

Oceania Care Company Limited - Bayview

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

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| Legal entity: | Oceania Care Company Limited |
| Premises audited: | Bayview |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 19 February 2024 End date: 19 February 2024 |
| 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: | 80 |

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 tātou 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 |
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|  | 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 |
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| | 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

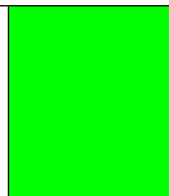
Oceania Care Company Limited – The Bayview (The Bayview) provides aged related residential care at hospital and rest-home level care for up to 91 residents. There have been no significant changes to the management team or the facility since the last audit.

This unannounced surveillance audit against the Ngā Paerewa Health And Disability Services Standard NZS 8134:2021 and the provider’s contract with Te Whatu Ora – Health New Zealand included review of policies and procedures, review of residents’ and staff files, observations and interviews with residents, whānau/family members, managers, staff, and a nurse practitioner. Interviews with governance representatives have occurred as part of another recent audit and these same systems continue to be in place.

There were no shortfalls identified at the last audit. At this audit two areas are identified as requiring improvement, related to incident management and ensuring care plans are sufficiently detailed to guide care.

Ō tātou 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 and works collaboratively to support and encourage a Māori world view of health in service delivery. Processes were in place to enable Māori to be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Processes were in place to ensure Pacific peoples can be provided with services that recognise their worldviews and are culturally safe

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 were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their family/whānau were kept well informed.

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

Hunga mahi me te hanganga | Workforce and structure

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| <p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</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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Oceania Healthcare assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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When residents were admitted to The Bayview a person-centred and whānau/family-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.


The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised and included a range of information. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

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

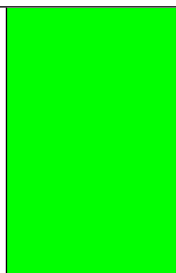
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service fully attained. |
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

There has been no change to the approved fire evacuation plan in place at the last audit.

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

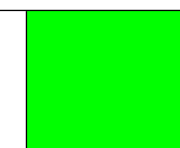
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| Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety 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. |
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The governing body, business and care manager, clinical manager and the infection control coordinator at Bayview ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) program that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained infection control coordinator led the program and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

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| Includes four 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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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. Staff have been provided with training on managing challenging behaviours and de-escalation techniques.

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 | 47 | 0 | 0 | 2 | 0 | 0 |

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

Attainment against the Ngā paerewa Health and disability services standard

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

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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Oceania Healthcare Limited (Oceania) has a 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.</p> <p>A Māori health care plan has been developed and this can be used at The Bayview for residents who identify as Māori. There were no Māori residents present during the audit. The name and contact details of local kaumātua are available for staff and residents.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> | FA | <p>The Bayview has a policy on Māori and Pacific people’s health. This describes how the organisation responds to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs and advocates the Fonofale model of care for use with any Pasifika residents. There were no Pasifika residents present. Staff interviewed could detail how culturally appropriate care would be provided in accordance with Pasifika</p> |

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| <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>worldview, cultural and spiritual beliefs.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. The Code was displayed in English and Māori around the facility, as was information on the Nationwide Health and Disability Advocacy Service (Advocacy Service). Brochures on the Code were available at reception. All the above information was provided to the residents in the resident information pack on admission. The Health and Disability advocate attended the residents' meetings every three months and provided the residents with guidance if needed.</p> <p>Residents and their family/whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</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 services are safe and protected from abuse.</p> | <p>FA</p> | <p>Employment practices at The Bayview 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. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>Six residents and four family/whānau members interviewed expressed satisfaction with the services provided at The Bayview.</p> |

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| <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>Residents at The Bayview and/or their family/whānau/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.</p> <p>Advance care planning, establishing, and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Three complaints have been received in relation to services in 2023. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The business and care manager would ensure the complaints management process works equitably for Māori by offering face-to-face meetings and facilitating whānau or other cultural supports.</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</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. Oceania are using Māori consultancy processes to</p> |

