# Oceania Care Company Limited - Lady Allum Rest Home and Village

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Lady Allum Rest Home and Village

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

**Dates of audit:** Start date: 8 April 2024 End date: 9 April 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:** 102

# 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 haumaru │ 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 |
|  | 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

Lady Allum Rest Home and Hospital is part of Oceania Healthcare Limited. The facility can provide services for up to 113 residents requiring rest home and hospital levels of care. The includes the addition of 17 care suites for residents requiring secure dementia care services, since the previous audit

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

Improvements are required in relation to cultural competencies not being completed by staff, and that there are no activities plans developed or implemented to cover 24 hours a day, for each resident in the dementia care service. In addition to this there is no model of care that has been adopted for people from the Pacific Islands or partnerships developed with local Pasifika organisations.

## Ō tātou motika │ Our rights

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| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,  and upholds cultural and individual values and beliefs. |  | Some subsections applicable to this service are partially attained and of low risk. |

Oceania has a Māori and Pacific Peoples Health Policy in place. The policy outlines Oceania’s commitment to Te Tiriti o Waitangi and the Whare Tapa Whā model of care. Lady Allum Rest Home, works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice were shown in service delivery.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

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

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| 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 are partially attained and of low risk. |

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

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

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

Residents’ information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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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 are partially attained and of medium or high risk and/or unattained and of low risk. |

The entry to service process is efficiently managed. There is an electronic system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

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

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

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

## Te aro ki te tangata me te taiao haumaru │ 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 are fully attained. |

The facility meets the needs of residents and was clean and maintained. There is a Certificate of Public Use displayed at reception. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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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 are fully attained. |

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

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. They are adequately resourced. The infection control coordinators are the clinical manager and a registered nurse, who are involved in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

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

Aged care-specific infection surveillance is undertaken with follow-up action taken as required, with results shared with staff.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

## 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 are fully attained. |

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place. A suitably qualified restraint coordinator leads the process.

