

Park Estate Home and Hospital Limited - Park Estate Home and Hospital

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 BSI Group New Zealand Ltd, 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: Park Estate Home and Hospital Limited

Premises audited: Park Estate Home and Hospital

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

Dates of audit: Start date: 19 September 2022 End date: 19 September 2022

Proposed changes to current services (if any): The organisation has built a new facility that includes 30 dual purpose beds for residents requiring rest home or hospital level of care and five beds for residents requiring rest home level of care. The service plans to open the service on the 14 October 2022 depending on the outcome of this 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 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

Park Estate Home and Hospital is owned and operated by directors who also owned two other established aged care facilities. This partial provisional audit was undertaken to verify a new build that will cater for up to 35 residents requiring rest home or hospital level of care.

The service is to be managed by the directors (operations manager and facility manager) with clinical oversight by the clinical manager who has been appointed into the role. They are supported by a health care team leader and staff including healthcare assistants. The new building is modern and spacious, is on a flat section and includes single bedrooms, including most with ensuites. There are communal areas for residents and a new kitchen, laundry, staffroom, reception, and storage areas.

This audit has identified shortfalls to be addressed prior to occupancy around staffing, medication management, certificate of public use, orientation of staff to the new building, first aid training for staff and general completion of the building with installation of equipment and furnishings.

Ō tatou motika | Our rights

Not applicable.

Hunga mahi me te hanganga | Workforce and structure

Park Estate Home and Hospital Limited is a private company. The governance group are the owners (directors) who are the operations and facility manager respectively. They will provide oversight and monitoring of the service.

This new building has a total of 30 dual purpose beds and five beds designated as being for rest home residents only. This partial provisional audit is to verify the beds for rest home and hospital level of care. The site has yet to be handed over from the builders and is to be set up ready for occupancy (including addressing shortfalls identified in this audit).

The service plans to open the site on the 14 October 2022.

There are vision, values, and objectives relevant to aged care facilities. A transition plan is a working document with actions signed off when completed. The managers all have previous experience in their respective roles and in working in aged care.

There is a staffing and rostering policy. Human resources are currently being managed in accordance with good employment practice. All staff will be required to complete an orientation and training as per the training plan.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are to be prepared on site. There are seasonal menus in place in the other facilities which have been reviewed by a dietitian, and the appointed cooks are expected to implement these at this service. All kitchen equipment is in place except the hardware. Residents' food preferences will be able to be accommodated.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants will be required to administer medications. There is a treatment room that is mostly ready to securely store medicines. An electronic medication system will be installed.

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

The building holds a current fire evacuation plan and the managers have applied for a certificate of public use. Internal and external areas are mostly completed with any resident with a mobility aid able to access all areas. There are a mix of full ensuite facilities and shared bathroom and toilet facilities which are easily accessible for residents. There are communal areas such as lounges and dining areas. All equipment and furnishings are to be put in place. There are railings in place in all areas.

Systems and supplies are in place for essential, emergency and security services. Wiring, plumbing, heating, and emergency services are in place and will be operationalised when the builder's hand over the building.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control coordinator (clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection control coordinator has completed relevant annual training.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility.

Here taratahi | Restraint and seclusion

Not Applicable.

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	6	0	6	0	0	0
Criteria	0	66	0	12	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>Park Estate Home and Hospital is a limited liability company owned by two directors. One is the facility manager, and the other is identified as the operations manager, and both provide hands on support for the service in varying roles. The directors have owned two other facilities (a rest home and rest home/hospital in the Auckland region) for over eight years.</p> <p>The operations manager has over 20 years’ experience as an operations manager in hospitality, experience as operations manager at the other two aged care facilities and has a Masters of Logistics. The facility manager has over eight years’ experience in the role and has a background as a software engineer and a Bachelor of Accounting. A clinical manager has been appointed into the position and has already started in the role. They have over five years’ experience as a registered nurse in NZ with previous experience overseas in nursing roles. The facility manager, operations manager and the clinical manager were interviewed as part of the audit.</p>