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| <p>communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania have a legal team who monitor changes to legislative and 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 is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. Specific models of care relevant to Māori and Pasifika are available for use for Māori and Pasifika residents in the service. As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery. At a local level, new residents need to purchase a right to occupy and the business and care manager advised being clear to prospective residents about what this entails.</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. 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 The Bayview service, and 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 are 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 regional clinical manager confirmed appropriate quality and clinical data from The Bayview is included in the data presented via the organisation’s</p> |
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| | | <p>quality and risk framework to the board of directors.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand for aged-related residential care at hospital and rest home level. All beds are dual use. At audit 80 residents were receiving services (49 at hospital level and 31 at rest home level of care). There are 81 rooms/care suites at The Bayview with ten double care suites that may be occupied by couples. This allows for full occupancy of up to 91 residents. The entry agreement (occupational right agreement) includes consent for a couple who choose a double room. On the day of the audit one double care suite was occupied by a couple. Other double care suites were occupied by individuals at their choice. At the time of the audit none of the residents in The Bayview identified as either Māori or Pasifika.</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>PA Moderate</p> | <p>The Bayview 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. A resident satisfaction survey report from November 2023 was sighted and verified there is overall satisfaction with services provided. The business and care manager has developed an action plan to address the top three areas where residents have suggested improvements. Monthly resident meetings occurred and these provided opportunities for residents to provide feedback on the facility, food, staff, activities, the environment and overall services provided. An independent advocate attends every third meeting.</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 The Bayview, with appropriate follow-up and reporting.</p> |

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| | | <p>The business and care manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. A health and safety committee meets. There are new staff representatives on the H&S committee.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. However, not all events are being reported.</p> <p>The business and care manager and the clinical manager understood and have complied with essential notification reporting requirements. There have been essential notifications related to COVID-19 outbreaks and more recently all COVID-19 positive results are reported via a specific mobile application. Section 31 notifications have been made in relation to a stage three pressure injury, a resident fall, and a hearing aid event. A section 31 notification was made on the day of audit in relation to a pressure injury that is now considered stage three.</p> <p>There have been no police investigations, coroner's inquests, or issues-based audits.</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> | FA | <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. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least two staff members on duty have a current first aid certificate. There is 24/7 registered nurse (RN) coverage in the care home. The RN shifts are a combination of eight and 12 hour shifts. There is a minimum of two RNs (one on each floor) and four health care assistants (HCAs), one per wing, on duty. Staff are rostered to work in the same wing. This facilitates continuity of care. There are no RN and HCA vacancies. There are 14 RNs and the CM with interRAI competency. The service has students working in the care home as part of the competency assessment programme (CAP) course. Student nurses are</p> |

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| | | <p>also supported with training and care opportunities. Housekeeping, laundry services, catering services and activities staff are rostered seven days a week.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff are supported to complete an industry-approved qualification in aged care. There are 25 HCAs that have completed a level four qualification, and seven with a level four qualification based on time work/experience. There are six staff with a level two qualification, and five staff with a level three qualification.</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> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and role-specific orientation programme prepared them well for the role and evidence of this was seen in files reviewed, with one exception. This is not raised as an area for improvement as they system supports a robust and appropriate orientation occurring. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed, with one exception. A current appraisal is noted to have occurred; however, the associated records were not able to be located. The system supports staff to have a regular performance appraisal.</p> |
| Subsection 3.2: My pathway to wellbeing | PA | The multidisciplinary team at The Bayview worked in partnership with the |

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| <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>Moderate</p> | <p>resident and their family/whānau to support the resident's wellbeing. Seven residents' files were reviewed, five hospital files and two rest home files. The files included residents who had a pressure injury, residents who displayed behaviours that were challenging, residents with type two diabetes, residents who had had an acute event requiring transfer to an acute facility, residents who had had a recent fall, and residents with several co-morbidities.</p> <p>All 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.</p> <p>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Three of the seven files being reviewed identified residents having episodes of challenging behaviours. While these behaviours were at times being captured on a behaviour monitoring chart and in the residents' progress notes, only one of the three files had a behaviour management plan in place that detailed the triggers to the behaviours and strategies to manage those behaviours, including an evaluation on the effectiveness of these strategies. Two events that had occurred, and were being managed appropriately, had no incident form documenting the incident, and no mention of the event in the resident's file (refer criterion 2.2.5). Family/whānau input was included in the management strategies implemented, as was input from specialist advisors. In addition, a resident who had had frequent falls, and physiotherapy input to assess and advise on management plans to improve mobility, had no documentation in the care plan to inform others and ensure continuity of treatment. This is an area that requires attention.</p> <p>The remaining three files that were reviewed evidenced post-fall assessments and neurological assessment were being completed post-falls and in a timely manner. A resident with a stage three pressure injury had a section 31 notification to the Ministry of Health (MOH) completed on the day</p> |
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| | | <p>of audit. Evidence that the wound care nurse was advising on the management regime was sighted. A wound care management plan was in place and included photographs to capture the results of the treatment regime. Strategies to minimise the risk of further pressure injuries were in place. 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 whānau. Residents and their family/whānau confirmed active involvement in the process.</p> <p>Interviews with two family/whānau of other residents expressed satisfaction with the care provided at The Bayview. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions.</p> <p>An interview with the NP expressed satisfaction with the care provided by staff at The Bayview.</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 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 were competent to perform the function 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> |

