

Oceania Care Company Limited - Elmwood Rest Home and Village

Introduction

This report records the results of a Partial Provisional 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:	Elmwood Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 12 August 2024 End date: 12 August 2024
Proposed changes to current services (if any):	A new three-storey facility has been built within the grounds of Elmwood Rest Home and Village. This has rooms which are either studio care suites or one-bedroom care suites.

The new building will provide aged care services only – rest home, hospital - medical and geriatric. (The existing building on the Elmwood Rest Home and Village site will continue to provide residential disability services – physical as well as aged residential care services.)

The provider seeks to increase the total bed numbers at the site from 160 to 161 and increase the number of double bedrooms from three to five.

All bedrooms in the new building are requested to be dual use.

The planned opening date is 24 September 2024.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Elmwood Rest Home and Village is part of Oceania Healthcare Limited. The existing facility has been providing services for up to 160 residents requiring rest home, hospital and residential disability - physical levels of care. This partial provisional audit took place to assess the preparedness of the provider to deliver aged residential care services (rest home and hospital levels only) in a new purpose-built facility on the same site.

This audit process was conducted against NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard and the contracts the service holds with Te Whatu Ora – Health New Zealand. It included review of the new facility building and interview with managers and staff members involved in the construction process.

Areas for improvement relate to ensuring all staff have a current appraisal, ensuring residents who move into the new building receive emergency and security information as soon as possible after the opening date.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those who will live at Elmwood Rest Home and Village. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

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 and competencies are assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

There is a full complement of staff available to provide services to all those intending to move into the new building on the opening date.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are two medication rooms for the storage of medication on each floor level, medication distribution trolleys and designated fridges in the medication rooms sighted. The organisation's current medicine management policies and procedures will be utilised. There is a contracted pharmacy service and the use of an electronic medicine management system, which is already fully implemented, will be utilised in the new facility.

The existing food control plan for Oceania, and food safety policy, will continue to be used. The menu plans have been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary needs and preferences.

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

The facility meets the needs of residents and was clean, well presented and ready for occupancy internally.

Electrical and biomedical equipment is newly purchased in the new building and an effective system for monitoring equipment was observed.

On the day of audit, internal areas were accessible and safe. There are plans for all external areas to have shade and seating to meet the needs of residents.

An effective building system is installed at the new Elmwood building, and security is maintained.

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

There is a documented infection prevention programme which includes surveillance for infections. The programme is appropriate for the size and scope of the services provided and is linked to the quality improvement programme. Antimicrobial stewardship and hospital-acquired infections will continue to be monitored as part of the surveillance programme. A nominated infection prevention and control coordinator is responsible for the implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are guided by relevant policies and procedures and supported with regular education.

Here taratahi | Restraint and seclusion

Not Audited.

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	9	0	3	0	0	0
Criteria	0	82	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania 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 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.</p> <p>Information gathered 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 (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). Specific models of care relevant to Māori and Pasifika are available for use for Māori and Pasifika residents in the service. The needs of tāngata whaikaha are specifically addressed in</p>

	<p>the 'Person with a Disability' policy.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Elmwood Rest Home and Village's service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Elmwood Rest and Village (Elmwood).</p> <p>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>The business and care manager (BCM) and two clinical managers (CMs) confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field through their annual practising certificates (APCs), attending regular scheduled internal training for registered nurses (RNs) and as managers. All three have experience in the aged care sector and at Elmwood. The management team are supported by a regional clinical manager (RCM). The RCM also holds a current APC as a RN and has worked in aged care for 11 years. The RCM is also Oceania's infection control coordinator (ICC).</p> <p>Elmwood supports residents and their whānau to participate through regular resident meetings and satisfaction surveys. Responses from meetings and surveys were noted to be very positive.</p> <p>The service holds contracts with Health New Zealand for aged and non-</p>
--	---

