

Oceania Care Company Limited - The Bellevue

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: The Bellevue

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

Dates of audit: Start date: 27 July 2023 End date: 27 July 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: 42

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

The Bellevue is part of Oceania Healthcare Limited (Oceania). The care facility has 71 rooms and can provide services for up to 94 residents requiring rest home or hospital levels of care. On the day of audit, 42 residents were being supported in the facility. There have been no significant changes to the service or the building since the previous audit in 2022, except for a change in the business and care manager and the clinical manager roles.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha). It included a review of procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, staff, and a nurse practitioner. Residents and whānau were complimentary about the care provided.

Five areas that required improvement were identified during this audit, relating to the completeness and accuracy of staff records, identification of resident needs, evaluation of resident goals, and infections surveillance ethnicity data.

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 and Pacific people's health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Oceania works collaboratively to support and encourage a Māori world view of health in service delivery. The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce. This is embedded in policy and Oceania actively recruits Māori and Pasifika into its service where it is able.

The Bellevue works collaboratively to support and encourage a Māori world view of health in service delivery. Processes are in place to ensure Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

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 feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Concerns and complaints are recorded and addressed in accordance with the Code of Health and Disability Services Consumers' Rights.

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 low risk.
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Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at The Bellevue. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and Pacific people.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring with regular reviews and audits completed 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 and managed using current good practice. An education/training programme is in place. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential residents and their family/whānau. When people enter the service a person-centred and whānau-centred approach is adopted.

The multidisciplinary team, including a registered nurse and nurse practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files


reviewed demonstrated that the care provided and needs of residents are reviewed. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities. The programme enables residents to maintain their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

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

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.
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The facility is modern, clean and well maintained, and meets the needs of residents. There is a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required.

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. 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 governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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 Bellevue aims to provide a restraint free environment. This is supported by the governing body and the organisation's policies and procedures. There were no restraints in place on the day of audit. The organisation has comprehensive assessment, approval,

monitoring and review processes in place, if a restraint was required by a resident. The clinical manager is the nominated restraint coordinator for the facility. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques and alternative interventions to restraint.

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	2	1	0	0
Criteria	0	49	0	4	1	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 Māori and Pacific people’s health policy, a Māori health plan 2022-2025 and a Māori engagement framework, which collectively outline how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across all levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were no staff who identified as Māori employed at The Bellevue at the time of audit. This reflects the geographical area where the facility is located.</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</p>	FA	<p>The service provider has a Māori and Pacific people’s health policy in place which outlines how the organisation responds to the cultural needs of residents, and how staff are supported to ensure culturally</p>

<p>enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>safe practice. The organisation is embracing Pacific models of care, and is establishing relationships with Pacific cultural advisors, who can provide support and guidance when Pacific people are being supported. Staff receive education on Pacific models of care as part of their orientation training.</p> <p>The organisation is working in partnership with Pasifika communities to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples. Staff who identify as Pasifika can provide support and guidance when Pacific people are being supported, to help ensure the resident and their family are supported in a culturally safe manner.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p> <p>Oceania Healthcare Limited and The Bellevue are aware of their responsibilities under the Code and recognise the principles of Māori mana motuhake. Staff interviewed understood that all residents and whānau had the right to self-determination and a cultural policy is available to guide staff.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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 are promoted within the service through policy and education of staff. Te reo Māori is promoted through the resident activities programme, bilingual signage has been introduced, and key resident information, such as the Code of Rights, is displayed in te reo Māori. Tikanga guidelines are available. All staff have completed training on Te Tiriti o Waitangi.</p> <p>The service responds to the needs of individual residents, including those with disabilities, and ways to enable participation in te ao Māori are promoted and supported by staff. Residents and whānau interviewed, including those with age-related disabilities, confirmed that they receive services in a manner that has regard for their cultural</p>