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| | | <p>Prescribing practices met requirements. The required three-monthly GP/NP review was recorded on the medicine chart. Standing orders were not used at The Bayview.</p> <p>Self-administration of medication was facilitated and managed safely. Residents were supported to understand their medications.</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 The Bayview was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in September 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 3 May 2023 at The Bayview. Three areas requiring corrective action were identified, these have been addressed and signed off. The plan was verified for 18 months. The plan is due for re-audit in November 2024.</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.</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, and in a book recording the residents feedback on satisfaction with meals. This was supported on the day of the audit when residents responded favourably regarding the meals provided on those days.</p> <p>A previous audit identified an area of continuous improvement around the</p> |

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| | | food service. That initiative remains ongoing, however there was no evidence sighted of ongoing evaluation occurring. |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | Transfer or discharge from The Bayview was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The family of a resident who was recently transferred reported that they were kept well-informed throughout the process. |
| <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> | FA | <p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing and clinical performance validation.</p> <p>Residents and whānau interviewed did not raise any concerns about the environment.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p> | FA | The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are |

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| <p>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>sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</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>The Bayview 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 program. Bayview 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/governing body and shared with staff.</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> | FA | <p>Oceania Healthcare has a focus of restraint elimination across all of its facilities. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including The Bayview, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at The Bayview since the last audit. The regional clinical manager interviewed confirmed the use of restraints is reducing nationally, and in the region they are responsible for.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p> | <p>PA</p> <p>Moderate</p> | <p>Staff document a range of adverse and near miss events in line with the National Adverse Events Reporting Policy. However, not all events are being reported. Incidents reported electronically by staff are notified to the business and care manager and clinical manager for their review/information and to alert designated managers at a regional and national level as and if required. During audit the behavioural-related events of two residents were being discussed. These incidents/events had not been reported via the adverse event/incident management system, and at times, were either not documented in the resident's file or were not sufficiently documented. As incident reports were not consistently being completed, the business and care manager and the clinical manager were</p> | <p>Not all adverse events/incidents are being reported by staff or documented appropriately in the residents' individual clinical records.</p> | <p>Ensure all adverse events/incidents are consistently being reported by staff in a timely manner, documented appropriately in the residents' individual clinical records and appropriate timely action taken in response to these events.</p> <p>90 days</p> |

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| | | <p>unaware of some of these events.</p> <p>The residents' care plans were insufficiently detailed to guide care and identify triggers for the challenging behaviour, or to detail how these behaviours should be managed, although some interventions have occurred. This links with the area for improvement raised in 3.2.4.</p> <p>A sample of documentation related to incidents that had been reported showed these were fully completed, incidents were investigated, and action plans developed in a timely manner with one exception. Refer to criterion 3.2.4.</p> | | |
| <p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and</p> | <p>PA Moderate</p> | <p>Seven residents' files were reviewed, and four did not describe fully the care the resident required to meet their assessed needs. Three of these residents demonstrated several events that were challenging; however, only one of the files included behaviour management plans, that identified triggers to the behaviours and strategies to manage those behaviours. Recent events by two residents were being managed; however, there were no incident forms documenting those events and no plan in place to mitigate the risk of these events recurring. Specialist services had been sought in a timely manner, however, the management plan to enable effective management and continuity was not documented.</p> | <p>Documentation in the care plans does not always describe fully the care residents require to meet their assessed needs.</p> | <p>Provide evidence the residents' care plans describe fully the care the residents require to meet their assessed needs.</p> <p>90 days</p> |

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| <p>promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p> | | <p>A resident who had had a recent fall, with subsequent physiotherapy assessment and management programme put in place to decrease the risk of further falls, did not have the plan documented in the care plan. A resident with two pressure injuries had a care plan that identified the resident's skin was intact.</p> | | |
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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 audit.

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End of the report.