

Oceania Care Company Limited - Remuera Rise

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Remuera Rise

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

Dates of audit: Start date: 9 October 2024 End date: 9 October 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: 12

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Remuera Rise Limited provides rest home and hospital-level care for up to 12 residents. This facility is operated under Oceania Healthcare, a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand. Significant changes have been made in management since the previous audit. The facility is managed by the business care manager (BCM), appointed in March 2024 and supported by the clinical manager (CM). Residents and families reported satisfaction with the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland). This audit process included a review of policies and procedures, a review of residents and staff files, observations and interviews with residents, whānau/family members, managers, and staff. The nurse practitioner was not available for the interview. There were no areas of improvement required from the previous audit.

No areas requiring improvement were identified in this audit.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Remuera Rise 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.

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

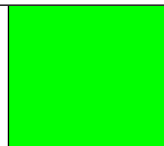
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

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

Planning ensures that the organisation's purpose, values, direction, scope and goals are defined. Performance is monitored and reviewed at planned intervals. A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collecting and analysing quality improvement data, identifying trends and leading to improvements. 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.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.

Subsections applicable to this service fully attained.


The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

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

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

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

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 | 18 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 49 | 0 | 0 | 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan for 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health’s Whakamaua Māori Health Action Plan 2020-2025. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities.</p> <p>Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of the audit.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> | FA | <p>The service provider has a policy on Māori and Pacific peoples’ health. This describes how the organisation responds to the cultural needs of residents. The document notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs.</p> <p>Policies and procedures are available to guide staff in caring for Pacific peoples. The Pacific peoples’ worldview policy underpins the provision of</p> |

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| <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | | <p>equitable service. Expert advice is sought from the resident or family and/or the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care are documented and implemented. At the time of the audit, there were no residents and three staff members who identified as Pasifika.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected, and their finances protected. A resident's property list is completed on admission to the facility, and any valuables and/or cash brought in can be stored in a locked safe.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant</p> | <p>FA</p> | <p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Residents interviewed, and their whānau, felt empowered to actively participate in decision-making. Enduring Powers of Attorney were activated where required. Signed general consent, resident consent, vaccination consent and special procedures consent (where applicable), were available in reviewed documents.</p> |

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| <p>messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | | <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>A fair, transparent and equitable system is in place to receive and resolve complaints, leading to improvements. This meets the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were five complaints in 2023, and nil in 2024 (year to date). The clinical manager reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person, such as the cultural advisor, in the process. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and whānau spoke with expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>No complaints have been received from external sources since the previous audit.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p> | <p>FA</p> | <p>The governing body of Oceania assumes accountability for delivering a high-quality service by supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti, and being focused on</p> |

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| <p>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> | | <p>improving outcomes for Māori and Pasifika, reducing barriers and achieving equity for Māori. The service provides rest home and hospital-level care.</p> <p>The service has a defined governance and leadership structure, including clinical governance, which is appropriate to its size and complexity.</p> <p>Board members can access cultural training, te reo Māori, and opportunities to upskill in Te Tiriti o Waitangi through other community roles and employment. Oceania has a legal team that monitors legislative and clinical requirements changes and has access to domestic and international legal advice. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>A new management structure is in place, led by a BCM with extensive experience in the health and disability sector, who was appointed in March 2024. The BCM is supported by a clinical manager, registered nurses, a regional clinical manager, the chief executive officer, and the board. The management confirmed knowledge of the sector and regulatory and reporting requirements.</p> <p>The Oceania Strategic Pillars identify the organisation's purpose, values, direction, scope and goals, and monitor and review performance at planned intervals.</p> <p>There were 12 residents at the time of the audit. The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for rest home and hospital level of care, including Age-Related Residential Care and Long-term Support – Chronic Health Conditions (LTS-CHC). All residents were assessed as requiring hospital level of care and none at rest home level of care and LTS-CHC, respectively.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> | <p>FA</p> | <p>The organisation has a quality and risk management plan that is documented to guide practice. This includes managing incidents and complaints, internal and external audit programmes, residents and whānau satisfaction surveys, monitoring of outcomes, and clinical incidents and accidents, including infection surveillance. Organisational practices were analysed by evaluating monthly data such as internal audits, surveys, and incidents compared with previous months. This is</p> |