		identity.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The staff at The Bellevue is multicultural and those interviewed stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified needs of the residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the review and care planning process six-monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they received enough information and felt empowered to actively participate in decision making.</p> <p>Nursing staff interviewed understood the principles and practice of informed consent and described allowing time for discussion and involving whānau in the process.</p> <p>Tikanga guidelines are available to guide staff when working with Māori and their whānau.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Health and Disability Services Consumers' Rights and known best practice. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation confirmed that the business and care manager had adhered to processes for investigating and resolving the six complaints that had been received since the previous audit. Each complaint had been</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>acknowledged, investigated, and the complainant informed of the outcome, all within expected timeframes. Complaint records were held electronically, with links to associated documentation. Complaint data is reported monthly to the regional manager and to the governance group. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>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 and Pasifika. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured.</p> <p>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.</p> <p>Equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control).</p> <p>The Bellevue has 71 rooms, with a number of rooms set up for couples, with a maximum capacity of 94 residents. There are eight premium rooms, and all other rooms are under occupational rights agreements. The service holds contracts with Te Whatu Ora Waitaha for rest home and hospital level care, including respite and end of life care. On the day of audit, 42 people were being supported at the Bellevue, with 26 residents receiving rest home care, 14 residents receiving hospital level care and two residents receiving rest home level respite 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>The Bellevue follows Oceania’s established quality and risk management framework and processes to ensure services are delivered to reflect the principles of quality improvement processes. The organisation’s policies include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. Oceania has established systems in place to record, track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues.</p> <p>On-site quality and risk monitoring includes collecting, collating and analysing quality data (such as clinical incidents) to identify trends, and develop action plans as required. Quality meetings at The Bellevue are combined with the staff meetings and occur monthly. There is an established agenda, and minutes show that this is followed. The BCM discusses issues with staff and provides feedback around analysis of quality data to the team, to close the quality loop. Quality initiatives are evaluated and discussed, and this was confirmed by records sighted and by staff at interview. Feedback from other meetings, for example the health and safety meeting and the residents’ meeting, is provided to staff at this meeting. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level.</p> <p>There is an established internal audit schedule in place to monitor compliance with procedures, with set audits required to be completed each month. Where the audit results indicate the need for improvement, the BCM is responsible for developing corrective action plans to address these gaps. The completion of the internal audits and monitoring of any associated corrective actions is done by the BCM. The internal audit process meets the requirements of Ngā Paerewa, although there is an opportunity for Oceania to strengthen this process by ensuring the audits and corrective action plans are monitored by the regional manager or reported through the QCAM system.</p> <p>A resident satisfaction survey was completed in March 2023, with the responses highlighting two areas of improvement, for which corrective action plans have been put in place to address each of the issues.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>A sample of rosters sighted showed that a registered nurse (RN) is on site 24/7. Health care assistants are employed 24/7 over four shifts, with some staff assigned to cover the top floor of the facility. Gaps in rosters are covered by existing or casual staff, with agency staff used to cover shifts if they cannot be filled internally. In addition, two cleaners are rostered on each day, and chefs and kitchen staff are employed to</p>

		<p>provide the meal service, seven days a week. Two staff are employed as the leisure team, who provide activities and support for residents six days a week. A full-time administrator is employed, along with two part time baristas, and a part time maintenance person. In addition to these staff, the clinical manager (RN), the guest services manager, and the business and care manager are available to support staff.</p> <p>Continuing education is planned on an annual basis, and all staff are expected to attend an educational day once a year. These mandatory days include education and refreshers on core training requirements such as consumer rights, informed consent, privacy, advance directives, advocacy and enduring power of attorney, equitable service delivery, Te Tiriti o Waitangi, cultural safety, and ensuring high quality care for Māori. Other core training sessions cover infection control, restraint, health and safety and manual handling.</p> <p>In addition, the clinical manager (CM) presents monthly toolbox talks on a variety of subjects and all staff are competency assessed in areas related to their roles. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. Health care assistants interviewed had completed qualification ranging from level two through to level four.</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>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, and police vetting.</p> <p>When interviewed, staff confirmed they had completed an orientation process specific to their role, when they started working at The Bellevue. From the review of staff employment files, it was found that 27 of the 54 staff files contained a record that the person had completed an orientation program. No evidence was provided to confirm that the other staff had completed an orientation program. Twenty-seven of the 54 staff had no record of having completed an</p>

