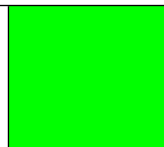
Some subsections applicable to this service partially attained and of low risk.

The outbreak management plan in place was regularly reviewed. Sufficient infection prevention resources, including personal protective equipment (PPE), were available and readily accessible to support the plan.

Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively. Identified infections are communicated to family/whānau or legal representatives in a culturally safe manner.

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.

Oceania have a restraint elimination strategy supported by the board. Green Gables management and staff aim for a restraint free environment. Restraint use is supported by policies and procedures. There were two 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	16	0	4	1	0	0
Criteria	0	53	0	4	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a 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 residents identifying as Māori living in the facility at the time of 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. There are three staff who identify as Māori. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p>
		<p>Oceania has a Māori Health Plan 2022-2025, and within this there is a</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	NA	<p>Māori and Pacific people’s health policy, which was reported as being in draft form and work is underway to include Pacific people’s models of health within the document. There were two staff at Green Gables who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers’ Rights (the Code) was available and displayed in English and te reo Māori throughout the facility. Mana motuhake was recognised and evident in practice. Residents were involved in the assessment and care planning processes, to ensure their wishes are identified. There were no residents who identified as Māori at the time of the audit.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Oceania orientation and training includes Te Tiriti o Waitangi. Staff spoken with confirmed this and spoke of treating residents with respect and meeting any cultural requirements.</p> <p>Te reo Māori and tikanga Māori were actively promoted in the service and incorporated through all their activities. Information in te reo Māori was posted on the notice boards around the service to promote staff and residents’ awareness.</p> <p>Tāngata whaikaha needs were responded to as assessed. Participation in te ao Māori for residents who identify as Māori is enabled using Te Whare Tapa Whā model of care when required.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Systems in place to safeguard residents against institutional and systemic racism include the complaints process, residents and family/whānau meetings held regularly, and annual satisfaction surveys. The interviewed family/whānau confirmed that residents are treated fairly and opportunities to discuss any concerns were provided by the clinical manager when required.</p> <p>Te Whare Tapa Whā model of care was 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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff were observed to seek consent from residents at the time of the audit. Informed consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents, family/whānau and residents' legal representatives, where applicable. Staff understood tikanga best practice in relation to consent. Residents and family/whānau confirmed that they were provided with information and were involved in making decisions about the care or residents' 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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Oceania has a complaints policy and process which describes a fair, transparent, and equitable system, including for Māori. This details who is to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Staff, residents and whānau understood the complaint process and knew how to give feedback.</p> <p>There were few complaints documented in the electronic complaints management system, with five having been recorded since March 2021; one in 2022 and one in 2023. Review of these showed that complainants had been informed of findings following investigation.</p>

		There have been no complaints received from external sources since the previous audit.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori 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. The corporate team have worked with the Oceania facilities at addressing barriers to equitable service delivery including for tāngata whaikaha.</p> <p>Green Gables collects ethnicity data from staff and residents, and this is available to governance and the senior leadership team.</p> <p>Green Gables has 61 care suites and holds an age-related residential care agreement (ARRC) contract with Te Whatu Ora Nelson Marlborough, for the provision of rest home and hospital services, including respite care. Oceania has a national contract with the Accident Compensation Corporation (ACC), for respite care. Of the 33 residents, 15 residents were receiving hospital level care, five of whom were under the respite contracts (three with Te Whatu Ora Nelson Marlborough and two with ACC). The remaining 18 residents 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</p>	PA Low	<p>Green Gables uses Oceania’s range of documents that contribute to quality and risk management and their processes reflected the principles of quality improvement. These included a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Monthly reporting includes clinical key performance indicators which are evaluated and benchmarking with other Oceania facilities. Quality</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>data is communicated, discussed and analysed and would identify any inequities. This was confirmed by records sighted and by staff at 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 with ongoing review occurring. This was confirmed in their electronic register.</p> <p>The business care manager and clinical manager had limited knowledge of the requirements to report to external bodies. They are supported by Oceania to undertake reporting, however there was a pressure injury which should have been reported to the Ministry and this did not occur. This is an area for improvement.</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.</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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager spoke of how they have had a difficult time, with a large number of staff leaving at the beginning of the year. They have been recruiting staff ever since and have managed to recruit sufficient staff to fill their roster requirements. They still experience difficulties when staff phone in sick at short notice. Staff, including the clinical manager, have taken up extra duties, extended and split duty hours and the facility uses agency staff to fill duties. Healthcare staff (HCS) confirmed this situation, but stated they have adequate staff to complete the work allocated to them. Residents and whānau interviewed stated that they had noted low staff numbers, but this had improved lately. There is always a RN on duty within the hospital who holds a current first aid certificate.</p> <p>There is an annual Oceania continuing education plan which includes mandatory training. Related competencies are to be assessed and support equitable service delivery. The clinical manager has not been able to prioritise training requirements including competencies due to</p>

