

Oceania Care Company Limited - Eden Rest Home and Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Eden Rest Home and Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 October 2023 End date: 3 October 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:	65

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

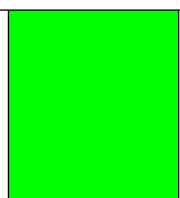
Eden Village Care Centre is owned and operated by Oceania Healthcare Limited and provides rest home and hospital level care for up to 66 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). The audit process included the review of policies and procedures, the review of resident and staff records, observation, and interviews with residents, family, staff management, the national quality audit compliance manager (NQACM) and the nurse practitioner. The residents and families were pleased with the service and the care provided.

Oceania Healthcare Group is governed by a board of directors led by the chief executive officer (CEO) and chairperson of the board. The service is managed by a business and care manager (BCM) who is supported by a clinical manager (CM). A reporting process is in place. Monthly reports are sent by the management team to the NQACM, who reports to the clinical governance group and executive team.

No areas of improvement were identified at the previous audit. Six areas of improvement from this surveillance audit were identified and relate to early warning signs, risk assessments, outcome scores, care planning documentation, and two identified areas in relation to medication 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.		Subsections applicable to this service fully attained.
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The cultural safety policy guides staff to ensure the needs of residents who identify as Māori are met. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evident with service provision. The Māori health plan guides staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs.

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

Eden Village Care Centre provides an environment that supports residents' rights and care, safe from abuse and neglect. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld.

There are pamphlets on the Code of Health and Disability Services Consumers' Rights in the reception. The Code of Health and Disability Services Consumers' Rights posters are displayed in the hallways.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment.

There is access to interpreting services if required. Whānau and legal representatives are involved in decision-making that complies with the law.

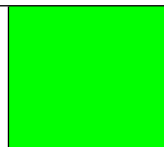
Care plans accommodate the choices of residents and/or their families/whānau. Open communication between staff, residents, and families is promoted and confirmed to be effective. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Advance directives are followed wherever possible. Enduring power of attorney was sighted on files reviewed.

Residents and families are informed about the complaints process at the time of admission. A complaints policy and processes guide staff to ensure complaints are resolved promptly and effectively.

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.

The quality and risk management systems are focused on quality service provision and care. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora Te Toka Tumai Auckland.

Monthly reporting by the management team to the NQACM occurs. The NQACM present at this audit reports to the clinical governance group and executive team.

Staff coverage is maintained on all shifts. Acuity is taken into consideration when planning and ensuring adequate cover. Staff employed are provided with orientation, job descriptions and receive ongoing education. All employed and contracted health professionals maintain a current practising certificate. There is a system in place for annual appraisals of all staff to be completed.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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A registered nurse assesses residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and these are completed within the required timeframes. The nurse practitioner (NP) completes a medical assessment on admission, and reviews occur three-monthly. Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

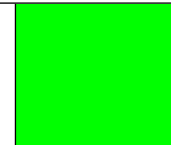
Medication management policies and processes align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. The organisation dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with the meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

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

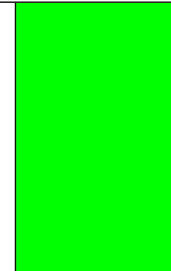


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible and meet the needs of residents living at this care home.

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.

A suitably qualified registered nurse is the infection control coordinator (ICC). The ICC has completed formal IPC training.

Policies and procedures are implemented around antimicrobial stewardship, and data is collated and analysed monthly.

The IPC committee is supported by representation from all areas of the service. The IPC team has access to a range of resources.

There is a comprehensive pandemic plan.

Education is provided to staff at induction to the service and annually after that, planned on the yearly education planner. Internal audits are completed with corrective actions completed where required.

Surveillance is undertaken. Infection incidents data is collected and analysed for trends, and the information is used to identify improvement opportunities. Staff are informed about infection control practices through meetings and education sessions.

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.
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Policies and procedures are in place that evidenced promotion of eliminating restraint use. At the time of the audit no restraints were in use as per the restraint register reviewed. No restraints have been used for two months.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	2	0	0
Criteria	0	45	0	0	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Eden Village Care Centre has developed policies and procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values and mission statement.</p> <p>A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The clinical manager (CM) has established links with Te Whatu Ora Te Toka Tumai Auckland Māori health team as needed, and the organisation has an advisory group available on request through the business and care manager (BCM) and the national quality audit compliance manager (NQACM).</p> <p>There were no residents or staff who identified as Māori on the day of the audit.</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>	FA	<p>Eden Village Care Centre works to ensure Pacific peoples’ worldviews, and cultural and spiritual beliefs are embraced. Cultural needs assessments completed by the registered nurses on admission identify any requirements.</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>There were staff who identified as Pasifika who bring their own skills and expertise. This was verified in the care plan review. There were also residents who identified as Pasifika at the time of the audit. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in hallways in English and te reo Māori. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available when needed.</p> <p>Details relating to the Code are included in the information provided to new residents and their families/whānau. The registered nurse discusses aspects of the Code with residents and their families/whānau on admission.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. Residents and family/whānau interviewed reported the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual support and links with a local Māori community. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our</p>	<p>FA</p>	<p>Staff complete education on abuse and neglect at orientation and annually as per the training plan. Staff are educated on how to value older people, showing them respect and dignity. Residents' property is labelled on admission and an inventory list of residents' belongings is created on admission, which is kept in the residents' files. 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</p>