		<p>aged residential care respectively, and Whaikaha for residential disability services – physical for people under the age of 65 (tāngata whaikaha) and some who are over 65. All rest home and hospital level care residents are funded by Health New Zealand. At the time of this audit, tāngata whaikaha were funded by Whaikaha.</p> <p>This partial provisional audit took place to review a newly constructed building on the same site as the existing Elmwood Rest Home and Village in The Gardens, Manurewa. The new building is a 106 suite facility with a total capacity for 111 beds. Five corner apartments have space for twin beds in the bedroom when occupied by couples. The provider is seeking approval to increase the number of double rooms, to be available for couples only, from three to five.</p> <p>All rooms in the facility are care suites, with a mix of studios and one-bedroom apartments. The identified five apartments are corner apartments in the new building and are larger because of their location in the building. Care suites/apartments are accessible through the resident purchasing an occupation right agreement (See also subsection 4.1.).</p> <p>The existing Elmwood Rest Home facility will have a maximum of 50 beds. All will be standard rooms. None of the 50 rooms remaining at Elmwood will be available as double rooms. The five larger apartments with the possibility of double occupancy would bring the total available bed numbers across the two sites to 161, an increase of one bed across the two sites. Approval is requested for this addition to bed numbers. It is also requested that all care suites in the new building be approved for dual use occupancy (See 4.1 for further details as noted above).</p> <p>Oceania Elmwood is intending to open the new building on Tuesday 24 September 2024. All residents currently living at Elmwood Rest Home and Village in a care suite under an occupational right agreement (ORA) will transfer to the new building at Elmwood, under their existing ORA terms and conditions.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers</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). Oceania has its own</p>

<p>listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>casual and pool of RNs who it can utilise if needed to cover shifts. Currently Elmwood is fully staffed. (See below and comments about recruitment for the new facility).</p> <p>Elmwood adjusts staffing levels to meet the changing needs of residents. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage for hospital level care residents.</p> <p>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 funders. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p> <p>In preparation for the move to supporting two facilities on the one site, an additional clinical manager (CM) has been employed. There will be one CM based in each building. There are sufficient RNs and care givers to support all residents and their care needs in each building at the current number of residents and tāngata whaikaha.</p> <p>Rosters have been prepared for two weeks from the planned opening date – 24 September 2024. This confirmed that all shifts are covered and contractual requirements are met. This includes a large activities team with one qualified diversional therapist based in each building, working fulltime, Monday to Friday, and a minimum of two activities coordinators working each day of the week in each building, Monday to Sunday.</p> <p>The BCM reported that some roles are being recruited in addition to the</p>
--	--

		<p>existing staffing, which meets contractual requirements and resident needs.</p> <p>The new roles include an executive chef to be based at the new building, a resident services manager and café staff members (who are in addition to kitchen staff). These positions are intended to deliver the enhanced services Oceania provides as part of ORA services. Evidence of their recruitment and selection was reviewed with the BCM. The recruitment procedures seen followed Oceania’s HR processes.</p> <p>In addition to the ORA related positions, two additional RN positions have been advertised. The intention is that these two additional permanent RNs will join the team in the new building by the time they are taking new admissions. This is estimated to be in late October/early November 2024.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors – the two nurse practitioners (NPs), allied health contractors, pharmacists, and the dietitian.</p> <p>The transition plan includes providing all staff working in the new building with an orientation process on the building’s systems, fire and emergency management processes, new equipment – in particular ceiling hoists – and familiarisation tours. Evidence of this having commenced prior to this audit was sighted for 20 staff members scheduled to work in the new building. This involved training in the fire and evacuation processes with the external fire consultants on 1 August 2024. The next session was scheduled for 20 August for remaining staff</p>