		<p>This partial provisional audit was to verify a new build to provide rest home and hospital level of care for up to 30 residents (dual purpose), and 5 beds identified as being for rest home residents. The building and site is mostly ready for occupancy (noting that there are some shortfalls identified at this audit that are to be addressed prior to occupancy). The service plans to open the site and building on the 14 October 2022.</p> <p>An overall vision and values are documented. The facility manager states that staff will be made aware of the vision and values during their induction to the service. There is a business plan and risk management plan with a transitional plan in place that is being implemented. The service has a consultant who supports the other three sites with policy development and advice if required. They will also include this service as part of the consultancy.</p> <p>Interviews with the managers confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The directors are working to ensure tāngata whaikaha have meaningful representation in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. By identifying and addressing barriers for Māori for equitable service delivery, to have meaningful Māori representation with input into organisational operational policies and to ensure staff have cultural training and education.</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</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. The operations manager, facility manager and clinical manager are available at the facility Monday - Friday. The facility and/or operations manager are on-call after hours for any organisational concerns and the clinical manager is on call for clinical issues. The facility manager and operations manager stated that they will be available by phone or zoom call if required when on leave although neither have planned leave until the service is fully operational.</p> <p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support for potentially 35 residents.</p>

<p>services.</p>	<p>An initial roster has been developed for 12 residents at rest home level of care. The roster provides for the following staff: One healthcare assistant (HCA) on each shift (0700-1500; 1500-2300; 2300-0700). There is also an HCA rostered from 0700-1000. HCAs are expected to complete laundry and cleaning. Two cooks have been employed to cover a seven day a week food service.</p> <p>Another draft roster is being developed for 35 residents with this to be adjusted depending on occupancy and acuity of residents. The facility manager described appointing more registered nurses and HCAs prior to admitting more residents requiring hospital or rest home level of care.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The registered nurse is supported by two other nurses if on leave. One is currently working in a neighbouring facility and the second is currently working in a need's assessment service as a registered nurse. The clinical manager is interRAI trained.</p> <p>An experienced healthcare team leader has been appointed. They have over 15 years' experience in caregiving. There are also a further five healthcare assistants who have already been appointed. Two have completed level 4 certificate NZQA (New Zealand Qualifications Authority); one has completed level three NZQA qualification; and two others are new to the caregiving role in New Zealand, however one has over five years' experience overseas in a similar role. The facility manager stated that staff who have completed NZQA certificates have completed cultural competencies and the others will be expected to complete training as part of orientation. There are sufficient staff employed already to provide care for up to 12 residents as planned on the first roster. The facility manager is planning to continue to recruit staff to meet the needs of residents once more are admitted. The expectations is that the facility manager will also employ an activities coordinator. That role will be filled by the HCAs and the clinical manager until there are approximately 12 residents in the service. The service has access to a physiotherapist and podiatrist on a contract</p>
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		<p>basis. The residents who come in will initially come in with their own GP.</p> <p>There is an annual education and training schedule that has been implemented for staff at other sites owned by the same directors and the same orientation programme will be put in place for staff once they start in the roles. This is expected to occur prior to residents being admitted. Training will be delivered by the clinical manager with the 2022 training plan already being implemented for staff in other facilities. New staff will be orientated with relevant information for safe work practice. The orientation programme is specific to the job role and responsibilities.</p> <p>The facility manager is working to establish environments that encourage collecting and sharing of high-quality Māori health information.</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>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Staff files are being put together for appointed into roles. These include HCAs who have recently accepted positions. The clinical managers record was reviewed and this evidenced implementation of the recruitment process, employment contracts, police checking, and an orientation programme being completed.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is already in place with the clinical manager having a current annual practising certificate. The facility manager will link with general practitioners for residents who are admitted into the service. There is an appraisal policy. All staff who have been employed for over one year will have an annual appraisal completed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes</p>

		<p>buddying when first employed. The clinical manager will take on the role of orientating new staff with the healthcare team leader supporting the orientation of HCAs. Medication competencies are expected to be completed at orientation prior to residents being admitted to the service. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori. Existing and new staff have not yet been orientated to the new facility.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data will be identified during the employment process with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to EAP programmes as required. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. There is also a focus on wellness for staff through the health and safety programme.</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>PA Low</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents on site in the new facility. The clinical manager confirmed that there will not be any standing orders and vaccines will not be stored on site.</p> <p>All clinical staff (registered nurse and HCA's) who administer medications will be expected to have been assessed for competency on an annual basis. Staff have not yet completed education around safe medication administration and have not completed competencies.</p> <p>The service will use an electronic medication management system already in use at other facilities. This has yet to be installed. This will include documentation of any allergies or alerts. Medications will be packed for regular medication and 'as required' medications will be pharmacy packed whenever possible. The facility has a locked treatment room with shelving in place. The medication room has yet to be fully secured. There are security cameras facing the door of the medication room to ensure that entry is controlled. A secure</p>

