

Oceania Care Company Limited - Meadowbank Village - Care Centre

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:

Legal entity: Oceania Care Company Limited

Premises audited: Meadowbank Village - Care Centre

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

Dates of audit: Start date: 22 April 2024 End date: 22 April 2024

Proposed changes to current services (if any): A new 42 bed dementia unit is being built on site, planned to open in May 2025.

Total beds occupied across all premises included in the audit on the first day of the audit: 60

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
	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

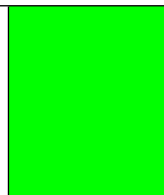
Oceania Care Company Limited - Meadowbank Village Care Centre (Meadowbank) provides age-related residential care at hospital and rest home level care in care suites for up to 65 residents. The previous village manager has changed roles and is now the business and care manager for the care suites and has been in this role for approximately 12 months.

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, and staff. Interviews with governance representatives have occurred as part of another recent audit and these same systems continue to be in place.

There were five shortfalls identified at the last audit related to complaints management, human resource records, staff orientation, controlled drugs audit and the laundry room. These have been addressed. At this audit three areas are identified as requiring improvement, related to incident management/neurological monitoring of residents post unwitnessed falls, resident self-administration of medication, and including ethnicity data in infection surveillance reports.

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.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). The service has a policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

Complaints were resolved effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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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.

Processes are in place to ensure all employed and contracted registered health professionals have current annual practising certificates.

Ngā huarahi ki te oranga | Pathways to wellbeing

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 low risk.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

There is a medicine management system in place. All medications are reviewed by the nurse practitioner (NP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

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.

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

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.		Some subsections applicable to this service partially attained and of low risk.
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The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. A registered nurse coordinates the programme.

Orientation and ongoing education of staff is maintained. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Any infection outbreak is managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

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.

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	15	0	2	1	0	0
Criteria	0	48	0	1	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 Meadowbank for residents who identify as Māori. There were no Māori residents present during the audit. The name and contact details of local kaumātua were 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>Meadowbank 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.</p> <p>Staff interviewed could detail how culturally appropriate care would be</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>provided in accordance with Pasifika 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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they 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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The registered nurse (RN) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by</p>

<p>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>the nurse practitioner (NP) for residents who were unable to provide consent.</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. The business and care manager (BCM) are responsible for complaints management and response.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Two complaints have been received since January 2023. Documentation sighted showed that complainants had been informed of findings following investigation, with time taken to ensure effective resolution. The shortfall from the last audit has been addressed.</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 communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance</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 is using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members</p>

<p>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>have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. A new chief legal and risk officer was appointed earlier in 2024.</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 (when required). 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 this is likely to be the most significant barrier.</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 Meadowbank 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 teams 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 (e.g., 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>Quality and clinical data from Meadowbank is included in the data presented via the organisation’s quality and risk framework to the board of directors.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand for</p>
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		<p>age-related residential care at hospital and rest home level. All beds are dual use. At audit, 60 residents were receiving services (33 at hospital level and 17 at rest home level of care). There are another 10 residents that are privately paying and have not had level of care needs assessments completed.</p> <p>There are 64 rooms/care suites at Meadowbank. Residents occupy their care suite under an occupational right agreement. One room has dual occupancy, and this has a couple residing. This allows for full occupancy of up to 65 residents.</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>Meadowbank 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, including the quality meeting and registered nurse (RN) meeting minutes and by staff at interview.</p> <p>A resident satisfaction survey report from November 2023 was sighted. While residents are satisfied with most components of care and service, feedback on food, laundry and aspects of cleaning services were noted by residents to not always meet their expectations. The business and care manager has been working to address these issues. Residents and whānau interviewed were satisfied with subsequent improvements to cleaning and laundry services. However, food services remain a work in progress and work is also underway to review and improve the activities programme to better meet resident needs.</p> <p>Quarterly resident and whānau meetings occurred and these provided opportunities for residents to provide feedback on the facility, food, staff, activities, the environment and overall services provided. The BCM is looking to increase the frequency of these meetings to two-monthly.</p> <p>Policies reviewed covered all necessary aspects of the service and of</p>

		<p>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 Meadowbank, with appropriate follow-up and reporting.</p> <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 national meeting template specifies the health and safety activities to be completed at each health and safety committee meeting. A review of Meadowbank health and safety (H&S) systems by an Oceania H&S representative occurred the week prior to audit.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Documentation related to the follow-up of non-clinical adverse events is overdue. Neurological monitoring is not consistently occurring post unwitnessed fall in accordance with policy.</p> <p>The business and care manager and the clinical manager understood and have complied with essential notification reporting requirements. Section 31 notifications have been made in relation to the change in business and care manager, the relief clinical manager (covering the clinical manager's extended leave) a stage three pressure injury, two residents absconding, a discrepancy in a controlled drug balance, and reduced/loss of water supply.</p> <p>The discrepancy with the controlled drug balance was also notified to the Police. This was not investigated. A detailed root cause analysis was undertaken by Meadowbank and appropriate actions put in place. 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</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. 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 one staff member on duty has a current first aid certificate. Usually there is two,</p>