		<p>the lack of staff. They have yet to plan the ongoing education for staff. These are areas for improvement.</p> <p>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 there were 40 HCS. Nine have a NZQA qualification at level four, 10 have level two and 13 have level zero. Nine staff have commenced in the last three months; some have prior learning, such as undertaking nursing training. Staff reported feeling well supported 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>	<p>PA Low</p>	<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 Green Gables.</p> <p>All staff are to undertake an Oceania orientation process and orientation workbooks are available. The clinical manager was able to provide evidence that this has commenced for staff recently. Several staff came from another Oceania facility which closed, but access to their orientation records were not available. There was an exception to this, with the recording of staff undertaking the health and safety orientation recorded by the administration staff. This is an area for improvement.</p> <p>Ethnicity data is recorded, and staff files are kept safe and in line with health information standards.</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</p>	<p>FA</p>	<p>Entry to service is managed efficiently using an electronic information management system. Residents' ethnicity was included on the admission details collected. Routine analysis of entry and decline rates, including specific rates for Māori, was completed through the organisation's support office. The service has developed partnerships with Māori communities and organisations to benefit Māori residents and whānau. Green Gables management team can access cultural support when required.</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>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>	<p>PA Low</p>	<p>The registered nurses (RNs) complete nursing admission assessments, care planning and care plan evaluation. The service uses assessment 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 where 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, and strategies to manage these were documented. Examples of these included accessing cultural support and inclusion of family/whānau where applicable.</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 or residents' legal representatives 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 and care planning 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 resident's 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</p>

		<p>of concern identified.</p> <p>The care plans evidenced service integration with other health providers including activity notes, and medical and allied health professionals. Progress notes and consultation notes 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 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. The contracted physiotherapist 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. However, care plan evaluations sampled did not include the degree of progress towards the achievement of all agreed goals and aspirations as well as family/whānau 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>	<p>FA</p>	<p>Opportunities for Māori residents to participate in te ao Māori included celebration of Waitangi Day, Matariki and kapa haka performances by local school children. Other activities on the programme included poi making and learning names of different birds in te reo Māori. Family/whānau were welcome to visit residents within the service.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Allergies and sensitivities were documented on the medication chart, where applicable. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>Expired or unwanted medicines were returned to the contracted pharmacy in a timely manner. The medicine refrigerator temperatures were checked daily, and medicine room temperatures were monitored weekly. 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. Weekly and six-monthly stock checks and accurate entries were evident in the controlled drugs register.</p> <p>Standing orders were not used. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their family/whānau, were supported to understand their medicine.</p> <p>The staff observed administering medicine 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 had current medication administration competencies. These were evident in staff files. All requirements for pro nata (PRN) medicines were completed appropriately. Medication was supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medicine reviews and changes were discussed with them. Over-the-counter medicine and supplements were documented on the medicine charts where required. The GP stated that support can be accessed for use of traditional Māori medicine, when</p>