		<p>medication trolley will be available for use to administer medication.</p> <p>Each bedroom has a locked drawer that can be used to store medication if a resident is identified as self-administering medications. The clinical manager states that any over-the-counter medication would be added to the prescription. The same processes around administration and management of medication would apply to Māori with any treatment discussed with the resident at the time. Any alternative treatment would be encouraged (eg, mirimiri).</p> <p>The service has a contract in place with a pharmacy. The clinical manager described being required to check medications on delivery against the medication chart with any discrepancies fed back to the supplying pharmacy. A medication fridge is not yet in place. Medication room temperatures will be monitored weekly.</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>PA Low</p>	<p>There are two cooks just appointed to cover a seven day a week food service. One cook will work five days a week and the other will work two days a week and provide relief when the first cook is on leave. The kitchen is an internal space set up with a door and servery to the lounge/dining area. This is a temporary kitchen to cover until the second stage of the facility is completed. A food control plan has not yet been completed and registered with MPI.</p> <p>The cook's role is to set up food services and oversee the on-site kitchen. All meals will be cooked on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The facility manager and clinical manager state that the service will be able to provide meals that cater for different ethnicities. A resident nutritional profile is expected to be developed for each resident on admission which identifies dietary requirements and likes and dislikes, and this will be provided to the kitchen staff by registered nurses. The clinical manager stated that they will be able to meet the needs of residents who require special diets. Special diets and likes and dislikes will be put on the whiteboard which is to be put in place in the kitchen (link 4.1.1). Special equipment such as lipped plates and adapted cutlery will be purchased as residents require this.</p>

		<p>There is a locked cupboard for chemicals. There is dirty area for washing dishes and a pantry in the main kitchen area. The pantry has space for dry goods which ensures that all goods are off the floor. The free-standing oven is installed along with an extractor fan and air conditioning units. Hardware is yet to be installed (link 4.1.1). Equipment is powered by gas and electricity. Chopping boards and other utensils are purchased (link 4.1.1). There are a stock of personal protective clothing including hats, aprons, and gloves. A hand basin is in the kitchen.</p> <p>There is a kitchenette in the lounge/dining area that will allow residents who are able and family to make drinks. The kettle will be accessible for people to use from the kitchen.</p> <p>There are a range of policies and procedures to safely manage the kitchen and meal services. Audits will be implemented to monitor performance.</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>The building has applied for a certificate of public use. There is a maintenance person (operations manager) employed to address the reactive and planned maintenance programme. The maintenance staff member was able to describe their role. All medical and electrical equipment is to be put in place. Hot water temperatures are expected to be monitored, with the facility and operations manager able to talk about appropriate temperatures in resident areas.</p> <p>The new building is a spacious facility that caters for 35 residents with a reception, kitchen, staffroom, communal areas such as lounges, dining areas and visitor toilets. Dining areas are large enough for all residents to eat meals in. There are storage rooms, a sluice room, and linen cupboards. Most bedrooms (21) have their own ensuite and there are communal bathrooms/toilets available for those who don't in close proximity. There is a large fully contained kitchen along with laundry and cleaning facilities.</p> <p>The building is on a flat section. The driveway and paving are in place with two courtyards in place for residents to sit. External areas have yet to be planted. The facility has sufficient space for residents to</p>

		<p>mobilise using mobility aids. Residents will have access to safely designed external areas that have shade, noting that furniture has yet to be put in place. There are handrails in place throughout the facility including in hallways, ensuites and communal toilets. A number of bedrooms had been completed for the audit with others yet to be completed. Ceiling hoists installed in all the rooms and there are 2 designated rooms for the bariatric residents.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms (apart from the kitchen) have windows and sunlight. General living areas and resident rooms in the new building are heated by heat pumps with individual controls in bedrooms. Heating is operational.</p> <p>The new build is to be completed and fully furnished prior to occupancy.</p> <p>The facility was designed prior to the new standards being implemented and therefore consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori was not required. The facility manager and operations manager have vehicles that can be used to transport residents at this point.</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>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. Staff are yet to be orientated and trained in emergency management, security, and first aid. An orientation to the new and existing building is planned to be completed for all staff.</p> <p>A fire evacuation scheme has been approved by the Fire Service dated 26 May 2022. The location of the main emergency control panel is in place. A sprinkler system and smoke detectors are installed. Egress signs are yet to be installed; these will be in place as part of the CPU (link 4.1.1). The new building has alternative power systems in place to be able to cook in the event of a power failure. Emergency</p>

