

Oceania Care Company Limited - Addington Rest Home

Introduction

This report records the results of a Certification 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: Addington Rest Home

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

Dates of audit: Start date: 5 July 2023 End date: 6 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: 87

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 haumaruru | 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

Addington Gardens is an aged residential care facility in a suburb of Christchurch. Owned and operated by Oceania Healthcare Limited, the facility can provide services for up to 97 residents requiring rest home, hospital and dementia rest home levels of care.

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

A strength of the service is the implementation of collegial weekly team leader reviews leading to increased nursing competence and improved, more equitable service delivery. Four areas requiring improvement were identified and related to the development of partnerships and connections with local Māori communities, initial interRAI assessments and care plans and two aspects of medicine management.

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.

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

Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.


Residents and their family/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.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. 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.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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As the governing body, Oceania assumes overall accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals. Organisational systems in place enable Addington Gardens to implement the required standards and corporate directives at a local level.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality meetings. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated. Reporting and feedback responses are occurring between Oceania's governance team and the facility.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. Support systems for staff are in place, as is the promotion of staff wellbeing.

Organisational, service provider and residents' information management systems are primarily electronic. All residents' and staff information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The electronic entry to service process is efficiently managed. Residents are assessed before entry to the service to confirm their level of care.

When people enter the service a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

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.

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

There is a medicine management system. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse practitioner (NP) is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines.

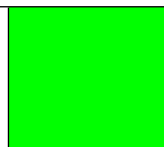
The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau.

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.

A current building warrant of fitness was on display and preventive and proactive maintenance processes are in place. The facility meets the needs of the residents. Electrical, biomedical and disability equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

Training in emergency procedures and use of emergency equipment is provided to staff, who also 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.

Subsections applicable to this service fully attained.

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.

The infection control coordinator is fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and transmission of infections. With support from external contractors, waste and hazardous substances are well managed. Laundry services are effective.

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.

Addington Gardens is a restraint free environment, and no residents were using a restraint at the time of audit. This is supported by the governing body and in policies and procedures. Comprehensive assessment, approval, monitoring and review processes, are described in policy documentation should restraint use be required in the future. A suitably qualified restraint coordinator leads the process.

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	24	0	1	2	0	0
Criteria	1	162	0	2	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>PA Low</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health’s Whakamaua Māori Health Action Plan 2020-2025. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people’s health policy and plan, as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers (Ngāti Hine – Ngāpuhi). This can be used at Addington Gardens for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological</p>

		<p>health of the residents. Māori residents and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake is respected. A desire for increased participation has been requested and the business and care manager has welcomed this.</p> <p>The service supports increasing Māori capacity. More Māori staff members are being employed across differing levels of the organisation, as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed and several staff at Addington Gardens identify as Māori.</p> <p>A corrective action has been raised as Addington Garden’s planned intentions to approach whānau of residents to help them to establish partnerships with Māori organisations that will enable improved service integration, planning, and support for Māori, have had to be placed on a temporary hold.</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>	FA	<p>An organisational policy on Māori and Pacific people’s health describes how the service responds to the cultural needs of Pasifika residents. This has just been updated (June 2023) and sits alongside the Ministry of Health’s ‘Ola Manuia, Pacific Health and Wellbeing Action Plan 2020 – 2025’. Oceania is using a consultancy service, which has direct access to Pasifika advisory services and is providing cultural support and advice as required. The current version of the Pacific plan notes the need to embrace cultural and spiritual beliefs. A corporate manager described plans formulated to develop an organisational cultural advisory service, which will also include working in partnership with Pasifika communities, and improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples.</p> <p>The business and care manager informed that health care assistants and other staff who identify as Pasifika have proactively supported</p>