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

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 26 | 0 | 2 | 1 | 0 | 0 |
| **Criteria** | 0 | 172 | 0 | 3 | 1 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  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. | FA | 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, mana motuhake and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori, and which reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.  A Māori health care plan has been developed with input from cultural advisers (Ngāti Hine – Ngāpuhi) and this can be used at Lady Allum Rest Home for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents.  The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were no staff who identified as Māori at the time of audit. Recruitment is ongoing; however, there have been no Māori applicants for the roles advertised.  The service has links for Māori health support and advice through Te Whatu Ora Waitematā. The service has linkages with a local primary school and two secondary schools and has made contact and is building on a relationship with a local iwi and marae to allow for better service integration, planning and support for Māori. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  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. 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. | PA Low | The service provider has a policy on Māori and Pacific people’s health. This describes how the organisation responds to the cultural needs of residents and is for use in the interim until the organisation begins its work alongside the Pacific community and formally develops a Pacific plan. The document notes the need to embrace cultural and spiritual beliefs.  Corporate managers described plans to work in partnership with Pasifika communities, to develop a Pacific plan and to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Currently there is no specific model of care available for staff to support the care of Pasifika residents (refer criterion 1.2.3). There were no residents who identified as Pasifika in the facility on the days of audit. Lady Allum Rest Home has no connections with Pasifika organisations outside the service; however, management are working through connections suggested by staff who identify as Pasifika (refer to criterion 1.2.5).  The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were 10 staff members who identified as Pasifika at the time of audit, none of whom are currently in leadership roles. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | All staff interviewed 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, and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code has been provided.  The clinical managers (CMs) interviewed, reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents’ wishes and support needs. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Residents were supported in a way that is inclusive and respects their identity and experiences. All residents were able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity. These were documented in the residents’ care plans sampled. Family/whānau and residents, confirmed being consulted.  The CMs reported that residents were supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents’ personal areas, and knocking on the doors before entering.  Staff had completed cultural training as part of orientation; however, they were yet to complete competencies in relation to Te Tiriti o Waitangi, te reo Māori, and tikanga practices (refer 2.3.4). The CMs reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words into Māori. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | 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.  Residents reported that their property and finances were respected and that professional boundaries were maintained. The CMs 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. Family/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.  The Māori cultural policy in place identified strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the CMs who reported that all outcomes are managed and documented in consultation with residents, Enduring Power of Attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable). |
| Subsection 1.6: Effective communication occurs  The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | In interviews, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative’s health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported in the residents’ records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.  Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.  There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, is encouraged. |
| Subsection 1.7: I am informed and able to make choices  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. 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. 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. | FA | The CMs and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents’ files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation’s standard consent form. Consent forms reviewed included van outings, medical, general informed, and resident consent to student involvement. These are signed by the EPOA and residents. The NPs make a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The CMs reported that advance directives are explained and encouraged. All residents admitted to the secure dementia unit had activated EPOAs in place.  Staff were observed to gain consent for day-to-day care, and they reported they always check first whether a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members’ lives. All consent forms reviewed were signed. In interviews conducted with residents they reported they felt safe, protected and listened to, and happy with care/consent processes.  The staff reported that tikanga best practice guidelines in relation to consent during care were observed. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. There was one complaint that remained open at the time of audit. There have been no complaints received from external sources since the previous audit. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are 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 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.  Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Whilst a Māori care model is outlined in policy documents, Oceania has yet to promote a Pasifika-specific model of care in policy documentation (refer criterion 1.2.3).  As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of young people with disabilities are reflected in organisational documents, most recently with the release of a ‘Person with a Disability’ policy in September 2022.  Oceania has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Lady Allum Rest Home, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.  Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (eg, adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.  The national operations manager (NOM) the regional clinical manager (RCM) and the business and care manager (BCM) were interviewed. The NOM and the RCM confirmed knowledge of the sector, regulatory and reporting requirements and maintained currency within the field. The BCM is a registered nurse, has been in the role for three months and is well supported by two experienced clinical managers.  Lady Allum Rest Home welcomes and supports residents and their whānau to participate through resident meetings and satisfaction surveys completed annually. Responses from the resident meeting minutes and surveys completed in November 2023 were noted to be very positive.  The service holds contracts with Te Whatu Ora Waitematā for rest home, hospital, dementia and respite care services. On the day of the audit 41 residents were receiving rest home level care, 51 hospital level care, 10 dementia level care and no residents were receiving respite care. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Lady Allum Rest Home 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.  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 Lady Allum Rest Home, with appropriate follow-up and reporting.  The BCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.  Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner.  The BCM understood and has complied with essential notification reporting requirements. Regular Section 31 staff notifications to HealthCERT were provided in 2023 in relation to the registered nurse shortage and missing medication June 2023. No notifications have been made in 2024 to date. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | 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. Care staff 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 and there is 24/7 RN coverage.  Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with Te Whatu Ora Waitematā. There were 51 health care assistants employed at Lady Allum Rest Home. Thirty-seven (37) have completed Level 4, 12 Level 3 and 2 have completed Level 2. All staff who work in the dementia care service have completed the required dementia care educational requirements. Records reviewed demonstrated completion of the required training and competency assessments, apart from cultural competency training.  Staff reported feeling well supported and safe in the workplace. |
| Subsection 2.4: Health care and support workers  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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | 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 were being consistently implemented. Job descriptions are provided. Staff performance is reviewed and discussed at regular intervals. Ethnicity data was recorded and used in line with health information standards.  The administrator interviewed provided the records of all current annual practising certificates for the health professionals employed and the contracted health professionals including the two nurse practitioners, the pharmacist, dietitian, podiatrist and the contracted physiotherapists.  Staff orientation included all the necessary components relevant to the role. The staff interviewed reported that the orientation process prepared them well for their role. New HCAs described their orientation and that they were buddied with an experienced HCA for up to three weeks if required.  The HCAs confirmed that they have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | Residents’ files and the information associated with residents and staff are retained in electronic and hard copies. Backup database systems are held by an external provider. All necessary demographic, personal, clinical, and health information was fully completed in the residents’ files sampled for review. Records were uniquely identifiable, legible, and timely, including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.  Residents and staff files were held securely for the required period before being destroyed. Paper-based files were archived onsite. No personal or private resident information was on public display during the audit.  The provider is not responsible for registering residents’ National Health Index (NHI) numbers. All residents have an NHI number on admission. |
| Subsection 3.1: Entry and declining entry  The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | The admission policy for the management of inquiries and entry to Oceania Care Company Limited is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, and dementia level of care were in place. Residents assessed as requiring dementia level of care were admitted with consent from EPOAs and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.  The records reviewed confirmed that admission requirements are conducted within the required time frames and are signed upon entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.  The CMs reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer or family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.  There were no residents who identified as Māori at the time of the audit. The service collects ethnicity data on entry and decline rates for Māori. The service has established partnerships with local Māori organisations to benefit residents who identify as Māori when required. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | All 11 residents’ files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed on admission. The service uses assessment tools that include consideration of residents’ lived experiences, cultural needs, values, and beliefs. Residents’ care is undertaken by appropriately trained and skilled staff that include the registered nurses and care staff. Cultural assessments are completed by the registered nurses and clinical managers. There were no residents who identified as Māori. Long-term care plans were also developed with detailed interventions to address identified problems.  Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents’ strengths, goals, and aspirations aligned with their values and beliefs documented. Evaluations included the residents’ degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented detailed strategies to maintain and promote the residents’ independent wellbeing were sighted. Residents in the secure dementia unit had no documented specific activities covering a 24-hour period as per policy and legislative requirements.  All residents reviewed had assessments completed including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The NPs visit the service weekly and were available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the NP. Residents’ medical admission and reviews were completed. Residents’ files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. Progress notes were completed on every shift and more often if there were any changes in a resident’s condition,  The CMs reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident’s condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the NPs, clinical managers, registered nurses care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.  Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions 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 nursing team as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited to the levels of care provided and the residents’ needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.  The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whanau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | Planned activities are appropriate to the residents’ needs and abilities. Activities are conducted by the activities team that comprises of three diversional therapists (DTs) and two activities coordinators. The programme runs from Monday to Sunday on all the three respective floors. The activities are based on assessments and reflected the residents’ social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents’ birthdays are celebrated. A social life history assessment detailing residents’ life history is completed for each resident within two weeks of admission in consultation with the family and resident.  The activity programme is formulated by the activities team in consultation with the nursing team, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, and dementia level of care. There is a space inside the secure dementia unit to allow maximum freedom of movement while promoting the safety of residents who are likely to wander.  Behaviour support plans were in place for residents in the secure dementia unit; however, files reviewed had no specific activities covering a 24-hour period (refer 3.2.4). Leisure care plans reflected residents’ preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Regular outings were undertaken as required.    The activities staff reported that there were no residents who identified as Māori. Opportunities for Māori and whānau to participate in te ao Māori would be facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals.  EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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. | FA | A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NPs were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident’s record.  A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. Medications were stored securely in accordance with requirements.  Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.  Standing orders were not used. Self-administration of medication was facilitated and managed safely. Residents and their family/whānau were supported to understand their medicine when required. The NP stated that when requested by Māori, appropriate support and advice will be provided.  The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage; current medication competencies were evident in staff files. The clinical managers and registered nurses oversee the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted on the electronic medication management system. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.  Residents interviewed stated that medication reviews and changes are discussed with them. Twenty-two medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the NPs following discussion with the resident and/or their whānau. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | 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). Recommendations made at that time have been implemented.  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.  The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained. All decanted food had records of ‘use by’ dates recorded on the containers and no expired items were sighted.  Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All alternatives were catered for as required. The residents’ weights were monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks were available, including for residents in the secure unit, on a 24-hourly basis. Māori and their whānau have menu options that are culturally specific to te ao Māori.  Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The CMs reported that discharges are normally into other similar facilities. Discharges are overseen by the CMs who manage the process until exit. All this is conducted in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.  A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents’ files. Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are archived onsite. If a resident’s information is required by a subsequent geriatrician, a written request is required for the file to be transferred.    Evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists, were sighted in the files reviewed. Residents and EPOA/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | A certificate of public use remains in place. The building warrant of fitness is near completion with a few minor requirements still to be signed off. The building is new and appropriate systems are in place to ensure the residents’ environment and facilities both internally and externally are safe and well maintained and that they meet legislative requirements. The maintenance manager interviewed explained the maintenance team schedule.  Residents confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.  Electrical tagging and testing was current as confirmed in records, interviews with the maintenance manager and observation. Calibration of equipment was completed on 4 March 2024. The certificate of compliance for the lift was also sighted and was current.  The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Ceiling hoists have been installed in each of the care suites. There is adequate storage for mobility aids and wheelchairs. Additional hoists, standing and transfer, had been checked on 4 March 2024.  Spaces were culturally and spiritually inclusive and suited to the needs of the resident groups. Furniture is appropriate to the setting. The lounges and dining rooms are large and decorated to reflect a homely atmosphere. There is a separate café on site on the ground floor, that residents and their family can use Tuesday to Friday during the day.  Each resident has their own ensuite bathroom. Appropriate secured and approved handrails are provided in the ensuite bathrooms. Adequate toilets are available for staff and visitors. Residents’ rooms are personalised with photographs and pictures, and other personal items were displayed. Residents and families reported the adequacy of bedrooms.  Residents and families were pleased with the environment, including heating and ventilation, privacy and maintenance. Heat pumps are located in all residents’ suites and in the main lounges. Double window glazing helps to maintain the room temperatures. Temperatures can be maintained in each care suite and in the communal areas. There was gas heating in the three main lounges. The maintenance manager explained the ventilation system in place for the total facility.  The BCM reported, and documentation confirmed, that residents, families and a cultural advisor had been involved with the design of this new building. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 12 July 2022. A trial evacuation takes place six-monthly with a copy provided to FENZ, the most recent drill being held on 26 March 2024. The record was sighted.  Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Emergency evacuation plans were displayed and know to staff. The emergency plan meets the needs of people with disabilities in an emergency.  The orientation programme includes fire and security training. Staff records reviewed verified that staff had received training in emergency procedures. HCAs interviewed confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, floor plans, sprinkler alarms, smoke detectors, exit signs and fire action notices were sighted.  Staff had completed first aid training and current certificates were sighted in the staff records reviewed. Hot water checks are maintained by the maintenance team and recorded accurately. Each individual room has a pre-set tempering valve for regulating the hot water system.  Call bells are tested regularly in each care suite and communal areas. Call bells alert HCAs to residents requiring assistance. Residents and family reported staff responded promptly to call bells.  There were adequate supplies for use in the event of a civil defence emergency or a pandemic, including food, medical supplies, personal protective equipment, and a gas barbecue and gas cylinders were available. The civil defence storage room is located on level two. Emergency lighting and a 10,000 litre water tank are accessible if needed. This meets the National Emergency Management Agency recommendations for the region. There is currently no generator onsite; however, a plan is in place to obtain a portable generator from another of the organisation's facilities if needed.  The facility is secured after hours, with appropriate security arrangements being in place. All residents and family members can gain entry through the main doors with a code which they are provided with on admission. Staff use a swipe card and/or a swipe fob for different zoned areas. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern. | FA | The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy) who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.  The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Lady Allum Rest Home has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waitematā, the medical laboratory microbiologist or the two nurse practitioners. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.  The board collects data on infections and antibiotic use and has added ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at Lady Allum Rest Home and the wider Oceania group.  