

Oceania Care Company Limited - Lady Allum 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 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 Ministry of Health's website by clicking [here](#).

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: 4 August 2022 End date: 4 August 2022

Proposed changes to current services (if any): Oceania Lady Allum Rest Home and Village has constructed a new three level facility of generously proportioned studio and one bedroom care suites. The facility is split into three 'wings' – Wings A and B were complete on the day of audit and were assessed against the specified criteria for a partial provisional audit. Wing C was not complete due to delays from construction material supply chain issues and Covid. However, evidence shows that levels 2 and 3 of this wing (C) will be finished to the same standard and the rooms will be configured the same as in wings A and B. The facility will

be able to accommodate people requiring rest home and hospital (geriatric and non-acute medical) care. They also plan to provide dementia services on the ground level of Wing C but as noted above this was not able to be assessed as part of this partial provisional audit.

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 tatou 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 haumaruru | 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

Oceania Group owns and operates Lady Allum Rest Home and Village. The facility provides rest home and hospital level care currently for 69 people. This has reduced from over 140 people over the last two years as the service has deliberately reduced numbers to allow for the current development. Lady Allum Rest Home and Village is managed by a business and care manager (BCM), supported by two clinical managers (CM).

Lady Allum Rest Home and Village has constructed a new purpose-built three-level facility on Auckland's North Shore. Oceania Group has established a specialist team to manage 'new builds' and the resulting transition of residents into any new services they develop. The specialist team includes the Executive Operations Manager, the National Culinary Manager, and the Commissioning Operations Manager.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the service's contract with the DHB, to identify the preparedness of the new building for safe entry of people. The audit process included review of policies and procedures and environmental observations. Interviews with the Executive Operations Manager, the National

Culinary Manager, and the Commissioning Operations Manager, as well as the two Clinical Managers and the Business and Care Manager were also a key part of the audit.

The new building has three wings on each of three floors, currently referenced as Wing A, Wing B and Wing C (although new names using te reo Māori are being finalised). Essentially Wings A and B are in one building and Wing C is in another building joined to the first by a fire rated wall with the necessary fire protection measures such as fire doors in place. Wing C is not yet complete and was still a building site on the day of audit due to supply chain and Covid issues. The building containing Wings A and B was completed and furnished to a high standard. It is anticipated that levels 2 and 3 of wing C will be configured to the same high standard using the similar floor layouts and rooms sizes as those included in Wings A and B. The dementia unit will be housed on level 1 of Wing C.

There are three required improvements raised; one of which relates to the issuing of a Certificate of Public Use (CPU), and the other two of which relate to staff training.

Ō tatou motika | Our rights

Not required for this audit.

Hunga mahi me te hanganga | Workforce and structure

The governing board assumes accountability for delivering a high-quality service and recognises Te Tiriti. They are working toward ensuring meaningful inclusion of Māori in governance groups and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic planning continues and ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

Lady Allum Rest Home and Village has sought to engage with local iwi.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

There are comprehensive plans in place to manage the transition of the 69 people in the current facility into the new building. This will occur over a three-day period in early October.

Ngā huarahi ki te oranga | Pathways to wellbeing

Good consideration has been given to the safe storage, management and administration of medicines in the new building. Secure entry is present on doors into dedicated medication rooms, and steel cabinets have been secured to walls in an additional locked cupboard for storage of controlled drugs.

The National Culinary Manager oversees the commissioning of a commercial grade kitchen which gives consideration to engaging people living in the home in the meal delivery process. A food control plan has been approved by the Ministry of Primary Industries and a cyclic menu has been approved by a dietitian.

The two required improvements arising from the last certification audit have been addressed and closed.

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

The new building is light, bright and airy. It is furnished to a high standard and meets all regulations for safety of people. A Certificate of Public Use (CPU) has been issued for Wings A and B.

The fire and emergency evacuation plan has been developed and has been approved by Fire and Emergency NZ (FENZ). Staff are yet to be trained in the new evacuation plan but there are firm plans for this to occur before moving people into the new building.

Security measures are in place.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The national project team for the refurbishment has included infection control advice.