		<p>who will work in the new building.</p> <p>Oceania has a system for managers and staff to discuss and review performance at regular interviews. At the provider's unannounced surveillance audit on 3 July 2024 an area for improvement was identified in relation to staff appraisals being overdue. The provider reported that improvement was still being implemented during this audit.</p> <p>The BCM confirmed that information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username and password protected. Information is available only to those authorised to use it. Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debriefing options for staff are outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system will be used. All staff who administer medicines are required to be competent to perform the function they manage. The current staff in Elmwood Rest Home and Village who have medication administration competencies will transfer to the new Elmwood building.</p> <p>Medication reconciliation will be completed by the registered nurses. A system is in place in readiness for sending any expired or unwanted medications to the contracted pharmacy. The pharmacist will continue to dispense and deliver the regular packed medicines to the facility.</p> <p>There are two medication rooms on each floor. The medication rooms have keypad access. Secure controlled drugs storage cupboards were available. The medication rooms have temperature control systems installed. Equipment for medication management, including trolleys and fridges, was available. No medications are currently stored in the cupboards, fridge or the controlled drug (CD) cupboard in the new facility. Lighting is effective and hand washing facilities sighted are accessible in the medication room.</p>

		<p>One of the nurse practitioners already supporting residents in Elmwood Rest Home and Village will continue to support residents in the new facility. The same prescribing practices will be implemented, including documentation of medicine-related allergies or sensitivities, and consideration of over-the-counter medication and supplements. Standing orders will not be used.</p> <p>Policies and procedures to guide safe self-administration of medication by residents, should this be required, were available. The CM stated that when requested by Māori residents, appropriate support and advice will be provided. The clinical team and the nurse practitioner will support residents to understand their medication when required.</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 adults. The menu has been reviewed by the organisation's dietitian. It was last reviewed in April 2024. There is a fully equipped kitchen in the new facility. This will be the main kitchen. All food will be prepared onsite, including for residents in the existing building at Elmwood Village and Rest Home. An executive chef will manage the new kitchen. There are adequate dining areas for residents. There is a dining room on each floor level, including private dining spaces off the main dining room on levels one and two. This private space can be utilised by residents and their whānau if desired. The food will be transported to different floor levels in scan boxes.</p> <p>There is an approved food safety plan and registration that expires on 28 March 2025 that will be used in the new facility. The new food safety plan with the will be issued by MPI when the facility is due to be opened. A letter from MPI to verify this was sighted, dated 19 July 2024.</p> <p>A nutritional assessment is completed for all residents on admission to the service. Residents who will be transferred from the existing Elmwood building to the new one will utilise their current dietary assessment profiles. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. There are hot beverage-making facilities that residents can utilise and a café residents can access as desired.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for visitors and staff members. All care suites have their own ensuite bathroom.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. When any new buildings are being designed, consultation has occurred that reflects the identity of Māori. Approval for the new building was given in October 2018 (sighted) and the building process began five years ago. An email from Oceania's design team confirms their arrangements for consultation and co-design with Māori. The transition plan includes a blessing with representatives from the local marae in Manurewa.</p> <p>On the day of the audit, the new building was fully completed. On the day the council had visited to assess the building compliance issues, they had not yet issued the Certificate of Public Use (CPU). Not all of the external areas at the front of the building were completed. These areas were still being landscaped and the carpark constructed. There was no public access to this part of the overall Elmwood site, as it was fenced off by the contractors. The Oceania commissioning operations manager confirmed that the building plan has the front external areas being completed prior to the planned opening day. A representative from the construction company confirmed that the council have been advised of this. A revisit to confirm the CPU was scheduled.</p> <p>On 17 September 2024 the council visited the site again and issued the Certificate of Public Use (CPU). A copy of the Inspection checklist was provided to the DAA Group. Photographs provided with this document demonstrated that the front entrance to the new building and external areas had been completed. Some barriers around gardens and steps were still in place. Areas for improvement are identified to ensure the</p>