		<p>lighting can run for at least two hours if not more. The facility manager is organising a civil defence kit for the whole facility. Drinkable water is stored in a holding tank (5,000 litre). The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas and is ready to be activated.</p> <p>The doors of the building can be locked, and security is relevant to the needs of the residents with staff planning to check on security of the building prior to dusk. Locking devices are already in place.</p>
<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 annual infection control plan is developed by the external consultant and is currently in use at two other facilities. The programme related to infection prevention aligns with the strategic document and clearly defines all components of an antimicrobial stewardship programme. The organisational management team understand their responsibilities for delivering the infection control programme with the responsibilities, roles and expectations related to antimicrobial stewardship. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The managers provide oversight and monitoring of the infection control programme, and they are able to access advice and support from the regional hubs, Public Health, and other services as required. The infection control coordinator (clinical manager) reports monthly to the operations and facility managers for review and discussion.</p> <p>There are clear channels documented related to management of an outbreak if that were to occur.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>There are a suite of infection prevention and control (IP and C) policies and procedures available to staff including outbreak</p>

<p>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>management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. The IP and C and associated policies refer to cleaning procedures related reusable items including eyewear and cleaning of equipment and touch screens between use. All equipment used for wound care are single use only. The infection prevention and control programme is expected to be reviewed annually and the clinical manager understands responsibilities for completing this. The managers have approved policies and the infection prevention and control plan. The infection control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The IP and C coordinator is the clinical manager who has already started in the new facility. The IP and C coordinator has a signed job description that outlines the role and responsibilities of the role. The IP and C coordinator is able to access advice and support through the IP and C nurse specialist at the regional hub. The infection prevention and control team will be the staff meeting which the clinical manager states are to be held monthly. This meeting will include discussion around IP and C. Meeting minutes will be available to all staff. The IP and C coordinator described their function as logging each individual infection with results and analysis of the data collated each month.</p> <p>The IP and C coordinator described utilising the training, system, Ministry of Health (MOH) site and other resources available to them. The IP and C coordinator has completed an infection prevention and control course which included antimicrobial stewardship, standard precautions, and outbreak management (completed in September 2022). Staff education around infection control will commence at induction to the facility with a range of competencies and education sessions for new staff to complete (link 2.4.4). Staff education will include standard precautions, isolation procedures, hand washing competencies, and donning and doffing personal protective equipment (PPE). Registered nurses will be required to complete competencies prior to insertion, management, and removal of invasive, indwelling medical devices using aseptic technique. The facility and clinical managers state that single-use medical devices shall not be reused or remanufactured unless a formal risk assessment process has been followed and documented and approved by the facility and operations managers. The clinical</p>
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		<p>manager states that they will participate in partnership with Māori for the protection of culturally safe practice in infection control, and thus acknowledge the spirit of Te Tiriti as directed by the facility manager and operations manager.</p> <p>There is a documented pandemic policy which is available for all staff. All staff are currently required to be double vaccinated with a booster. Visitors are being asked to be double vaccinated or restrictions to visiting will be implemented, Covid MoH regulations dependant. PPE is ordered through the MOH portal. Managers were observed to practice good hand hygiene on the days of the audit.</p> <p>The new build has had input from the facility, operations, and clinical managers. All managers interviewed stated that there had been opportunities for consultation and involvement from the independent consultant during the design of the build. The clinical manager will continue to be involved in procurement processes for equipment, devices, and consumables used in the delivery of health care in consultation with the facility and operations managers.</p> <p>There are decontaminating processes available through equipment in the sluice room for reusable medical devices. There are written policies for both manual and automated decontamination of reusable medical devices.</p> <p>The service is planning to provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.</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>FA</p>	<p>The infection control programme is documented in a suite of policies and includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The clinical manager interviewed stated RNs would follow the policy and IP&C programme around antimicrobial stewardship. The clinical manager also stated that GPs would also implement AMS by requesting diagnostic evidence (eg, MSU), if signs and symptoms are impacting on a resident's wellbeing. The AMS programme</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>		<p>documented is appropriate to the size of the facility and will be evaluated through the monthly reporting programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection monitoring is the responsibility of the infection prevention and control coordinator. All infections are expected to be entered into the electronic database, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the target of key performance indicators. There are expected to be monthly comparisons of data. Outcomes would be discussed at the staff meetings. The service plans to collate ethnicity data along with IPC data.</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 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 antimicrobial resistant organisms.</p>	<p>PA Low</p>	<p>There are policies around waste management. Management of waste and hazardous substances will be covered during orientation of new staff (link 2.4.4). There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets will be made available on site. Personal protective equipment including gloves, aprons and eyewear will be available for staff throughout facility. A sluice is located in on each floor with a sanitiser. There is a locked cleaner's cupboard. There is a clearly documented process to transport waste/incontinence/soiled linen from each floor.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are done on site. There is a defined dirty to clean flow in the laundry. The laundry is equipped with a commercial washing machine in the dirty area and a dryer is situated in the clean area/ folding room. The room is locked, all chemicals are dispensed automatically and will</p>