<p>services are safe and protected from abuse.</p>		<p>respectful. There was no evidence of discrimination or abuse observed during the audit.</p> <p>An abuse and neglect policy reviewed 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 cultural diversity.</p> <p>Interviews with health care assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities and the processes they would follow, should they suspect any form of abuse, neglect, or exploitation. Professional boundaries are covered as part of orientation.</p> <p>Staff interviewed stated they are treated fairly and with respect. They are treated without discrimination and felt comfortable talking to management if they had any concerns.</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>There are policies around informed consent. Eight 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.</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 they are involved in the decision-making process and the planning of the residents' care.</p> <p>Admission agreements had been signed and sighted in all the files. Copies of the enduring power of attorneys (EPOAs) were on residents' files where available.</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>The complaints/compliments management policy and procedures were clearly documented to guide staff. The process complies with the Code of Health and Disability Services Consumers' Rights (the Code) specifically to Right 10 of the 'Code' which is the right to complain, to be taken seriously, respected and to receive a timely response.</p> <p>Staff and residents' families interviewed stated that they were fully informed about the complaints procedure and where to locate the forms if needed, or how to complete them online. The family members interviewed were pleased with the care their family/whānau members received at Eden Village Care Home.</p> <p>Since the previous audit there have been five complaints received in 2022 and four complaints in 2023. All complaints have been closed out effectively and documented in the complaints register. The business and care manager is currently orientating to the role but has a good understanding of the complaints process. No external complaints have been received.</p> <p>In the event of a complaint being received from a Māori resident or whānau member, the service would seek the assistance of an interpreter or Māori health advisor if needed from Te Whatu Ora. The complaints form and procedure are accessible in te reo Māori.</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,</p>	<p>FA</p>	<p>Eden Village Care Centre provides residential rest home, hospital, and respite level care. The national quality compliance audit manager (QCAM) was present for the audit and was interviewed. Eden Village Care Home is owned by Oceania Healthcare Group (Oceania). The home is managed by a business and care manager (BCM), who is supported by a clinical manager (CM). A senior clinical manager for this region was also present at the audit. Oceania has a board comprising of six board members led by the chairman and a chief executive officer (CEO). The board assumes the accountability for the delivery of high-quality services through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti o</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>Waitangi through advice from external contracted Māori advisors.</p> <p>Families interviewed were pleased with the care provided for their family members.</p> <p>The BCM, who has been in this role for three months, confirmed knowledge of the health sector, regulatory and reporting requirements, and maintains currency within the field through sector communication, training, and contact with Te Whatu Ora Te Toka Tumai Auckland. When the BCM is absent, the clinical manager is available to carry out all the required duties under delegated authority, and with support from the senior clinical manager and NQCAM as needed.</p> <p>Eden Village Care Centre has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The business plan for 2023 to 2024 was reviewed. The executive team through the BCM, demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms and purchasing of equipment.</p> <p>The clinical team guided by clinical governance policy and the CM, discuss clinical indicators, including medication errors, falls, complaints, compliments, and infections. Minutes of the meetings were sighted.</p> <p>The BCM demonstrated that reporting is of a consistent format and includes adequate information to monitor performance. The report includes information on occupancy, the environment, improvements, staffing and training.</p>
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		<p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring with oversight of care planning and reviews, family meetings, feedback, and communication with the resident and their family and healthcare assistants (HCAs), who have knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the needs of residents individually.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for age-related residential care (ARRC), rest home, and hospital level care for up to 66 residents. Sixty-five (65) beds were occupied on the day of the audit. These were comprised of: rest home care ~33 residents, hospital level care 31 residents, and respite care one resident (RH level care).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of accidents and incidents, complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed. Resident surveys are two-yearly and last completed in March 2023, with residents/family pleased with services delivered. A staff survey was last completed by staff in December 2022.</p> <p>The clinical manager reports the clinical aspects monthly to the BCM. Reports were sighted and a sample of quality and risk-related meeting minutes were reviewed and confirmed that there had been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to a weekly operations meeting and weekly activity-related meetings, there have been monthly quality and risk meetings,</p>

