

# Oceania Care Company Limited - Woburn 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Woburn Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 23 August 2023 End date: 24 August 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	32

# 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

Woburn Rest Home is part of Oceania Healthcare Limited (Oceania). The facility can provide services for up to 33 residents requiring rest home or secure dementia levels of care.

This certification audit process was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke’s Bay (Te Whatu Ora Hawke’s Bay). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

No areas requiring improvement were identified during the audit.

## 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 (for Māori) and fonofale (for Pasifika) models of care. Staff at Woburn Rest Home work collaboratively to support and encourage a Māori world view of health in their service delivery. Staff were observed to engage with residents in a culturally appropriate way.

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

On admission to Woburn Rest Home residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Residents and their family/whānau were provided with information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment.

Care was provided in a way that focused on the individual and considered values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice (self-determination) were shown in service delivery. Personal identity, independence, privacy, and dignity were respected and supported. Residents were safe from abuse.

Open communication was practised. Interpreter services were provided as needed. Residents and their family members/whānau and legal representatives were involved in decision making that complied with the law. Advance directives were followed whenever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
--	---	--

Oceania as the governing body is committed to delivering high-quality services in all its facilities, including those at Woburn Rest Home. Consultation with Māori is occurring at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and family/whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented as applicable. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

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

Residents' 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.		Subsections applicable to this service fully attained.
---	--	--

The entry-to-service process was efficiently managed. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm that their required level of care had been approved, and the facility's ability to meet the residents' needs.

When people entered the service a person-centred and family/whānau-centred approach was adopted. Relevant information was 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) were responsible for the assessment, development, and evaluation of care plans. Care plans were individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and that these have been evaluated on a regular and timely basis.

Residents were 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 were completed in consultation with residents, their family/whānau, and with staff. Residents and their family/whānau expressed satisfaction with the activities programme in place.

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

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

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

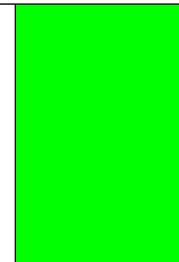
## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

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

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

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency planning has been reviewed in consultation with Te Whatu Ora Hawke's Bay following Cyclone Gabrielle in February 2023. Residents reported a timely staff response to call bells. Security is maintained.

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

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

The Oceania clinical governance team oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the Oceania board, as were any significant infection events.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme was appropriate to the size and complexity of the service. It was adequately resourced. The infection control coordinator was a registered nurse who was involved in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and their family/whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supported prevention and transmission of infections. Waste and hazardous substances were well managed. There were safe and effective cleaning and laundry services being provided.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint free environment, restraint has not been used in the facility since 2018. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is a registered nurse, leads the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</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) and this can be used at Woburn Rest Home (Woburn) 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,</p>

		<p>and psychological health of the residents. There were Māori residents present in the facility during the audit. 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 (self-determination) is respected.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through Tui Ora which provides rongoā services to Māori including haumiri (massage), honohono (energy healing), and rongoā rākau (herbal remedies). Woburn Rest Home (Woburn) also has links to Te Taniwhenua o Heretaunga (a local Māori health provider), Kahungunu (the local iwi), and Porangahau Marae (supporting Māori residents associated with the marae housed in the service).</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>The service provider has a policy on Māori and Pacific people's health. This describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs and outlines the fonofale model of care to guide care for Pacific peoples.</p> <p>There were no residents who identified as Pasifika in the facility on the days of audit; however, Woburn can access Kainga Pasifika Services (a charitable trust which promotes health and wellbeing for Pasifika people in Hawke's Bay) if there were Pasifika residents in the facility and guidance was required.</p> <p>The service has policy in place to support increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There</p>