		<p>Pasifika residents and their whānau at Addington Gardens. Resident feedback confirmed cultural views are upheld.</p> <p>Oceania supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There is a higher percentage of Pasifika staff than there are Pasifika residents at Addington Gardens, which sits within a community where few Pasifika people reside.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Education/training on the Code of Health and Disability Services Consumers' Rights (the Code) is included as part of the orientation process for all staff employed. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed in various areas in the facility. The Code was available in English and te reo Māori. Advocacy leaflets were readily available.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights. Addington Gardens has access to interpreter services as required.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan in place. Church services are held weekly.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants (HCAs) interviewed described how they support residents in choosing what they want to do. Residents have control over and choice of activities they participate in. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support. Residents interviewed stated they had a choice.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and families.</p> <p>Addington Garden's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
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<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>	<p>FA</p>	<p>An abuse and neglect policy is in place. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about this.</p> <p>Staff complete education on orientation and annually as per the training plan on identifying abuse and neglect. Staff are educated on how to value older people, showing them respect and dignity. Residents' property is labelled on admission. The facility has a system in place for lost property acknowledgment and investigation. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Interviews with healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. Staff interviewed stated they are treated fairly and with respect. They are treated without discrimination and feel comfortable talking to management if they had any concerns.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Policies and procedures relating to accidents/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. This is documented in the progress notes. Five accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Information is provided to residents/family/whānau on admission.</p>

<p>them about their choices.</p>		<p>Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>The RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>The service communicates with other agencies involved with the resident, such as the hospice and Te Whatu Ora Waitaha (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Care delivery includes a multidisciplinary team, and residents/family/whānau provide consent and communication regarding the services involved.</p> <p>Residents and family/whānau interviewed confirmed they knew what was happening within the facility and felt informed regarding events/changes related to COVID-19 through emails, regular newsletters, and resident meetings. Interpreter services are used where indicated</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Ten residents' files reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed described what informed consent was and knew they had the right to choose. There are policies around informed consent.</p> <p>Admission agreements had been signed and sighted in all the files. Copies of the enduring powers of attorney (EPOAs) were on residents' files where available. Dementia unit residents have enacted Enduring Power of Attorney which were sighted in the files reviewed.</p> <p>Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the nurse</p>

		<p>practitioner (NP) for resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>In the files reviewed, appropriately signed resuscitation plans were in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and the planning of 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.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Systems are in place to ensure residents and whanau are aware of their right to make a complaint and how to do so. Residents and whānau understood their right to make a complaint and knew how to do so. A fair, transparent, and equitable system is in place to receive and resolve complaints and actions taken contribute to improvements, as per the Code of Health and Disability Services Consumers' Rights. Documentation sighted showed that following investigation, complainants had been informed of findings and were satisfied with the responses from the provider.</p> <p>To date, no complaints have been received from residents or whanau who identify as Māori. However, the provider described how the complaint system works equitably for Māori as the right to make a complaint is in te reo and they described how whanau would be involved, alongside any preferred agency or service, should this occur.</p> <p>The service received a complaint via Te Whatu Ora, Waitaha, Canterbury, in June 2023, which they have since responded to. While awaiting a formal response, the provider is discussing the optimum way of implementing a recommended corrective action.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through:</p>