	<p>registered nurse meetings and resident meetings. Health and safety and infection control are incorporated in the quality meetings.</p> <p>The BCM reports to the NQCAM who reports to the executive team.</p> <p>The organisation uses policies and procedures. These are reviewed by the quality team at support office. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2023 internal audit schedule was sighted. Completed audits included, for example, infection prevention, laundry services, and environment. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The BCM and NQCAM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. Documented risks include falls, infection prevention and cross infection, oxygenators, sharps, and potential inequities. Organisational risks are managed through the support office.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were completed, incidents investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The clinical manager who works across two sites clearly understood and has complied with essential notification reporting requirements. Examples were discussed. These included senior staff changes and the shortage of registered nurses, a medication management notification, and a facility-acquired stage 3 pressure injury. The NQCAM loads all the Section 31 notifications to the appropriate agencies and the CM receives a copy. All Section 31 notifications are reported to the board monthly and to the clinical</p>
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		governance group. Root cause analysis is completed on any incidents and information is shared across the organisation (learnings) and at staff meetings.
<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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes as services are provided across two floors of the care home. The service provides cover twenty-four hours a day, seven days a week (24/7). A safe rostering tool is implemented. The facility adjusts staffing in any unplanned absences. Residents, families and HCAs interviewed confirmed there were sufficient staff. Six weeks of rosters were reviewed.</p> <p>The CM reported that at least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage. Staffing numbers have improved since another Oceania facility was recently closed, and staff RNs and HCAs transferred to this facility. Oceania has its own staff bureau if needed.</p> <p>An afterhours on-call system is in place with the senior clinical nurse and CM covering, along with the BCM for non-clinical calls. Staff reported that there is good access to advice when needed. The CM works across two sites and works 32 hours at this facility and 8 hours a week at another small facility.</p> <p>Education is provided at staff orientation and is ongoing. Orientation booklets are completed. Continuing education is planned annually and includes all mandatory training requirements. Competencies are completed by all staff and include topics such as infection prevention, restraint elimination, cultural competencies, and fire training. Medication competencies are completed for all staff who are responsible for administering medicines or checking medications. This includes seven senior HCAs. There are 68 HCAs employed to cover this service and all have completed or are enrolled in the New Zealand Qualification Authority (NZQA) training. Records are maintained by the BCM and CM.</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 resource management policies and processes are based on good employment practices and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter. There is a system to validate all individual health professionals employed or contracted regarding their current annual practising certificates (APCs) and scopes of practice. This is verified annually and all sighted were current.</p> <p>Staff orientation includes all necessary components relevant to the role. The HCAs reported that the orientation process prepared them well for their role. New HCAs described their orientation and that they are 'buddied' with an experienced HCA for up to three weeks if required. Workbooks when completed are signed off by the CM and dated. Records are maintained and a checklist is completed at the commencement of employment. Relevant competencies are completed including cultural competencies, infection prevention and control, restraint elimination, and others. Non-clinical staff complete relevant training for their roles, and this is recorded.</p> <p>Performance is reviewed and discussed after 90 days of employment and annually thereafter. Completed reviews were sighted.</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. Eight residents' files were reviewed. Initial care plans are developed with the residents'/EPOAs' consent obtained 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>Seven of the eight residents were identified as having early warning signs of decline in their condition, for example absconding behaviour, but there was</p>