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| <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | | <p>also conducted at the governance and service levels.</p> <p>The meeting minutes reviewed confirmed regular review and analysis of quality indicators, and that related information is reported and discussed at management, staff, clinical, and residents' meetings (where appropriate). The BCM reports to the national office. Staff reported their involvement in quality and risk management activities through audit activities. Relevant corrective actions were developed, implemented, and signed off when completed, as sighted in the documentation.</p> <p>A resident/whānau satisfaction survey was carried out in May 2024. The survey was comprehensive, and the results were collated, analysed and utilised to make service improvements, when required. The feedback survey results reviewed showed positive responses to nursing care, communication and support. Internal audits were completed according to a 2023 and 2024 schedule, with corrective actions and outcomes fed back to the staff and the corporate office. The clinical indicator report is completed quarterly and evidence of this was sighted.</p> <p>Health and safety systems were implemented. An up-to-date risk register reflected the current environment, with the severity and probability of each risk identified and determined. Risks, especially those associated with service provision, were monitored, analysed and addressed. Ten incidents were reviewed in the incident register. Incident reports were completed, and opportunities were identified to minimise risks. Improvements have been made in medication management, wound management, and falls management.</p> <p>Management was aware of the new National Adverse Events Reporting Policy. The service complies with statutory and regulatory reporting obligations. The BCM interviewed was fully informed and complied with statutory obligations about essential notification reporting. One Section 31 notification was completed in relation to the appointment of the BCM in March 2024. Public health was notified about the Covid-19 outbreaks.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</p> | <p>FA</p> | <p>A documented and implemented process determines staffing levels and skill mixes to provide culturally and clinically safe care. Bureau staff were rarely used. There are currently five registered nurses, four of whom are</p> |

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| <p>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>interRAI trained.</p> <p>The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them. Residents and whānau confirmed this in interviews. Cultural advice is sought in a timely manner through local and national cultural advisors. There were always first aiders on every shift. Care staff have either completed or commenced a New Zealand Qualification Authority education programme, with some having trained at a higher level than this to meet the requirements of the provider's agreement with the health funders.</p> <p>The rosters are displayed monthly. Staff commented positively and reported working at this organisation for over two years. Staff complete competencies such as cultural, first aid, hoist, hand hygiene, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently.</p> <p>Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the out-of-hours nurse practitioners and the management team.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of five staff records reviewed confirmed that the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). The annual practising certificates of all health professionals are reviewed annually, and a record is maintained.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role; evidence of this was seen in the reviewed files. Opportunities to discuss and review performance occur three months following the appointment and yearly thereafter, as confirmed in the records reviewed.</p> |

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| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The multidisciplinary teamwork in partnership with the residents and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, residents' strengths, goals, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, focusing on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. There were no residents who identified as Māori at the time of the audit. However, the interviewed registered nurses (RNs) understood how to support Māori and whānau to identify their own pae ora outcomes in their care plan, when required. The Māori health plan guides staff to practice as required.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations, as well as whānau goals and aspirations. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Residents' records, observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p> | <p>FA</p> | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the</p> |

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| <p>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.</p> | | <p>day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in the staff records reviewed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated, and appropriate process was in place to ensure this is managed safely when required. There were no residents who were self-administering medicine at the time of the audit.</p> |
| <p>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.</p> | <p>FA</p> | <p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of residents’ satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration. The seasonal menu has been developed by a dietitian and was last reviewed in March 2023.</p> |
| <p>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</p> | <p>FA</p> | <p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p> |

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| <p>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.</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. 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.</p> | <p>FA</p> | <p>Appropriate systems are in place to ensure residents' physical environment and facilities (internal and external) are fit for purpose. A current building warrant of fitness, expiring on 31 July 2025, was displayed. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements were met. Electrical checks were completed, and an inventory was maintained. The contracted medical company checked the annual calibration of medical resources and equipment. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff as per the training programme.</p> <p>Whānau and residents interviewed were pleased with the environment's suitability for their whānau members' needs. Appropriate signage and cultural information were on the notice boards for staff and residents to view. There were well-maintained garden areas.</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. 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.</p> | <p>FA</p> | <p>The national infection control expert for the organisation provides support and advice on infection prevention and control matters. The nominated infection prevention and control coordinator (IPCC) at the facility is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation. The IP programme was last reviewed on 01 June 2024.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly.</p> |

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| | | Residents and their whānau are educated about infection prevention in a manner that meets their needs. |
| <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 quarterly to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in monthly staff meetings and reported to the governing body in monthly reports. A recent infection outbreak reported since the previous audit was managed effectively.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | FA | <p>The service has a current restraint policy and aims to maintain a restraint-free environment. The governance body demonstrated a commitment to this, supported by the management team.</p> <p>The clinical manager interviewed advised that restraint is eliminated whenever possible. The clinical manager confirmed that this is documented in policy (sighted) and communicated to staff during orientation and as part of the ongoing education programme. The clinical manager is the restraint coordinator who provides monthly reporting, and restraint is discussed at the management, registered nurses, and quality and safety meetings.</p> <p>De-escalation training includes a competency questionnaire, which all staff complete at orientation and annually, and alternative cultural-specific interventions. The clinical manager is responsible for maintaining the restraint register. At the time of the audit, there was no restraint in use.</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.

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.