<p>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>	<ul style="list-style-type: none"> • Honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. • The use of consultancy processes with Māori and Pasifika links, to work alongside the governance board and enable the organisation to achieve these goals. • Board members accessing cultural training and taking up opportunities to upskill in te reo Māori and Te Tiriti o Waitangi via their other community roles and employment. Also, using links to related on-line learning packages they have been provided with. • The use of a legal team that monitors changes to legislative and clinical requirements, which is then integrated into organisational policies, procedures, and practices. • The development of a clinical governance structure. <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through:</p> <ul style="list-style-type: none"> • Policy documentation (including one titled ‘Person with a Disability’) to help address the needs of young people with disabilities. • Accepting residents on the younger people with lifelong disabilities contract via Whaikaha – Ministry of Disabled People. • Enabling choice and control over supports and the removal of barriers that prevent access to information (e.g., honouring Te Tiriti o Waitangi, using Māori models of care, providing information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control in formats that can be better understood, and upskilling staff in the needs of potentially compromised groups). • Addressing barriers to equitable service delivery by working on recruiting Māori and Pasifika staff at all levels of the organisation. • Proactively using information obtained via the collection of ethnicity data.
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	<p>Oceania has a strategic plan in place which:</p> <ul style="list-style-type: none"> • Outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. • Uses a four-pillar construct with goals under each. • Supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. • Informs facility-based business plans (via the described reporting process). • Requires cultural safety to be embedded into business and quality plans and in staff training. <p>Governance and the senior leadership team are committed to quality systems and risk management via policy, processes, and through feedback mechanisms, which includes receiving regular information from each of its care facilities.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, who also provides clinical and quality dashboard reports to the board. Internal data (e.g., adverse events, complaints) is aggregated and corrective action taken when required (at facility and organisation level as applicable). Changes are made to business and/or the strategic plans when indicated.</p> <p>The business and care manager is suitably qualified and experienced and confirmed knowledge of the sector, and of regulatory and reporting requirements. This was evident in their qualifications in business management at diploma level and maintenance of their registered nursing practising certificate. They have worked in leadership and management roles for over 16 years, 10 of which have been in aged care, most of these at Addington Gardens. Ongoing professional development is being maintained through Oceania and Te Whatu Ora training opportunities, and via attendance at seminars</p>
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		<p>and forums.</p> <p>Addington Gardens supports residents and their whānau to participate in aspects of service delivery through resident meetings, satisfaction surveys, inviting their involvement in care planning and reviews and through informal feedback via telephone or one-on-one visits with the business and care manager. Examples of this occurring and being followed through were viewed.</p> <p>Addington Gardens has 97 rooms; however due to water damage in a care suite only 96 rooms were available for occupancy at the time of audit. On the day of audit, there were 80 residents receiving care under the Aged Related Residential Care (ARRC) agreement with Te Whatu Ora Waitaha, 28 rest home level, 29 hospital level and 23 dementia rest home level care. Five additional residents were under the younger people with lifelong disabilities contract under Whaikaha – Ministry of Disabled People, one of whom was receiving rest home level care and four hospital level care. Two additional dementia care residents, not in the above numbers, were in a public hospital the night before audit.</p> <p>Of the 97 rooms in the facility, 25 are care suites, which sit within the facility as rooms that have been converted. Thirteen of the rest home residents, and six of the hospital level care residents (one of which is a young person with a disability) were in care suites under occupation right agreements at the time of audit.</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</p>	<p>FA</p>	<p>Addington Gardens uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include 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</p>

<p>on achieving Māori health equity. 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>implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Strategies are in place for the reporting of details in relation to health services and care and support for Māori, when applicable. Critical analysis of organisational practices to improve health equity is occurring at both facility and organisational levels. Meeting minutes and monthly reports viewed, and an interview with the regional clinical manager confirmed appropriate follow up and reporting is consistently occurring. A staff cultural engagement survey was undertaken earlier this year, but results are still to be fully released. Results of the 2023 residents/whānau survey showed that laundry and food were key areas requiring issues to be addressed.</p> <p>The business and care manager, regional clinical manager and a health and safety representative described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, open disclosure occurring, and actions are followed up in a timely manner.</p> <p>The business and care manager reported an understanding of essential notification reporting requirements and described circumstances when it would be needed and when it has been used.</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. 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. 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). A framework is provided by Oceania's clinical governance team for Addington Gardens to use as a basis for the rosters, although with relevant authority the facility may adjust staffing levels to meet the changing needs of residents. The business and care manager is responsible for planning and implementation of the roster. Care staff reported that all shifts are busier than several years ago, and residents have more complex needs than previously, but confirmed they are meeting the care and support needs of the residents and residents are safe. Residents and whānau interviewed supported this.</p> <p>Four weeks of rosters were reviewed and confirmed reports that at least one staff member on duty has a current first aid certificate and that there was consistent 24-hour registered nurse coverage over seven days a week. Gaps of facility staff had been filled by agency staff or Addington Garden employees. There was evidence that new staff undergoing orientation were being supported. Staffing of the care suites is consistent with the assessed level of care of the residents, as the care suites are located within a wing of the facility.</p> <p>A review of staff files showed appropriate human resource processes are in place to ensure the workers have the skills, attitudes, qualifications, experience, and attributes for their specific role(s), and</p>