	<p>no evidence of assessment and intervention to manage the behaviour.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments, and from the interRAI assessments completed within three weeks of the resident's admission to the facility for all long-term residents. All residents' files sampled had current interRAI assessments completed; however, the relevant outcome scores were not used to support care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process. All interRAI assessments were current; however, seven out of eight care plans reviewed do not reflect the resident's current needs as identified in the InterRAI assessment.</p> <p>Care plans were developed with the residents and their legal representatives or family, where appropriate, and include wellbeing, community participation, meeting physical needs, and health needs of residents. Seven out of eight files showed resident progress was different from expected, but there were no changes initiated to the care plan. For example, a resident presented with challenging behaviour, but this was not reflected in the care plan. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>A registered nurse interviewed stated that all residents have access to information and services needed to promote independence and are 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</p>
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	<p>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 any concerns. The facility is provided access to an after-hours service by an external medical contractor.</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> <p>The nursing progress notes are recorded and maintained. Monthly observations, such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all unwitnessed falls, as evidenced in one residents' file reviewed. The service has a falls prevention and minimisation policy.</p> <p>Staff interviews confirmed they were familiar with the needs of all residents in the facility and have access to the supplies and products required to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months with the interRAI re-assessments.</p>
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		There was evidence of hospital discharge letters on file. All discharge plan interventions have been put in place by the RNs.
<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>	PA Moderate	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NP were recorded. In eight of the sixteen medication charts reviewed there were no allergies or sensitivities recorded.</p> <p>The staff observed, demonstrated good knowledge and clearly understood their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Thirteen of the sixteen medication charts reviewed had no medication reconciliation completed in the last two months.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The treatment fridge and treatment room temperature had not been recorded in the last two months.</p> <p>There were no residents self-administering medications at the time of audit. The registered nurse (RN) interviewed was able to demonstrate knowledge on self-medication administration. The facility does not use standing orders.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy.</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>Residents and families interviewed stated they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and was last reviewed in March 2023. The food control plan expires in March 2024.</p> <p>The RN completes a nutritional assessment for each resident on admission to identify the resident's dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, and the chef at interview confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs. These are accommodated in daily meal planning for residents. All meals are prepared on-site and served in the dining room or residents' rooms if requested.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.</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 five files reviewed showed a timely transfer to hospital after a fall. 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>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>A current building warrant of fitness is publicly displayed. The expiry date is 19 August 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for purpose, well maintained and that they meet legislative requirements. The testing, tagging and calibration of all medical equipment was completed on 9 May 2023.</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 IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflected the requirements of the infection prevention and control standards and included appropriate referencing.</p> <p>The IPC programme implemented is clearly defined and documented. It was developed with input from external IPC services. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually.</p> <p>A registered nurse oversees and coordinates the implementation of the (IPC) programme at the service level. The infection prevention control nurse (IPC nurse) has completed external education on infection prevention and control.</p> <p>Staff have received education in IPC at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports. Records of monthly analyses sighted confirmed the total number of infections, reason for increase or decrease and action advised. The CM monitors the infection events recorded weekly and the regional quality manager receives a notification for high-risk infections recorded in the electronic system. Any new infections are discussed at shift handovers for early interventions to be implemented.</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>There is a commitment from governance in the restraint policy toward eliminating restraint. There were no residents requiring the use of a restraint on the day of the audit. No restraint has been used since August 2023. Monthly reporting is provided by the CM who is the restraint coordinator and discussed at the quality and safety meeting. Restraint management is communicated to staff during orientation and as part of the ongoing education programme reviewed.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are</p>	<p>PA</p> <p>Moderate</p>	<p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessments completed within three weeks of the resident’s admission to the facility for all long-term residents. Seven of the eight residents were identified as having early warning signs of decline in their condition, for example absconding behaviour, but there was no evidence of assessment and intervention to manage the behaviour.</p>	<p>Seven of the eight residents did not have assessment and intervention on early warning signs of decline in their condition.</p>	<p>All residents to have assessment and intervention when their general condition declines.</p> <p>90 days</p>

<p>accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p>	<p>PA Moderate</p>	<p>i. Seven of eight files showed resident progress was different from expected but there were no changes initiated to the care plan, for example, a resident presented with challenging behaviour, but this was not reflected reflect in the care plan.</p> <p>ii. All interRAI assessments were current. However, seven of eight care plans reviewed do not reflect the resident’s current needs as identified in the interRAI assessment.</p> <p>iii. All residents’ files sampled had current interRAI assessments completed but interRAI outcome measures are not used to support</p>	<p>I. There was no evidence that changes were initiated in the care plan when residents’ progress was different from expected.</p> <p>II. The residents’ identified needs are not reflected in the care plans.</p> <p>III. InterRAI outcome measures are not used to support care plan goals and</p>	<p>I. Where progress is different from expected, changes to the care plan are to be initiated.</p> <p>II. Residents’ care plans are to reflect residents’ current needs as identified in the interRAI assessment.</p> <p>III. InterRAI outcome measures are to be used to support care plan goals and interventions.</p>

<p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>care plan goals and interventions.</p>	<p>interventions.</p>	<p>90 days</p>
<p>Criterion 3.4.3</p> <p>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. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Thirteen of the sixteen medication charts reviewed had no medication reconciliation completed in the last two months.</p> <p>II. Medications are stored securely in accordance with requirements. The treatment fridge and treatment room temperature had not been recorded in the last two months.</p>	<p>I. Thirteen of the sixteen medication charts reviewed had no medication reconciliation completed in the last two months.</p> <p>II. There was no evidence of treatment fridge and treatment room temperature recorded in the last two months.</p>	<p>I. All medications received from the pharmacy are to have medication reconciliation completed and documented in the individual resident's medication chart.</p> <p>II. The treatment fridge and treatment room temperature are to be taken and recorded weekly as per the organisation policy.</p> <p>30 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medication related allergies or sensitivities and respond</p>	<p>PA Moderate</p>	<p>Resident allergies and sensitivities are documented on the medication chart and in the resident's record. Eight of the sixteen medication charts reviewed had no allergies or sensitivities recorded.</p>	<p>The allergies and sensitivities have not been recorded in eight out of sixteen medication charts.</p>	<p>The allergies and sensitivities have not been recorded in eight out of sixteen medication charts.</p>

appropriately to adverse events.				30 days
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.