		were no staff who identified as Pasifika at the time of audit; Pasifika have a small 'footprint' in the Hawke's Bay area.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand Sign Language (NZSL) on posters around the facility. Brochures on the Health and Disability Advocacy Service, the Code, and complaints were available, with the Code and complaints information available in English and te reo Māori, and in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents of Woburn in accordance with their wishes. Interviews with family/whānau, who visit regularly, confirmed staff were respectful and considerate of residents' rights and this was observed during the audit.</p> <p>Woburn had several staff who could speak te reo Māori and could assist residents who identified as Māori with interpretation if needed. Woburn also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with Tui Ora which provides rongoā services to Māori, Te Taniwhenua o Heretaunga (a local Māori health provider), Kahungunu (the local iwi), and Porangahau Marae. These services assisted the facility's operators to ensure more equitable service for Māori are provided. Woburn recognised mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Woburn was observed to support residents in a manner that was inclusive and respectful of their identity and experiences. Residents and their family/whānau, including tāngata whaikaha (people with disabilities), confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice,</p>

		<p>with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Woburn were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Woburn responded to tāngata whaikaha needs and enabled their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  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>Employment practices at Woburn included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual (or other exploitation), abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>A holistic model of health at Woburn was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Eight residents and six family/whānau interviewed expressed a high degree of satisfaction with the services provided at Woburn.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their family/whānau at Woburn reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and family/whānau meetings at Woburn are held regularly in addition to regular contacts with family/whānau by emails, telephone calls, newsletters, and the 'open door' policy of the business and care manager (BCM). Residents and family/whānau confirmed that registered nurses (RNs) kept them and family/whānau informed.</p> <p>Evidence was sighted of residents and family/whānau communicating with all staff, including the BCM. Residents, family/whānau and staff reported that the BCM and RNs responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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</p>	<p>FA</p>	<p>Residents at Woburn and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent, including specific cultural practices.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A whanau-led Māori health agency was available to support and advise if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available in te reo Māori. Residents and family whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been two complaints in the last 12 months. Documentation sighted in respect of the complaints showed that complaints had been responded to within appropriate timeframes and that complainants had been informed of findings following investigation. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</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 and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania utilise an external consultancy to assist the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have completed cultural training and have taken opportunities to upskill in Te Tiriti o Waitangi and health equity via the Institute of Directors, other community roles and/or employment. Oceania have a legal team who monitor changes to legislative and</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code and complaints, bilingual signage, and information in respect of infection prevention and control). Oceania promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of Māori, Pasifika and tāngata whaikaha are reflected in organisational policy documents.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Woburn. Cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. 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, and the care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (eg, adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The BCM at Woburn is an RN with significant aged-care experience, The BCM confirmed knowledge of the sector, regulatory and reporting</p>
---	--	---

		<p>requirements and maintains currency within the field. The BCM is supported by RNs, all of whom have aged-care experience.</p> <p>Woburn supports residents and their family/whānau to participate in the service through communication, care planning, resident meetings, and an annual resident satisfaction survey. Responses from meetings and surveys, and through interviews with residents and their families/whānau during the audit, were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora Hawke's Bay for aged-related residential care (AARC), rest home care, secure dementia care services, and respite. The service also holds contracts for young person disabled (YPD), older person mental health, and day care. On the first day of audit 32 residents were receiving services; 21 residents were receiving rest home care and 11 secure dementia care services. No residents were receiving services under the YPD, older person mental health or day care contracts.</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>Woburn 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 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. Critical analysis of organisational practices to improve health equity is occurring, including at Woburn, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including</p>

		<p>health and safety risks, and development of mitigation strategies. Where mitigation strategies are identified, there are processes in place to ensure these are corrected. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The BCM understood and has complied with essential notification reporting requirements. There have been two section 31 notifications since the last audit. One related to the change of clinical manager and one was resident focused. Both have been acknowledged by the Ministry of Health (MoH).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Staff interviewed reported there were adequate staff to complete the work allocated to them, including staff working in the dementia care area. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control certificate, restraint, or cultural (Māori) adviser portfolio.</p> <p>Oceania processes, the BCM, and RNs support resident and family/whānau participation in the service (refer subsection 2.1).</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. 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 Hawke's Bay. Staff working in the secure dementia care area have completed</p>