		<p>completion of the required training and competency assessments. Continuing education is planned on an annual basis and the clinical manager provides staff with monthly training to ensure training requirements are upheld. Mandatory training requirements are integrated into the training calendar and undertaken according to contractual requirements and Oceania's annual staff education regime. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitaha. The business and care manager is an assessor for the programme.</p> <p>Systems are being developed to ensure high-quality Māori health information is collected and shared and for organisational and health care and support worker health equity expertise to be further developed.</p> <p>A range of staff wellness schemes and staff support systems are in place and include multiple initiatives around food, meals, flavoured teas, health opportunities such as neck massages, topping up of parental leave, debrief sessions and staff functions, to mention a few. Staff reported they feel well supported and safe in the workplace.</p> <p>Criterion 2.3.3 has been rated as a continuous improvement as a specific planned improvement process is increasing registered nurse competence and ensuring more equitable service delivery for residents.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. A record of practising certificates of health professionals involved in resident care at Addington Gardens showed</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. 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>all had been checked and were current.</p> <p>A comprehensive role-specific new staff orientation and induction process is in place. Records of completion of these are available for staff employed within the past few years but not for all the longer-term staff. Although the staff orientation is currently under review, the current orientation booklet is informative and includes a range of exercises and competencies that cater for a range of learning styles.</p> <p>Staff performance is reviewed and discussed at regular intervals, at the least annually. All were current in the staff files reviewed.</p> <p>Staff records are maintained in an electronic system that has electronic protection systems in place, including password protection, that only specified people have access to. Ethnicity data for new staff is recorded and used in line with health information standards.</p> <p>With open door policies in place, debriefs and discussions with relevant managers are available for staff at any time. The business and care manager noted that these may be initiated by either person, and informed additional counselling through the employee assistance programme, RAISE, is also available.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Addington Gardens uses centralised electronic information management systems established by Oceania Healthcare. Different systems are in place for residents' records, organisational documents and recording of management systems. Access to different parts of the systems vary according to authorisation and appropriate security systems to ensure confidentiality were in place. All documentation viewed complied with relevant legislation and was current. Individual records were integrated and met current documentation standards.</p>

		<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Aged care services such as Addington Gardens are not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. The decline entry to services is communicated by the BCM electronically, evidence sighted. Enquiries are managed by the CM and the BCM to assess suitability for entry. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment Service Coordination agencies (NASC). Assessment confirming the appropriate level of care was held in files reviewed.</p> <p>Dementia resident files reviewed showed specialist referral to the service and NASC assessment confirmation. The EPOA has signed all consents and admission agreement for dementia residents.</p> <p>Residents' rights and identity are respected. Enquiry records are</p>

		<p>maintained. Support for Māori individuals and whānau can be accessed if required. The service has a Māori staff member who would assist with Māori residents' admissions.</p> <p>The service is working towards completing a routine analysis of entry and decline rates including specific rates for Māori.</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 Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Ten residents' files were reviewed. There is a resident assessment, care planning, and evaluation policy. Initial care plans are developed with the residents'/EPOA consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments, however nine of the ten long-term care plans and interRAI assessments did not meet the 21 days for completion time frame. The files reviewed showed initial InterRAIs and long-term care plans were completed two to three months after the admission. The clinical manager stated the overdue InterRAIs and care plans were due to a high number of registered nurses turn over. There is a corrective action plan in place to manage the InterRAIs and Care plans at facility level. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>There was evidence of behaviour management plan in dementia resident's files reviewed. The behaviour management plan included triggers and interventions for behaviours.</p> <p>A review of residents' records showed that the residents participate in</p>