A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection prevention and control coordinators (IPCCs) are responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCCs have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Currently, there are no proposed changes.  There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.  The IPCCs have input into other related clinical policies that impact on health care-associated infection (HAI) risk. The IPCCs coordinate the infection prevention and control education. The content of the training is documented and evaluated to ensure it is relevant, current, and understood. Education with residents was on an individual basis and as a group in residents’ meetings. This included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the records sampled.  Medical reusable devices and shared equipment were appropriately decontaminated, sterilised or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices were not reused. There is a decontamination, sterilisation, and disinfection policy to guide staff. Regular infection control audits were completed, and where required, corrective actions were implemented.  Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good handwashing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.  The IPCCs stated that educational resources in te reo Māori will be provided when required. Samples of educational resources in te reo Māori were sighted.  The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The organisation is currently initiating a project titled “Improving the use of antibiotics in the management of urinary tract infection in aged residential care”. This is completed through a monthly staff knowledge and confidence survey.  The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data included antibiotic usage and identified areas for improvement. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | 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 prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.  Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff at staff meetings, handovers and on an ad hoc basis. All infection data is reported to the governing body. Benchmarking was completed by comparing with previous monthly results and other sister facilities.  Residents and whānau (where required) 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 whānau.  There were no infection outbreaks reported since the previous audit. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient amounts of PPE were available that included masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.    There are designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules were maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.    Laundry staff are responsible for laundry at the service. Personal clothing is washed onsite while bed linen and towels are washed offsite. The secure dementia unit staff, with the assistance of capable residents, also wash personal clothing in the unit as part of diversional therapy. The laundry was clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Lady Allum Rest Home, is provided to the board annually. At the time of audit, two residents were using a restraint.  Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the two clinical managers who provide support and oversight when restraint is required. One of the clinical managers was interviewed. There is a job description that outlines the role, and the RCs have had specific education around restraint and its use. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Restraint protocols are also covered in the orientation programme of the facility.  The RCs in consultation with the Lady Allum Rest Home multidisciplinary team are responsible for the approval of the use of restraints. There are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process.  A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint when required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents’ files. Any changes to policies, guidelines, education and processes are implemented if indicated. |
| Subsection 6.2: Safe restraint  The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | FA | Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Family confirmed their involvement. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval meeting. Restraint reviews occur two-monthly and the outcomes are recorded on the electronic patient system. The family, EPOA, NP and the RC complete the restraint reviews. The register contained enough information to provide an auditable record and was last reviewed on 6 March 2024. The HCAs confirmed that they have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing. |
| Subsection 6.3: Quality review of restraint  The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | The restraint committee undertakes two-monthly reviews of restraint use which include all requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has reduced over the last 12 months. The two residents using a restraint currently are hospital level care. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3  My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care. | PA Low | There is a Māori and Pacific health policy in place which was reviewed in February 2023. There is no reference to Pasifika-specific models of care (eg, Fonofale or Te Vaka Atafaga) in the policy document. | The Māori and Pacific health policy does not include a Pasifika-specific model of care. | Provide evidence that a Pasifika-specific model of care has been included in a policy document for use with planning care for Pasifika residents.  180 days |
| Criterion 1.2.5  My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. | PA Low | The corporate managers interviewed described how they plan to work in partnership with Pacific communities and organisations, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Discussions have commenced at governance level, and this was described as a work in progress. The Lady Allum Rest Home currently has no connections with local Pasifika organisations outside the service and no plans as yet to address this. | Lady Allum has no partnerships with local Pasifika communities or organisations to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes for Pasifika residents. | Provide evidence that partnerships with local Pacific communities and organisations have been established to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of the benefit of Pasifika residents in the service.  180 days |
| Criterion 2.3.4  Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. | PA Low | Staff training records were reviewed with the administration staff. The training calendar was sighted. Competencies for clinical and non-clinical staff have been completed except for cultural competencies. These are still being currently developed for implementation. | There was no evidence to verify that all staff had completed cultural competencies as part of the training programme. Cultural competencies were required to ensure health care and support staff provide high quality, culturally safe services. | To ensure all staff complete cultural competencies as part of the education programme.  180 days |
| Criterion 3.2.4  In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (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; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented. | PA Moderate | Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Behaviour monitoring charts were completed, and appropriate interventions were implemented as required. Care plans reviewed for residents in the secure dementia unit did not have specific activities covering a 24-hour period. | Four resident files reviewed for residents in the secure dementia unit had no documented specific activities covering a 24-hour period as per policy and legislative requirements. | Ensure 24-hour activities care plans are developed for all residents in the secure dementia unit.  90 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.