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

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

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	76	0	3	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. The national quality compliance and audit manager stated the board is currently working on their strategic and business plan. The business care manager (BCM) and clinical managers (CM) confirmed knowledge of the sector, regulatory and reporting requirements. Regular reporting to the regional managers and to the board demonstrate the organisation’s leadership and commitment to quality and risk management. A sample of reports to the board showed adequate information to monitor performance is reported and this was confirmed by the national quality compliance and audit manager. Work is underway to ensure the board has meaningful inclusion of Māori in governance groups and honouring Te Tiriti. A new Māori and Pacific Peoples Health Policy and Oceania Māori Health Plan 2022 – 2025 have been developed.</p> <p>The organisation has had a clinical governance committee for</p>

		<p>approximately two years, and this is currently being reviewed.</p> <p>The site refurbishment is being undertaken by a project group at national office who report on progress to the board. The specialist team includes the Executive Operations Manager, the National Culinary Manager, and the Commissioning Operations Manager. The BCM and the Maintenance Manager oversee the contractors working on site and monitors the impact on the people in the adjoining current facility. They also report on progress to the regional manager and onto the board.</p> <p>Oceania has policies and processes to appoint a suitably qualified manager for each facility, including a defined job description, employment agreement and delegations' policy. At Lady Allum RH and Village this is the BCM who holds relevant qualifications and business experience and has been in the role for over five years. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through Oceania meetings, the Aged Care Association briefs, and meetings with the local DHB.</p> <p>It is anticipated that the existing contracts the service holds with Te Whatu Ora for rest home level care, hospital level –geriatric and medical, respite and long term support chronic health care will continue in the new building.</p> <p>It is anticipated that the existing contracts the service holds with Te Whatu Ora for rest home level care, hospital level –geriatric and medical, respite and long term support chronic health care will continue in the new building.</p> <p>Floor 1: 14 care suites in wing A; none in wing B (contains the kitchen and other service areas); and 17 in Wing C (will be the dementia unit eventually)</p> <p>Floor 2: 14 care suites in wing A, 10 in wing B; and 17 in wing C</p> <p>Floor 3 : 14 care suites in wing A; 10 in wing B; and 17 in wing C</p>
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		<p>Room numbers in total:</p> <p>Floor 1: 14 + 17 = 31</p> <p>Floor 2: 14 + 10 + 17 = 41</p> <p>Floor 3: 14 + 10 + 17 = 41</p> <p>Total =113</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented Oceania-specific process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days each week. A considered plan has been developed ready for implementation in the new wings that ensures staffing is flexed up as resident numbers increase.</p> <p>A review of a proposed roster and interview with the BCM and the Project team indicates that the staffing on each shift and on each level of the new building (in addition to the 1 BCM and 2 CMs who are on site M-F) shall be:</p> <p>Level 1 AM and PM (14 people - not including the proposed dementia unit)Two RNs,Two Healthcare Assistants (HCAs).</p> <p>Level 2 AM and PM (41 people)Two RNs,Six HCAs.</p> <p>Level 3 AM and PM (41 people)Two RNs,Six HCAs.</p> <p>On the night shift the proposed staffing across each level is 1 RN and 1 HCA.</p> <p>Other ancillary staff will also be available including, for example, a physio, 3 diversional therapists, and activities coordinator and a physio aide (these staff all provide services to the people in the current facility).</p> <p>The roster for the current building clearly signifies that there is at least one person (but most often many more people) on each shift that is a</p>

		<p>trained first aider. All registered nurses are required to have a current first aid certificate, but many of the HCAs also have this qualification. All registered nurses have current competency in InterRAI.</p> <p>Study days for different categories of staff are held each year, including a full study day for all registered nurses, and HCAs, and half day study time for all other staff. These sessions include mandatory and other training topics. These will continue in the new building. There is an extensive training programme planned to assist staff to understand the new systems in the new building including, but not limited to, the layout, the evacuation procedures, and the security system. Some systems will remain the same such as the E-Care planning system and the medication management and administration system.</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. The recruitment process includes referee checks, police vetting, validation of qualifications, the legal right to work in New Zealand, and practising certificates (APCs) where required. Job descriptions describe the relevant role and responsibilities, these are appended to the employment contract. All health professionals have a current annual practising certificate. The electronic system ensures alerts are given when these are expiring. Reports can be generated to show expiry dates. On review these were found to all be up to date. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed three months into employment and annually thereafter. Staff files are kept, accurate, relevant, secure, and confidential in line with health information standards. Lady Allum management has knowledge of the ethnicity of its staff; however, this is not formally documented, the Oceania central human resource personnel are making changes to their processes to ensure staff ethnicity is collected as part of recruitment practices.</p> <p>Staff orientation includes an employee resource pack and orientation manual, which includes all necessary components relevant to the role. Cultural training has been extended as part of the orientation pack.</p>