		<p>the required education to work in that area.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and family/whānau engagement and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place.</p> <p>Professional qualifications for health care professionals had been validated and then checked and documented annually. Job descriptions for all roles are in place. They described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of staff records reviewed showed that orientation was being completed and documented. Staff interviewed confirmed that orientation does take place, and most staff described it as useful in preparing them for their role.</p> <p>Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them, allowing them to set their own career goals.</p> <p>There are staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username and password protected. Information is available only to those authorised to use it. Ethnicity data is being recorded for staff and used in line with health</p>

		information standards.
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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>	FA	<p>Woburn maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and username password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</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. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Woburn are not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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 were welcomed into Woburn when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the level of care Woburn provided, and when they had chosen Woburn to provide the services they required.</p> <p>A specialist's authorisation for those residents requiring care in the secure unit was sighted in the three files reviewed, as was an activated EPOA.</p> <p>Family and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files (9) reviewed met contractual requirements. Woburn collected ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori.</p>

		<p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their family/whānau.</p> <p>Woburn has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Woburn, several residents had requested another provider to manage their medical needs, and this had been supported. Residents were welcomed into Woburn when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the level of care Woburn provided, and when they had chosen Woburn to provide the services they required.</p> <p>A specialist's authorisation for those residents requiring care in the secure unit was sighted in the three files reviewed, as was an activated EPOA.</p> <p>Family and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files (9) reviewed met contractual requirements. Woburn collected ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their family/whānau.</p> <p>Woburn has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Woburn, several residents had requested another provider to manage their medical needs, and this had been supported.</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>FA</p>	<p>The multidisciplinary team at Woburn works in partnership with the resident and their family/whānau to support the resident’s wellbeing. Nine residents’ files were reviewed: six rest home files, and three files of residents who were receiving care in the secure dementia unit. These files included residents who had experienced an acute event requiring transfer to an acute facility, residents admitted with a pressure injury, residents with a wound, a resident with insulin-dependent diabetes, residents with behaviours that challenge, and residents who identified as Māori.</p> <p>The nine files reviewed verified that a care plan was developed by an RN following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Additionally, residents being cared for in the secure dementia unit had behaviour assessments and behaviour management plans that identified triggers to behaviours that challenged, and strategies to manage those behaviours. Behaviour monitoring evidenced the effectiveness of these management strategies. Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and family/whānau participate in Woburn’s service development, deliver services that give choice and control, and remove barriers that prevent access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents’ records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their family/whānau. Residents and their</p>
--	-----------	--

		family/whānau confirmed active involvement in the process.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The diversional therapist (DT) and activities assistant (AA) at Woburn provide an activities programme that supports residents in maintaining and developing their interests, tailored to their ages and stages of life, six days a week. The residents were enabled to attend community activities of their choice and participate in activities that are of interest to them including Pakahe (a recreational day care programme), Probus, and celebratory events. Several residents have mobility scooters and visit the shops on a regular basis. A men’s group meets monthly on a Saturday and the activities assistant who runs that group, targets activities specifically for the men.</p> <p>Activity assessments and plans identified individual interests and considered the person’s identity. Residents in the secure dementia unit have a twenty-four-hour care plan in place that identifies the residents’ previous lifestyle patterns. Residents from the secure dementia unit also have the option of joining in with the activities provided in the rest home, or attending the activities provided in the unit. Individual and group activities reflected residents’ goals and interests and their ordinary patterns of life and included normal community activities.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori were facilitated at Woburn. Activities include rauranga (flax weaving), making korowai, Māori church services, Māori song, poi groups, visits from kapa haka groups and Māori celebrations, for example Matariki.</p> <p>The facility had a van that enabled outings three times a week to places and events of interest. Other activities on offer were quizzes, games, tai chi, exercises, library visits, dress up days, and ‘happy hour’ every week. Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Woburn.</p> <p>Residents and their family/whānau were involved in evaluating and improving the programme. Those interviewed confirmed they find the programme met their needs.</p> <p>A designated person skilled in diversional or motivational recreation was employed in the secure dementia unit.</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 at Woburn was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines had documented competence to perform the functions they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Woburn.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Woburn was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 30 March 2023. Recommendations made at that time had been implemented. The menu is a culturally-themed menu and offers a range of choices.</p> <p>On the day of audit Woburn was operating with an up-to-date approved food control plan, under Ministry of Primary Industries (MPI) Oceania approved multi-site verification food plan. A new verification</p>