	<p>care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural, and wellbeing needs are met. The Māori residents have a Māori health care plan which includes Māori beliefs and practices. A registered nurse interviewed described removing barriers so all residents have access to information and services needed to promote independence, and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Documented evidence showed STCPs had been reviewed promptly and signed off when the problem had been resolved.</p> <p>The nurse practitioner (NP) undertakes the initial medical assessment within the required timeframe. Residents have reviews by the NP within required timeframes and when their health status changes. The documentation and records reviewed were current. The NP interviewed stated there was good communication with the service and that they were informed of concerns on time. The RN communicates with the NP via phone call or email for concerns. The facility is provided access to an after-hours service by the NP.</p> <p>Contact details for the family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that families are informed when there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken where this was required. This was initiated where wounds required additional specialist input, and a wound nurse specialist was consulted. There is a pressure injury assessment and prevention policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A diversional therapist (DT) implements the residents' activities programme. Activities for the residents in rest home and hospital are provided five days a week. At weekends, puzzles, quizzes, and movies are available for residents.</p> <p>The dementia unit residents take part in activities seven days a week. The activities coordinator (AC) and diversional therapist provide activities in the dementia unit. The DT and AC have completed education on management of challenging behaviours. The activities programme in dementia unit covers a holistic 24/7 approach to activities which includes aspects of the resident's past and present routines.</p>

		<p>The activities programme is displayed in the dining area and reception area. The activities programme provides variety in its content and includes various activities incorporating education, leisure, cultural, spiritual, and community events. For those residents who choose not to participate in the programme, one-on-one visits from the activities' coordinator occur regularly. An outing is organised weekly, and regular van outings into the community are arranged. Church ministers visit weekly.</p> <p>The programme has included Māori Language Week and Matariki celebrations. Other cultural activities are held to include the variety of cultures within the facility. Family/whānau participation in the program is encouraged.</p> <p>The AC and DT complete the residents' activities assessments in conjunction with the RN within three weeks of the resident's admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment that collects information about cultural needs, values, and beliefs. Information from these assessments is used to develop the residents' activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans.</p> <p>The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging in and enjoying a variety of activities.</p> <p>Addington Gardens is working towards making connection within the community to meet the health needs and aspirations of Māori and whānau. Through the residents and their families, they are reaching</p>
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		out to the local Māori community for support.
<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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe electronic system for medicine management was observed on the day of the audit. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NP were recorded.</p> <p>The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. The medication charts showed that medication reconciliation had been completed within 24 hours of admission. All stock medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>Twenty medication charts were reviewed, and to confirm the recurrent findings, an extra five medication charts were reviewed. Resident allergies and sensitivities were not documented on three of the medication charts.</p> <p>The medication refrigerator temperatures are monitored daily. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration where required. Weekly checks of controlled drugs and six-monthly stock takes were conducted in line with policy and legislation. The controlled drug register showed overwritten entries by RNs on multiple pages which were not legible.</p> <p>The staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies</p>

		<p>and procedures. The RN oversees the use of all pro re nata (PRN) medicines. Eight of the twenty-five medicine charts showed no documented evidence of the effectiveness of the PRN administration.</p> <p>The medication policy described the use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used, these were added to the medication chart by the NP following a discussion with the resident and/or their family/whānau.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN.</p> <p>There was one resident self-administering medication on the day of the audit. The resident's medication self-administration consent was Current. The facility has policies and procedures in place to facilitate and support young and older people to self-medicate should they wish to.</p> <p>Standing orders are not used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the food service meets the nutritional needs of the residents, with special dietary and cultural needs catered for. The chef verified during interview that the menu planning process was inclusive of residents and whānau, to ensure likes and dislikes and the desired size of meals are taken into consideration. Nutritional assessments of individual residents are undertaken and shared with kitchen staff to ensure all dietary requirements are upheld.</p> <p>A dietitian has reviewed the menu within the last year. All aspects of food procurement, production, preparation, storage, transportation,</p>