		<p>orientation process, which on discussion with the BCM appeared to be a filing or documentation issue. The absence of orientation evidence has been identified as an area of improvement, under criterion 2.4.4.</p> <p>Other employee information was also found to be either not recorded, or the information was not up to date. This included staff performance appraisals, which were not in the employees' files, although the BCM confirmed these had occurred. There is a system in place to record practicing certificates of employees and contractors in a folder. On review; this folder contained some practicing certificates for people who were no longer employed or contracted to the facility. In addition, some of the practicing certificate information on file was out of date, although this was followed up and practicing certificates for all staff were verified. These matters highlight an issue around the accuracy and the recording of employees' information, which has been identified as an area of improvement under criterion 2.4.6.</p> <p>Staff ethnicity data is recorded and stored with the consent of the employee and used 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 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>Residents are admitted to The Bellevue when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service. Enquiries are documented and it is rare to decline a resident entry. Data is collected and analysed at a national level. However, the service was unable to provide evidence of analysis of entry and decline rates for Māori.</p> <p>Connections with Māori have occurred at national level and guidelines are available to support staff. The facility staff has developed meaningful partnerships with local Māori communities and described how Māori health practitioners or traditional healers could be accessed to benefit Māori residents when requested.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	PA	<p>The registered nurses and a nurse practitioner (NP) work in partnership with the residents and whānau to support wellbeing. A care plan is</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>Moderate</p>	<p>developed by a registered nurse following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for mobility and falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. A social profile called ‘About Me’ and a life history document each resident’s interests and personal history. An interim care plan is completed on admission and guides care during the assessment process. InterRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter. This was verified in the five files reviewed and in interRAI reports. Long-term care planning detailed strategies required to meet physical needs, and to maintain and promote independence and wellbeing. Care plans included interventions to manage behaviours that challenge, if needed.</p> <p>Short-term care plans are developed if necessary, and examples detailing care for infections and wounds were sighted. These are reviewed weekly or earlier if clinically indicated and closed when the short-term needs are resolved. Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>Evaluation of care occurs daily and is documented in progress notes. Formal evaluation occurs through-six monthly interRAI assessment. However, the degree of achievement towards resident goals is not recorded and where progress was different to that expected or new needs were identified, changes were not always made to the care plan; refer criterion 3.2.5.</p> <p>Timeframes for the initial assessment, medical assessment, interim care plan, long-term care plan and review timeframes do not always meet contractual requirements. This was verified by sampling residents’</p>
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		<p>records, from interviews, including with the NP, and from observations; refer criterion 3.2.3.</p> <p>Residents and whānau are given choices and staff ensure they have access to information. Staff understood the need for residents and whānau, including Māori, to have input into their care and residents and whānau interviewed confirmed involvement in the assessment, care planning and review process; interviews included residents with a disability.</p> <p>Sufficient equipment was available and was suitable to meet the needs of residents at The Bellevue, including pressure relieving equipment and equipment to support mobility.</p> <p>The NP interviewed reported the care was of a good standard, that nurses identified when a resident's needs changed, and the NP was called appropriately.</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>An activities programme is provided that supports residents to maintain and develop their interests and was suitable for their age and stage of life. A personal profile 'About Me' and a life history are recorded for all residents. A leisure plan documents their interests and goals, and a pastoral care plan includes any spiritual needs. These plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori, including community activities, are facilitated. This included celebration of Matariki and Waitangi Day. Te reo Māori is used in the activities plan. When interviewed, the leisure team member was able to describe the interests of residents and the programme that was available to meet the needs of Māori. All residents interviewed spoke highly of the activities programme.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including those requiring refrigeration and all medicines were stored within the recommended temperature range. All medications sighted were within current use-by dates.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP or NP medication chart reviews were consistently recorded on the medicine chart. Standing orders are not used.</p> <p>The processes to safely facilitate resident self-administration were described by the registered nurse, including assessment and confirmation of the resident's ability to safely self-administer medications.</p> <p>Residents and their EPOA/whānau are supported to understand their medications. The registered nurse discussed including whānau in decision-making and providing support for Māori to access rongoā if requested.</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>Not Applicable</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. Personal food</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>preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Cultural protocols around food are followed including the laundering of kitchen and food-related items separately. The menu did not include menu options culturally specific to Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from The Bellevue is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. Transfer and discharge planning includes open communication and handover of information between all services, including current needs and any risks identified.</p> <p>Residents interviewed reported being kept well informed during transfer and were happy with the processes followed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The Bellevue is a modern two-storey rest home facility. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a current building warrant of fitness which expires on 01 April 2024. The maintenance person follows a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, beds and hoists, hot water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and completed record keeping. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is completed by the maintenance staff, and residents' items are checked</p>