	<p>formal CPU document is available and on display, and the front, external areas are safe and accessible for residents.</p> <p>The external rear areas and access to the building had been completed and provide a safe route into and out of the building. At the time by a limited number of staff, equipment suppliers and the building management system contractors, who were completing their final checks. Because access is available to the building, those residents who are moving across to the new building have been able to visit and select their new care suite. Visits have taken place using the Elmwood van to transport residents from the existing facility to the new one, and which takes only a few minutes.</p> <p>The new Elmwood building is purpose-built for the provision of aged residential care services. The care suites are either a studio style or a one-bedroom apartment. All suites have a small kitchenette, built-in storage (for clothing and personal items) and ensuite bathrooms. Additional toilets for visitors are located in the central areas adjacent to dining and communal rooms, with additional facilities in the staff-only areas.</p> <p>A hospital style bed is provided, or people can choose to provide their own, along with some furniture. All care suites have ceiling hoists installed for when/if this may be needed by the occupant(s). The suites are generously proportioned for the provision of care and for residents to move safely within the suite.</p> <p>Large windows allow natural light. Some suites have balconies with safe external access and handrails installed. All windows can be opened, with appropriate security latches to ensure safety.</p> <p>Rest home or hospital level care can be provided in all suites due to their size, configuration and layout in the building. Each wing (two on each floor) has a 'nurses' station located close to care suites. The layout of all three floors is duplicated, with utility rooms, storage, egress routes and emergency accessways in the same locations on each level and each side of the building. This aids familiarity with the location of equipment and facilities by staff and residents.</p> <p>Signage is clear and direct. Decorative objects and artwork assists with identifying each floor and wing and other way-finding queues are</p>
--	--

		available.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	PA Low	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. The provision of back-up power being available through the building management system is included in the plan. This lasts for a maximum of six hours. The plans also include access to a generator in the event of an emergency causing disruption to power supplies for longer than six hours. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. An alternative cooking source (barbeque) has been ordered and is due to be delivered prior to opening. Emergency/civil defence supplies were seen in the existing Elmwood building, and appropriate supplies will be transferred to the new building on opening. Staff are able to provide a level of first aid relevant to the types of risk for the type of service provided.</p> <p>A fire evacuation scheme for the new building, approved by the local fire service on 8 July 2024, was sighted.</p> <p>Call points are located in each communal area throughout the new building. Each care suite has call points adjacent to seating/living area/bed(s) and in the bathroom. An effective call system has been installed and was observed on the day of the audit.</p> <p>For the new Elmwood building, the security and emergency briefing for residents and their families/whanau, who are transferring from Elmwood Totara, is planned for their first week at the new facility, commencing 24 September 2024. This was seen in the provider's transition plan and confirmed at interview with the BCM. An area for improvement is noted in relation to this.</p>
Subsection 5.1: Governance	FA	Infection prevention (IP) and control and antimicrobial stewardship

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>(AMS) are an integral part of the organisation’s business and quality plan to ensure an environment that minimises the risk of infection to residents, staff and visitors. Expertise in infection prevention and control and AMS can be accessed through the infection prevention lead at the head office and at Public Health. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at national infection control committee and staff meetings. Any significant events are managed using a collaborative approach and involve the infection prevention control lead, the senior management team and the nurse practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks will be escalated in a timely manner.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The group general manager, clinical and care services is responsible for the implementation, management and continuous evaluation of the infection control programme. The national infection control committee is involved in the annual review of the IP programme. The infection prevention (IP) programme for the new facility will be led by a nominated infection control coordinator at facility level. The IP programme has been approved by the governance body, links to the quality improvement system and is reviewed and reported on annually. Annual reviews of the programme will be reported to the governance body. The IP programme was developed in consultation with Oceania’s expert infection control nurse. The nominated IPCC has appropriate skills, knowledge and qualifications for the role and access to the necessary resources and support. The advice of the infection prevention committee has been sought when making decisions around procurement relevant to care delivery, design of the new building, and policies.</p> <p>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.</p> <p>Staff receive infection prevention education through orientation and ongoing education annually. The clinical managers stated that residents</p>