		<p>delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan which is current, with evidence available that requirements are being maintained.</p> <p>There is snack food available 24/7 in the dementia unit.</p> <p>Residents interviewed provided positive feedback about the meals provided and relatives informed that whenever they had seen the meals, they always looked nutritious. The chef is currently in talks with the Māori chef about integrating more culturally appropriate menu choices for Māori and Pasifika residents.</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>Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau. Two of ten files reviewed showed a timely transfer to hospital after a fall. No transfer was required for the other residents. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care, are provided for the resident. Referral forms and documentation are maintained on residents' files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical manager and RN and a review of residents' files confirmed communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers</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>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. A current building warrant of fitness with an expiry date of 1 May 2024 was on display. There are 25 care suites within Addington Gardens, which are converted residents' rooms. These are larger in size; are all located in one area of the facility and have their own lounge. For residents in the care suites, the residents' care and support are managed the same as for all other residents, as are food, maintenance and cleaning systems for example.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment, including power wheelchairs and mobility scooters, was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups, including young people with disabilities. Various areas that provide personal spaces for recreation and relaxation are spread throughout the facility. With all rooms having their own ensuite (except for one ensuite shared between two rooms), there are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including lighting, heating and ventilation, privacy, and maintenance. The business and care manager informed that residents and whānau were consulted about aspects of the transition of rooms into care suites.</p> <p>Oceania Healthcare management team members, including the business and care manager of Addington Gardens, are aware of the need to consult with and co-design the environments of any new buildings, to ensure that they reflect the aspirations and identity of Māori. There are reportedly no plans to expand this facility.</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>A Fire and Emergency New Zealand approved evacuation plan dated 21 May 2013 was sighted. Disaster and emergency management plans and policies are available. A governance representative informed that these are currently undergoing review to include learnings from recent storms.</p> <p>Staff have been trained in emergency management, knew what to do in the event of an emergency, and participate in a trial evacuation at least once a year. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. These are being checked six-monthly. Holding tanks of water, gas barbecues, emergency lighting, and equipment such as torches are available in the event of essential energy and utility supplies failing. At a minimum, all night shift staff, registered nurses, activities staff, maintenance, managers and medicine competent staff are required to maintain first aid competencies.</p> <p>Call bells that default to pagers alert staff to residents requiring assistance. These escalate through various registered nurse and management levels if not responded to in a timely manner, which prompts investigation. There were varied responses from residents and whānau interviewed about the promptness of responses to call bells; however, this did not feature as a concern in the 2023 residents' and whānau survey and nor was this evident in records of response times available through the call bell company.</p> <p>Appropriate security arrangements that include surveillance cameras, sensor lighting and window latches are in place. Residents were familiar with emergency and security arrangements.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship programmes are led by the Oceania general manager (nursing and clinical strategy), who oversees the clinical governance team. The clinical governance group monitors all clinical issues, including infections, within Oceania Healthcare facilities and ensures that infection prevention and antimicrobial stewardship programmes are appropriately managed at facility level.</p> <p>Both the infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, have been approved by the governing body, are linked to the quality improvement system, and are being reviewed and reported on annually. The board receives reports on the analysis of infection and antimicrobial data and follow-up actions. The data is being collected and analysed to support infection prevention and antimicrobial use at Addington Gardens as well as the wider Oceania group. These reports now include ethnicity data.</p> <p>All staff at Addington Gardens have easy access to the Oceania infection prevention and control and antimicrobial stewardship policy and procedural documentation when required. The facility is supported by clinically competent specialist personnel and expertise through Oceania’s own infection control specialist, their medical officer, nurse practitioners, general practitioners and local Te Whatu Ora infection specialists. Infection prevention and antimicrobial data and information are discussed at the facility level and at regional clinical management level, as well as clinical governance.</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</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the clinical manager and clinical governance group. The IPCC is an RN who has the skills, knowledge, and qualifications the role requires, and confirmed access to the necessary internal and external resources and support. The IPCC and the committee’s advice is</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>sought in decision making processes around new product purchasing, new building design, or site renovation. An infection control specialist is a member of the clinical governance group and available to Oceania Healthcare facilities nationwide.</p> <p>The infection prevention and control policies mirrored the requirements of Ngā Paerewa and are based on current best practice. The IPCC has access to cultural advice as necessary. Educational resources on handwashing are available in te reo Māori and are accessible and understandable for Māori accessing services. Culturally safe practice infection prevention strategies are noted within a document on Māori tikanga and in one on culturally safe practice and ensure Te Tiriti o Waitangi is upheld.</p> <p>A pandemic or infectious disease response plan is available and has been implemented during outbreaks.</p> <p>Staff were familiar with policies and programmes through education during orientation and annual competency assessments. They were observed to follow these correctly. Residents and their whānau are regularly educated about infection control using methods aligned with their capacity for understanding.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. There is a decontamination and disinfection policy to guide staff.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use.</p>	<p>FA</p>	<p>An antimicrobial stewardship programme is documented within the infection prevention and control policy documentation.</p> <p>The IPCC and the nurse practitioner are responsible for the</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>appropriate use of antimicrobials. All use of antimicrobials is documented and recorded within surveillance documentation. Effectiveness of the AMS programme is evaluated at facility and governance levels by monitoring antimicrobial use and outcomes and identifying opportunities for improvement.</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. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The surveillance of health care-associated infections (HAIs) is appropriate for the facility size and complexity and aligns with the priorities defined in the infection control programme. Infection surveillance processes occur at both facility and organisational level.</p> <p>Surveillance data is collated and analysed to identify trends, potential causative factors and required actions both weekly and monthly. Results of the surveillance programme are shared with staff at the weekly RN meetings and monthly staff and quality meetings. A summary report for long term antimicrobial use for ongoing urinary tract infections was reviewed and the findings demonstrated a thorough process of investigation and follow-up actions. The learnings from this event are now embedded into practice.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The facility demonstrated a clean and hygienic environment supporting prevention of infection and anti-microbial resistant organisms.</p> <p>Staff follow documented policies and process for the management of waste and infectious and hazardous substances. With oversight from the IPCC, laundry and cleaning processes are monitored for effectiveness via the internal audit system. Staff involved have completed relevant training, are included in the annual IPC competency assessments and were observed to carry out duties safely.</p>