		<p>on admission or as required.</p> <p>There are no plans for the new construction of buildings. The organisation and the BCM are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori. Residents interviewed said they felt very comfortable in the home and enjoyed the outdoor garden areas. The Code of Health and Disability Services Consumers' Rights was on display and was available in te reo Māori and other languages.</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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Evac-chairs are positioned at the top of stairways. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water for all residents and staff for at least three days, radios, torches, food supplies and blankets and other items that may be needed.</p> <p>Fire suppression systems are in place and are tested regularly. Trial fire evacuations occur at least every six months. The most recent fire drill occurred on 4 March 2023.</p> <p>Appropriate security arrangements are in place.</p> <p>Residents interviewed were familiar with emergency and security arrangements.</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>	FA	<p>A registered nurse, supported by the clinical services manager, is responsible for overseeing and implementing the infection prevention (IP) programme. A suite of policies has been developed which includes a pandemic plan and an outbreak management plan; these were last updated in April 2023. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources and some IP resources such as hand hygiene</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>posters are available in te reo Māori, however the service is yet to access educational resources for residents and whānau; refer criterion 5.2.12.</p> <p>The Bellevue is working to develop partnerships with Māori for the protection of culturally safe IP practice; refer criterion 5.2.13.</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 health care-associated infections (HAIs) at The Bellevue was appropriate to that recommended for long term care facilities and was in line with priorities defined in the Oceania infection control programme. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data viewed did not include ethnicity data. Results of the surveillance programme are reported to the governing body and shared with staff.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who develop an HAI. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare-associated infections.</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 Limited governance and senior management are committed to their care homes being restraint free environments. An analysis of organisational-wide restraint is reported at every board meeting. At the time of this audit there were no restraints in place at The Bellevue, which had been the case since the last audit.</p> <p>The organisation's policies and procedures meet the requirements of this standard. The CM is appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. A restraint meeting is held every two months with the registered nurses to discuss restraint and how the facility will remain restraint free. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</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 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	A review of staff files showed that 27 out of the 54 staff had an orientation record on file. The file review also showed that for 27 of the 54 staff there was no record of them having completed an orientation program when they commenced their employment. Staff confirmed during interview that they had been orientated to their role, but there was no documentation to evidence this.	There was limited evidence to demonstrate that employees have completed an orientation program specific to their role, when they commenced employment.	<p>Ensure all staff have completed an orientation program specific to their role, and that a record of this is kept in their employment file.</p> <p>180 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health</p>	PA Low	Staff information is stored securely in staff folders and also in electronic systems. Information is confidential and stored in a locked cabinet, or password protected. From the review of staff files, it was found that some employee information was either not recorded, or the information was	Not all performance appraisal and practicing certificate information held about healthcare and support staff is accurate and up to date.	<p>Ensure all employees' stored information is maintained so that it is accurate and up to date.</p> <p>180 days</p>

<p>Information Standards Organisation (HISO) requirements.</p>		<p>not up to date. This included staff performance appraisals, which had been completed, but were not present in the employees' files. A folder to record practicing certificates of employees and contractors is kept but was not maintained. It contained outdated information, including expired certificates or certificates for people who are no longer employed or contracted to the facility. On the day of the audit the practising certificate information was reviewed, and updated certificates added to the folder. These identified areas highlight the requirement for employees' stored information to be accurate and up to date.</p>		
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	<p>PA Moderate</p>	<p>Informed consent underpins all care at The Bellevue. A registered nurse completes assessments in partnership with the resident and family/whānau, interRAI is the main assessment used and informs care planning. However, not all interRAI assessments and long-term care plans have been completed within the contractually required timeframes. This included one resident where the interRAI assessment and care plan were completed one year after admission, one resident where no assessment and care plan were documented, and two residents where there was a delay in completing the requirements.</p>	<p>Not all interRAI assessments and long-term care plans were completed within the contractually required timeframes.</p>	<p>Ensure an interRAI assessment and long-term care plan are completed for all long-term residents within 21 days of admission as required by the Age-Related Residential Care contract.</p> <p>90 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</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</p>	<p>PA Low</p>	<p>Evaluation of care occurs daily and is recorded in progress notes. Regular medical or nurse practitioner assessments were evident in all files reviewed. Formal nursing review occurs six-monthly using the interRAI assessment. However, in two of five files reviewed formal evaluation had not occurred, and in the remaining three files reviewed evaluation of care did not indicate the degree of achievement towards the resident’s agreed goals.</p> <p>Care planning is updated following interRAI assessments and this was verified to occur. When a resident’s needs change outside the scheduled six-monthly review time, interRAI assessment has not always been completed and the care plan</p>	<p>Evaluation of care had not always occurred six-monthly or when a resident’s needs changed, and evaluation did not record the degree of achievement towards goals identified by the resident.</p> <p>Care plans were not all updated when a change in the resident’s condition was identified.</p>	<p>Ensure formal evaluation occurs at defined intervals, and that the evaluation includes documentation of the degree of achievement towards resident-identified goals.</p> <p>Ensure that when progress is different from expected, or the resident’s needs change, the care plan is updated to reflect the resident’s current needs.</p> <p>180 days</p>

<p>through the ongoing re-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.</p>		<p>is not always reviewed and updated to reflect their changed needs; this included for a resident whose needs changed considerably as their condition deteriorated.</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>Surveillance of health care-associated infections was verified to occur. Standardised definitions are described in policy, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance data viewed did not include ethnicity data. Results of the surveillance programme are reported to the governing body and shared with staff.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure the surveillance of infections includes ethnicity data. 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.