		<p>audit of the Woburn site was undertaken on the second day of audit. An interview with the verifier identified no areas of non-conformity, however three areas were identified as requiring further evidence to be provided to the verifier around calibrations, cooling temperatures, and training records. The verifier was liaising with Woburn in relation to a timeframe for this to be attended to.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. The residents had a range of food options available at mealtimes. Residents who identify as Māori have their food choices recognised and attended to. For example, a resident's request for kina and a seaweed dish had been provided.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents in the secure unit have access to food anytime, day and night.</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 Woburn was planned and managed safely to cover current needs and mitigate risk. Plans were developed with coordination between services and in collaboration with the resident and their family/whānau. The family/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>

<p><b>Subsection 4.1: The facility</b></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. The dementia care area was secure, with access into and out of the unit using an electronic lock system. A doorbell was in place to alert staff to visitors.</p> <p>The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents to use.</p> <p>Residents' rooms allow space for the use of moving and handling equipment. Rooms are personalised according to the residents' preferences. All rooms have a window allowing for natural light with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Processes are in place to manage inconsistencies should they occur.</p> <p>The building has a warrant of fitness which expires on 23 March 2024. There were no plans for further building projects requiring consultation, but Oceania directors were aware of the requirement to</p>

		<p>consult and co-design with Māori if this was envisaged.</p> <p>Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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. The civil defence emergency plan has been reviewed with input from Te Whatu Ora Hawke's Bay following the Cyclone Gabrielle event in February 2023. Staff have been trained in fire and emergency management and knew what to do in an emergency; specific provisions are documented for the care of residents in the secure dementia unit.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 21 June 2020. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A fire evacuation drill is held six-monthly; the most recent drill was on 13 June 2023. Supplies for use in the event of a civil defence emergency exceed the National Emergency Management Agency recommendations for the region.</p> <p>All RNs and 34 other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported that staff were responsive to call bells.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Woburn has IP and AMS outlined in its policy documents.</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>Data collected includes ethnicity data and this is analysed at facility and national level. Infection prevention and AMS activities are supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Expertise and advice are sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (ICC) at Woburn was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the BCM. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by the organisation's national infection control coordinator. Cultural advice was sought by the organisation when developing the programme; however, if Woburn required local support this was accessed through the staff who identified as Māori, Te Whatu Ora Hawke's Bay, or Ngāti Kahangungu, the local iwi who provide Woburn with support on cultural safety.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Staff who identified as Māori and speak te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori are accessible if</p>

		<p>required.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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>	FA	<p>Woburn had a documented antimicrobial stewardship (AMS) programme in place that was committed to promoting the responsible use of antimicrobials. The AMS programme had been developed using the evidence-based expertise of the organisation's national infection control coordinator and had been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use and includes ethnicity data in the evaluation. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas 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.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Woburn undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Woburn used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management, the governing body, and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</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>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Woburn. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and liquid hand sanitisers were available throughout the facility. Staff were observed to follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered onsite including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Woburn is a restraint-free environment. Restraint has not been used</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>in the facility since at least 2018. The BCM described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment. There were no residents using restraint during the audit.</p> <p>Policies and procedures meet the requirements of the standards and have been approved by the governing body. The restraint coordinator (RC) is a defined role undertaken by an RN who would provide support and oversight should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the BCM and the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given no restraint has been used since at least 2018, subsections 6.2 and 6.3 are not applicable and have not been audited.</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.

No data to display
--------------------

## 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.