		Staff records reviewed showed documentation of completed orientation and a performance review after a year.
<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>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The policy references a safe system for self-administration of medicines should this be required.</p> <p>A safe system for medicine management using an electronic system is in place in the current facility and will be used in the new facility also.</p> <p>All staff in the existing building who administer medicines are competent to perform the function they manage.</p> <p>Medications will continue to be supplied to the facility in a pre-packaged format from a contracted local pharmacy. Medicine reconciliation occurs. Clinical pharmacist input is available on request and education can and has been provided for staff.</p> <p>Controlled drugs will be stored securely in accordance with requirements and checked by two staff for accuracy when administering. Controlled drugs are checked weekly and six-monthly, and this will continue in the new building.</p> <p>Temperatures for the medicine fridges (one in each wing) and the medication room will be recorded. Heat pump/air conditioning is in each medication room to ensure an ambient temperature is maintained.</p> <p>Prescribing practices include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly GP review is recorded on the medicine chart. This was seen on the medicine records viewed in the existing service.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	A commercial kitchen has been constructed and is finished to a high standard with some new equipment being purchased and some

<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>existing equipment (such as ovens) being transported across from the existing facility.</p> <p>The food service will be provided on site by a qualified chef and kitchen team and in line with recognised nutritional guidelines for older people. A cyclic menu has been reviewed and approved by a registered dietitian. Māori menu options that are culturally specific to te āo Māori, are yet to be added to the generic Oceania menu.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal in the new building are able to comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries, current until March 2023.</p> <p>A nutritional assessment will be undertaken for each resident on admission to the facility and a dietary profile developed. Any personal food preferences, any special diets, such as Māori preferences and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. This was confirmed by the National Culinary Manager. He states, ‘there are no no’s in the kitchen’. Special equipment to meet residents’ nutritional needs is available.</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</p>	<p>PA Low</p>	<p>A Certificate of Public Use (CPU) is still pending for Wings A and B.</p> <p>The new building is split into three wings and is in a T-shape, with Wings A and B forming the stem of the T and Wing C forming the top of the T. Wing C is not yet complete and couldn’t be visited during the partial provisional audit. However, a review of the plans and discussion with the Commissioning Project team, the maintenance man and the BCM verifies that the rooms will be identical to those in Wings A and B, with the same services including nurses’ stations, sluice rooms, clinics, and medication rooms being present on each level.</p> <p>The building is finished to a very high level and is furnished to a high standard. Appropriate systems are in place to ensure the residents’</p>

<p>belonging, independence, interaction, and function.</p>		<p>physical environment and facilities (internal and external) are fit for their purpose, well maintained and meet legislative requirements. Observation of many furnished rooms confirmed their appropriateness for provision of aged care with the smallest studio room being 22 square metres, and larger one-bedroom rooms being up to 40 square metres.</p> <p>Ceiling hoists have been installed in all rooms; however, portable hoists are still available. All rooms have a small kitchenette with under-bench fridges. The environment was comfortable and accessible, promoting independence and safe mobility. All rooms have ensuite shower and toilet. Additional toilets are available on each level.</p> <p>There are plans to include Māori culture, aspirations and identity within the refurbished and new facility, with options being discussed presently.</p>
<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>	<p>PA Low</p>	<p>An evacuation plan for this new building has been developed and submitted to Fire and Emergency NZ for approval. This has been granted, dated 12 July 2022. Training for staff on the evacuation plan and other firefighting equipment is planned to occur before people move into the new building. Because the building has fire suppression equipment and materials in place, horizontal evacuation can be achieved.</p> <p>A generator is available should electricity fail. Gas BBQs and hobs are available as alternative cooking facilities. The National Culinary Manager has put together an alternative menu that can be used in the event of a utility's failure or for a lock down should this be required. Approximately 10,000 litres of water is stored in an outdoor tank for use in emergency should this be required. Plans are in place to ensure this is rotated to ensure freshness.</p> <p>A call bell system has been installed. Sophisticated security systems have been installed to ensure the security of people.</p> <p>With the requirement for all RNs to have a current first aid certificate,</p>