		<p>Chemicals were stored safely with a numerical keypad lock installed on one cupboard during the audit, as per the planned maintenance person's work schedule.</p> <p>Residents and whānau reported that the laundry was managed well, and that the facility is kept clean and tidy. This was confirmed through observations.</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 of restraint. The governance board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Addington Gardens, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Addington Gardens since 2021 when a person used bedrails.</p> <p>Policies and procedures meet the requirements of the standards. A senior registered nurse is the designated restraint coordinator for whom there is a detailed role description of responsibilities and clear lines of accountability. The role description and policy documents describe how the restraint coordinator consults the resident, their EPOA and/or whānau and the GP/nurse practitioner before any restraint is approved and any use is reported through to the regional clinical manager and the clinical governance group.</p> <p>Competencies and education for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>An organisation-wide restraint register is available on the electronic resident management system. This system is sufficiently</p>

		<p>comprehensive to provide an auditable record of restraint, should this be required. The organisation-wide restraint committee undertakes a six-monthly review of all residents using a restraint.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	Partnerships and connections with local Māori organisations outside the service have not been established. The business and care manager has researched potential local links and collated a range of related resources. Plans to approach whānau of residents whose lives are closely integrated with several Māori organisations and services have for several reasons needed to be placed on a temporary hold. This has precluded their progress with this criterion.	Partnerships and connections with local Māori organisations outside the service, which would facilitate better service integration, planning, and support for Māori, have not yet been made.	<p>Develop partnerships with local Māori communities and organisations to enable better service integration, planning, and support for Māori.</p> <p>180 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan</p>	PA Moderate	The initial assessment and interRAI assessment are used to complete a long-term care plan within 21 days, however nine of the ten long-term care plans and interRAI assessments reviewed did not	Nine of the ten long-term care plans reviewed and interRAI assessments did not meet the 21 days of completion time frame.	All new admissions have an interRAI assessment and care plan completed within 21 days of admission into the facility.