<p>improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>however some staff are awaiting recertification. There is 24/7 registered nurse (RN) coverage in the care home. The clinical manager works nine days a fortnight morning shifts onsite and does one day a fortnight undertaking projects for Oceania. There are at least two RNs working morning and afternoon shift. The registered nurses are allocated 'non-clinical' rostered days to complete interRAI assessments and care planning.</p> <p>The nurse practitioner (NP) visits twice a week and an extra nurse is rostered on in the morning these days. The nurse practitioner was unable to be interviewed during audit.</p> <p>There is a minimum of one RN and four health care assistants (HCAs) on duty. Care staff are allocated residents that they are responsible for on each shift. There are no RN and HCA vacancies. One activities coordinator position is vacant.</p> <p>There are eight RNs and the CM with interRAI competency. Student nurses are also supported with training and care opportunities. Housekeeping, laundry services, catering services and activities staff are rostered seven days a week. Administration and reception staff work weekdays.</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 with the exception of staff completing the annual fire competency. This is not raised as an area for improvement as the fire drill last occurred on 15 March 2024 and this training is planned. Staff felt well supported with development opportunities.</p> <p>Care staff are supported to complete an industry-approved qualification in aged care. Two HCAs interviewed are working to complete a level four qualification. The other four HCAs interviewed have a level 4 qualification.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently</p>

<p>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>implemented, including reference checks, interviews, police vetting, health screening, and verifying qualifications and registration (where applicable). The shortfall from the last audit has been addressed. A process is in place to monitor that all employed and contracted registered health professionals maintain a current annual practicing certificate.</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 the staff member was employed in 2020, prior to the last certification audit. The induction and orientation system supports a robust and appropriate orientation occurring. The shortfall raised at the last audit has been addressed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. There are processes in place to monitor when staff appraisals are next due.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A total of six residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The files were selected from those residents the clinical manager advised have had a NASC assessment identifying their level of care. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/Enduring Power Of Attorney (EPOA). All InterRAI assessments reviewed were current, including all in the InterRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and NP involvement is encouraged in the plan of care.</p> <p>The nurse practitioner (NP) completes the residents' medical admissions</p>

		<p>within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The clinical manager reported that communication with the NP was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. The NP was not available for an interview on the day of audit.</p> <p>The registered nurses (RNs) reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family were included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Neurological monitoring of residents post unwitnessed falls were not consistently completed as required by policy (refer to criterion 2.2.5).</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</p>	<p>PA Low</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The NP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The previous corrective action around completing the six-monthly controlled drugs quantity and the actual stock has been addressed. Weekly and six-monthly controlled drug stocktakes were completed as required, with the latest stock completed on 13 December 2023. Monitoring of medicine fridges and medication rooms temperatures was conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards.</p> <p>There were residents self-administering medication on the audit day. However, appropriate processes were not in place to ensure this was managed safely.</p> <p>There were no standing orders in use.</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 is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years (April 2024). All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration, the current food control plan will expire on 28 March 2025.</p> <p>Diets were modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p> <p>Residents and family/whānau/EPOA expressed satisfaction with the food service in place.</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>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident.</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>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 (expiry 23 May 2024), electrical and bio-medical testing and clinical performance validation. A regular maintenance programme is in place. 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 implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services and the clinical governance committee. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online 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. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IPC programme. 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, and wounds. Surveillance of infections does not include ethnicity data. Surveillance data and recommendations to improve are reported to the management and the governance body monthly.</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. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were sporadic incidents of COVID-19 outbreaks reported in 2023 and 2024 since the previous audit. These were managed in accordance with the pandemic plan with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Oceania Healthcare has a focus of restraint elimination across all of its</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>facilities. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Meadowbank, 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 Meadowbank since the last audit. The clinical manager interviewed confirmed the use of restraints is reducing nationally. In the most recent data available restraint use has continued to reduce Oceania-wide, in a downward trend.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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. Resident-related events are reported via the electronic resident information management programme. Non-clinical events are reported via another process. There are processes in place to alert designated managers at a regional and national level where applicable.</p> <p>The clinical events sampled demonstrated these are being investigated and responded to in a timely manner. This includes open disclosure, communicating with the nurse practitioner where clinically indicated and completing a post-falls risk assessment. Whilst neurological monitoring is occurring post unwitnessed resident falls, this did not occur at the frequency or duration as identified in</p>	<p>Documentation does not demonstrate that non-clinical incidents have been investigated and responded to in a timely manner.</p> <p>Neurological monitoring of residents post unwitnessed fall is not consistently occurring at the frequency and duration as required by organisation policy.</p>	<p>Ensure all incidents are investigated and responded to in a timely manner and documentation is maintained.</p> <p>Ensure residents have neurological monitoring as required by organisation policy post unwitnessed fall.</p> <p>60 days</p>

		<p>organisation policy for three out of four sampled events. This is despite the clinical manager discussing Meadowbank's expectations of staff at the January 2024 RN meeting. This links with information in subsection 3.2.</p> <p>There were nine non-clinical incidents that remain open, some without any investigation noted. These events were reported in July 2023 and subsequently. The BCM noted these events have been followed up, but the documentation not completed.</p>		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>There is a self-medication policy in place, and this was sighted. The policy requires that three-monthly competence assessments for residents self-administering medication should be completed and that medication should be stored securely. Two residents were self-administering medications on the day of the audit. Competence assessments for the residents were overdue for review. Medicines were not being kept in a lockable container as per policy requirements. The clinical manager and registered nurse reported that correct systems and processes were being implemented to ensure this met the standards and policy requirements.</p>	<p>(i) Two residents self-administering medicines had competence assessments that were overdue for review.</p> <p>(ii) Self-administered medications were not stored securely as per policy requirements.</p>	<p>Ensure appropriate processes are in place for residents self-administering medications.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and</p>	<p>PA Low</p>	<p>Infection data is collected, monitored and reviewed monthly. The data is collated in the electronic record management system and action plans are implemented. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used;</p>	<p>Monthly surveillance of infections does not include ethnicity data.</p>	<p>Ensure monthly surveillance of infections includes ethnicity data.</p>

documented using standardised surveillance definitions. Surveillance includes ethnicity data.		however, surveillance of infections does not include ethnicity data.		180 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 audit.

No data to display

End of the report.