		there will be at least two trained first aiders on each shift.
<p>Subsection 5.1: Governance</p> <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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on monthly and yearly. The national quality compliance and audit manager stated that expertise and advice are sought following a defined process by the national infection prevention and control group (NIPCG), which includes input from pharmacies on antimicrobial usage. Infections are recorded via the electronic patient management system which can be viewed by all managers including national office. Reporting on people's infections is carried out monthly to the governing body. Outbreaks would be escalated in a timely way. Local advice on outbreaks is available from the DHB and primary care organisation.</p> <p>A pandemic/infectious diseases response plan is documented, and the COVID-19 response meets the requirements of the Ministry guidelines and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The new building will be managed under this framework.</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>	PA Low	<p>The CM is presently the infection prevention and control coordinator (IPCC) and responsible for overseeing and implementing the IP programme with reporting lines to regional clinical manager and national IPCG. The IPCC has appropriate skills for the role (being a RN) but has not completed any formal training specific to her role as IPCC. The advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of the new building and policies. Oceania are in the process of identifying Māori persons to be involved in committees or advising on areas such as infection control.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good</p>

		<p>practice.</p> <p>Oceania are working through the process to ensure te reo Māori appropriate infection prevention and control information is available.</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>There is a process for identification and confirmation of infections which leads to a decision by the residents GP on the prescribing, or not, of an antibiotic. Responsible use of antimicrobials is promoted. The CM stated that their GPs are very responsible when prescribing antibiotics in the existing service. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use undertaken at a national level 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) currently used by Lady Allum RH and Village is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal and the upper and lower respiratory tract. The CM reviews all reported infections. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Comparisons against previous years and this is reported to the quality meeting and national support office. Data is benchmarked within the group and against the aged care sector.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness</p>	FA	<p>The new building is a very clean and hygienic environment, and this supports prevention of infection and transmission of anti-microbial resistant organisms.</p>

<p>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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. A new external waste storage area has been created for storage of waste prior to it being picked up by an external contracted waste management company and this was observed to be appropriate. Laundry services are managed by another Oceania facility in Auckland and a large new laundry is included in the new building. This allows for good dirty to clean flow with laundry shuts being used from the upper floors to deliver dirty laundry to the new laundry room. Most of the laundry will be taken off site, but people’s personal laundry will be laundered on site using two large commercial washing machines and two large commercial dryers. Designated cleaning rooms are in place on each level of the new building and equipment used for cleaning, including dose systems for cleaning products was observed to be in place ready for use. Chemicals are able to be stored safely.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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 environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The service has instigated the assessment for the issuing of a CPU, but a delay has occurred.	A CPU has not yet been issued for the new building.	<p>Ensure a CPU or CCC is issued for the new building.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	As the building has only recently been 'handed over', staff have yet to receive training in evacuation and other critical processes including security. Lady Allum RH and Village has plans for this to occur prior to people moving in.	Staff have yet to receive training in evacuation and other critical processes including security. Lady Allum RH and Village has plans for this to occur prior to people moving in.	<p>Ensure this training occurs prior to move in date.</p> <p>Prior to occupancy</p>

<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <p>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</p> <p>(b) Have clearly defined responsibility for IP decision making;</p> <p>(c) Have documented reporting lines to the governance body or senior management;</p> <p>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</p> <p>(e) Receive continuing education in IP and AMS;</p> <p>(f) Have access to shared clinical records and diagnostic results of people.</p>	<p>PA Low</p>	<p>One of the two CMs is the IPCC. This person is fulfilling the role well and has the support of her colleague who is the other CM, and also the BCM who is also a RN. However, she has not received any education or training specific to her role as the designated IPCC for Lady Allum RH and Village.</p>	<p>Whilst the IPCC is undertaking all of the duties expected of an IPCC in Oceania, she has not received education of a higher level than that possessed by a RN to ensure she is able to fully understand the data and systems used for IPC at Lady Allum.</p>	<p>Ensure the IPCC is supported to excel in her role through the provision of education or a qualification in infection prevention and control, specifically for IPCCs.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.