<p>in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>meet the 21 days for completion time frame. The files reviewed showed initial InterRAIs and long-term care plans were completed two to three months after the admission. The clinical manager stated the overdue InterRAIs and care plans were due to a high number of registered nurses turn over. There is a corrective action plan in place to manage the InterRAIs and Care plans at facility level.</p>		<p>90 days</p>
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>I. The weekly checks and six-monthly controlled drug (CD) stock takes were conducted in line with policy and legislation and medications are checked by two staff for accuracy in administration where required, but the controlled drug register showed overwritten entries by RNs on multiple pages which were not legible.</p> <p>II. The RN oversees the use of all pro re nata (PRN) medicines but eight of the twenty-five medicine charts showed no documented evidence of the effectiveness of the PRN administration.</p>	<p>I. The controlled drug register showed overwritten entries by RNs on multiple pages which weren't legible.</p> <p>II. Eight of the twenty-five medicine charts showed no documented evidence of the effectiveness of the PRN administration.</p>	<p>I. When making entry into the controlled drug register, the controlled drug register documentation guideline is followed. The guideline is written inside the controlled drug register.</p> <p>II. PRN medication is evaluated for effectiveness after administration to see if it has been effective and this is documented.</p> <p>90 days</p>
<p>Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Low</p>	<p>Twenty medication charts were reviewed, and to confirm the recurrent findings, an extra five medication charts were reviewed. Resident allergies and sensitivities were not documented on three of the medication charts.</p>	<p>Resident allergies and sensitivities were not documented on three of the 25 medication charts reviewed.</p>	<p>All medication charts have allergies and sensitivities documented on them.</p> <p>90 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<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>	CI	<p>The clinical manager identified that in such a large facility, it was quite isolating for some of the registered nurses, often difficult to find out what was happening with all of the residents, and registered nurses were not all receiving updates on changes. A weekly half hour registered nurse meeting, separate from the monthly operational meetings, was established as a quality improvement opportunity. Challenges relating to specific residents/cases were raised, reflected on, discussed and recorded.</p> <p>Ongoing reviews of the process have resulted in changes. Initially this meeting was for morning shift registered nurses but was found to be so useful that the time was changed to include registered nurses from other shifts and the timeframe extended to one hour. The nurse practitioner was later invited as were</p>	<p>Weekly team leader meetings for registered nurses, the nurse practitioner and the community palliative care team have been established and the collegial discussions and shared input are supporting registered nurses to increase their skills and competencies and resulting in multiple positive benefits for residents, which is enabling their needs to be met more equitably.</p>

	<p>representatives from the palliative care team. It changed to become a weekly team leader meeting and attendees took along documented concerns/questions in a template about specific residents for collegial discussion and feedback.</p> <p>Written and oral evaluation processes have occurred, and the collated results show the breadth of positive outcomes:</p> <ul style="list-style-type: none"> - Scores in resident and whānau surveys regarding clinical care and information from registered nurses have increased. - Nurses say they no longer feel isolated and actively use the information captured in the discussions for multi-disciplinary team meetings with residents and their whānau. - Nurses report that the shared input has increased their personal nursing knowledge as well as information about residents in areas they do not usually work, which has been especially useful during outbreaks. - Attendees, including the nurse practitioner, believe they are more easily identifying residents who are deteriorating, and this has resulted in a reduction in the number of hospitalisations and an increased awareness of when there needs to be a change in a resident's level of care. - There has also been a significant increase in the use of the frailty care guides. - Identified as a valuable process in enabling staff to address cultural needs more holistically. - Management reported there has been an obvious increase in whānau interest and involvement and there is a clearer picture of the workload for nurses and 	
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		<p>health care assistants.</p> <p>- Comments of the meetings included that they are 'extremely valuable', they are 'improving residents' experiences', 'excellent opportunities to learn from others', 'enabling more immediate action possible from the nurse practitioner' and that the team has 'increased opportunities to access the skills and knowledge of the nurse practitioner'.</p> <p>Proposed changes resulting from the feedback are for the template to be reviewed and for more of the discussions to be recorded, rather than the focus of the records being the outcomes. Palliative care members are suggesting more ARRC facilities use this process. This project has been rated as a continuous improvement as the process is increasing registered nurse competence and ensuring more equitable service delivery for residents.</p>	
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End of the report.