		required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>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>The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their family/whānau have menu options that are culturally specific to te ao Māori per request.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident meeting minutes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer and discharge from the service was planned and managed safely with coordination between services and in collaboration with the residents and 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 and discharge 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>	FA	<p>There were 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 any maintenance required and he also engages external contractors where required. They spoke of the annual test and tagging of electrical equipment and provided evidence</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>of ongoing regular checks on systems, such as hot water testing at the tap throughout the facility. The monthly fire signage checks for the building warrant of fitness (BWoF) were being undertaken and the present BWoF expires in March 2024; this was available at the reception desk.</p> <p>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 emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan was approved by the New Zealand Fire and Emergency Service on 26 September 2020. Six-monthly fire evacuation drills are being held (May and November 2022). No recommendations were made on these drills. The next one is due and planned for the end of May 2023.</p> <p>Areas for improvement identified at the last audit related to there being no signage to inform people that security cameras were in place. This has been addressed with a sign at the entrance to the building. There was also no checking and updating of stores in the civil defence cabinet. The maintenance person spoke of the two cabinets being reviewed and stores replaced and that this is to be undertaken on a regular basis. (HDSS 8134:2008 – criterion 4.7.1).</p> <p>Security systems are in place for the safety of staff and residents. This includes the automatic locking of doors into the facility, staff checking residents' windows and doors and the services of a contracted security company who patrol the grounds at night.</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</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 outbreak management resources were readily available to support the plan.</p> <p>Cultural advice can be accessed where appropriate, for the protection of culturally safe practice in IP. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>about infection prevention in a manner that meets their needs. Educational resources in te reo Māori were available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>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 restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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, including Green Gables, is provided to the board annually. The national clinical governance group receive data on restraints in use via the clinical manager's monthly clinical indicator reports, which include ethnicity data. At the time of audit, there were two residents using a restraint. The clinical manager was able to show that the staff follow the Oceania policies and procedures for these residents.</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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	<p>Both facility managers are new to their positions. The business care manager has had experience in the health industry but not aged care. The clinical manager has had experience in the health industry but not aged care. They had a limited knowledge of their statutory and regulatory obligations for essential notification reporting. They are supported by the electronic incident management system which has a list of essential notifications and have support from national office in reporting externally. However, there was a resident who had a level four pressure injury, and national office had not been specifically alerted to this. It had been recorded in the clinical manager’s monthly key performance indicators but</p>	<p>There are new managers at Green Gables, who have limited knowledge of the external notification requirements. However, there was evidence that one resident had a stage four pressure injury which was not reported to the Ministry.</p>	<p>The managers are given training on the requirements of their statutory and regulatory obligation in relation to essential notifications and on the processes used by Oceania related reporting these.</p> <p>180 days</p>

		was not reported to the Ministry.		
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Moderate</p>	<p>Oceania mandatory training requirements have been determined along with role-specific competencies. However, documented evidence that staff had completed these were not available during audit. There were a number of staff who have come from another Oceania facility which closed, but access to their training records were not available not verify their training.</p> <p>Staff interviewed stated they have undertaken training at the facility which had closed down.</p> <p>There is good engagement with the NZQA qualification by HCS and residents and whanau were happy with the care they received.</p> <p>The clinical indicators do not show areas of concern related to staff competencies.</p>	<p>Oceania mandatory training requirements have been determined along with role-specific competencies. However, evidence that staff had completed these were not available during audit. The clinical manager is new to the role and is working on the documentation related to this.</p>	<p>A process be put in place to support the clinical manager to identify the training, including competencies staff have completed to date.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>The clinical manager is aware of the need to plan and facilitate ongoing learning and development of staff. They are being supported by another clinical manager to identify a process to move forward. This has yet to commence.</p> <p>Staff interviewed indicated that they were moving from one NZQA level to another and felt supported to do additional training.</p>	<p>There was no training plan or records of training completed by staff available during the audit.</p>	<p>A plan is formulated and commenced to ensure the Oceania mandatory training and competencies are met.</p> <p>90 days</p>

<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>There was no way to verify that all staff have completed orientation, except for the health and safety workbooks which are being recorded by administration staff on a spreadsheet. The clinical nurse manager had approximately eight orientation workbooks she was completing with new staff and these were be scanned into the electronic system. The manager was being thorough in ensuring that the workbooks were completed and returning them to staff if there were issues.</p>	<p>The records of completed orientation were not available, with the exception of health and safety induction. Staff who commenced in recent months, have their workbooks to be completed which the clinical nurse manager is reviewing.</p>	<p>All staff complete the required orientation, and this is recorded in a manner that can be evidenced by managers.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and</p>	<p>PA Low</p>	<p>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 confirmed 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. The electronic system allows for comment on the currency of the goals, not whether the goals have been achieved or not. As a result, evaluation of the progress towards the achievement of residents' agreed goals and aspirations did not cover all agreed goals of care. The six-monthly care plan review with residents and family/whānau template had three specific areas that show evaluation of</p>	<p>Four out of five care plan evaluations sampled did not include the degree of progress towards the achievement of all agreed goals and aspirations as well as family/whānau goals and aspirations.</p>	<p>Ensure evaluation of care evidences the degree of progress towards the achievement of all resident's agreed goals and aspirations as well as family/whānau goals and aspirations to meet the criterion requirements.</p> <p>180 days</p>

<p>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.</p>		<p>goals but does not cover all the goals of care agreed on the care plan.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p>		
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>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 data was not recorded in surveillance data.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure ethnicity is included in infection surveillance data to meet the criterion requirements.</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.