		<p>and their whānau will be educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available.</p> <p>Policies and procedures for decontamination of reusable medical devices and single use medical devices guide staff practice. The planned audit plan monitors the process to maintain good practice.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The AMS programme has been approved by the governance body. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme will be shared with staff and the governance body. Ethnicity data will be collated at the time of surveillance and recorded. The organisation's surveillance programme remains the same.</p> <p>Policies to guide culturally safe communication between the clinical team and residents are available.</p>
Subsection 5.5: Environment	FA	There are documented processes for the management of waste and

<p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>hazardous substances. Domestic waste is removed as per the local authority requirements. All chemicals were stored securely and safely. The cleaners' rooms and the sluice rooms have keypad access. Material data sheets were available. Cleaning products were in labelled containers. New cleaning trolleys were available and were stored in the cleaners' rooms. Cleaning schedules were developed for implementation for the new building. An adequate amount of PPE was available which included masks, gloves, goggles, and aprons.</p> <p>The cleaners already employed will clean the new Elmwood building. Cleaning guidelines were available in the cleaners' rooms. The clinical managers confirmed that regular internal environmental cleanliness audits will continue to occur regularly as per organisational audit schedule.</p> <p>The laundry services will be completed offsite in the organisation's central laundry in Auckland. Linen will be collected and delivered back from the laundry the same day. Staff are responsible for stocking the linen trolleys provided (these are covered) and giving out the named personal clothing to the residents. There is clear separation of dirty and clean laundry. The effectiveness of the laundry system will be monitored by the internal audit programme. The CM reported that the current system works effectively and will continue to work in the same way at the new building.</p>
---	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	Oceania Care Company has systems for the regular review of performance. The BCM described this system during the partial provisional audit.	An area for improvement had been identified at the provider’s unannounced surveillance audit on 3 July 2024. Of the sample of personnel files reviewed, 50% did not have a current performance appraisal. On the day of this partial provisional audit the corrective action plan to address this was being developed. The BCM described the plans which would be put in place.	<p>Ensure that staff appraisals are current for all staff across the Elmwood site.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The</p>	PA Low	The building has been designed specifically for the provision of aged residential care and is complete. It is inclusive of the needs and cultural practices of residents who live in the existing	On the day of audit, the Certificate of Public Use had not been issued by the local council because the external areas were still under construction and were incomplete. (See also 4.1.2).	Ensure that the Certificate of Public Use is available on site.

<p>environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>Elmwood facility and who will be transferring to the new location.</p> <p>The local council has visited to assess the building for its Certificate of Public Use and performed a follow-up visit on 17 August 2024. A checklist of actions from this latest visit records that all requirements are met.</p>		<p>30 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>There is a proposed opening date of 24 September 2024 and the building plans include completing all external development by that date.</p> <p>The outside at the rear of the building is completed and accessible.</p> <p>Following the CPU re-visit on 17 August, photographs provided showed completion of the car park.</p>	<p>On the day of the audit, not all the external areas were completed, safe and accessible for residents. The front of the building was still a construction site. After the revisit by the council, photographs showed some barriers around steps still needed to be removed and handrails installed to ensure safety.</p>	<p>Ensure all final external work is completed for residents to be safe using the front, external areas.</p> <p>30 days</p>
<p>Criterion 4.2.8</p> <p>Service providers will explain emergency and security arrangements to all people using the services.</p>	<p>PA Low</p>	<p>Plans for security and emergency arrangements have been prepared for the newly built facility. The transition plan for the move into the new facility includes briefings for the residents who move in on these arrangements.</p>	<p>The briefing on emergency and security arrangements had not been completed at the time of the audit but is planned to take place after residents move in.</p>	<p>Ensure that the emergency and security briefing is provided to residents as soon as possible after they move into the new building.</p>

				30 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, 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.