		<p>be stored securely. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility.</p> <p>The cleaner's trolley is yet to be purchased.</p> <p>The IP and C coordinator (clinical manager) has had input into the design of the building.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	An orientation and induction programme is documented. The clinical manager will orientate new staff to the service with the healthcare team leader providing support. Staff are not yet on site. The orientation programme will start when the building site is handed over to the directors.	An orientation programme has not yet been able to be provided to staff as they do not have access to the site.	<p>Provide an orientation programme to staff prior to occupancy.</p> <p>Prior to occupancy day</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	An electronic medication management system is installed and used in the other facilities owned by the same directors. Wi-Fi is not yet installed, and an electronic medication management system has not yet been implemented in this service. Medications and relevant equipment have yet to be put in place in the service.	<p>(i). The service is planning to implement an electronic medication management system; however, Wi-Fi and this system have not yet been installed at the service.</p> <p>(ii). The treatment room is yet to be secured and stocked.</p> <p>(iii). A medication fridge is to</p>	<p>(i). Install Wi-Fi and an electronic medication management system in the service and orientate staff to use.</p> <p>(ii). Secure and stock the treatment room.</p> <p>(iii). Ensure a medication fridge is installed.</p>

			be put in place.	Prior to occupancy day
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>There is a policy around administration and management of medications that includes an expectation that staff who administer medication have an annual competency and relevant training. This has not yet occurred for staff who will administer medications.</p> <p>There are policies documented to guide safe and appropriate management and administration of medication. The treatment room is yet to be secured and stocked. A medication fridge is to be put in place and medication room temperatures will be monitored at regular intervals.</p>	Medication competencies are yet to be completed with new staff.	<p>Ensure medication competencies are completed.</p> <p>Prior to occupancy day</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	A food control plan is to be completed and registered with MPI.	The food control plan is not yet in place.	<p>Ensure the food control plan is registered.</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 environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The building is still in process, and a certificate of public use is yet to be obtained. The building included some bedrooms which were set up to 'show' the design and furniture that would be put in place once all had been completed. Twenty-one residents' rooms have ensuites. Communal toilets and bathrooms were accessible for those rooms that did not have an ensuite. The internal flooring is laid with lino in all</p>	<p>(i). The building has not yet obtained a certificate of public use.</p> <p>(ii). The internal areas were partially furnished during the audit.</p> <p>(iii). Equipment and furnishings had not been put in place in all areas throughout the service</p>	<p>(i). Ensure the certificate of public use is in place.</p> <p>(ii)-(iii). Ensure equipment and furnishings are in place in all areas throughout the service.</p> <p>(iv). Activate plumbing and electrical services</p> <p>(v). Ensure hot water</p>

		<p>areas. Railings were in place on the day of audit (eg, in hallways and bathrooms). An equipment list is in place. Water and electricity were not turned on in all areas during the audit and equipment was yet to be installed (eg, light fittings etc.).</p>	<p>including the kitchen, resident areas.</p> <p>(iv). Plumbing and electrical services had been put in place but not activated as furnishings are not all installed.</p> <p>(v). Hot water temperatures have not been checked.</p>	<p>temperatures are checked and below 45 degrees to resident areas.</p> <p>Prior to occupancy day</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>	PA Low	<p>The building was mostly completed on the day of audit. External paving and driveways had been laid. etc. but landscaping is not yet complete.</p>	<p>Outdoor areas were yet to be completed e.g. transitions between inside and outside areas (e.g. steps etc).</p>	<p>Complete outdoor areas including planting and access to areas for residents with shade and seating.</p> <p>Prior to occupancy day</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	<p>Staff have not yet completed emergency training.</p>	<p>Care and other staff have not yet received appropriate information, training, and equipment to respond to identified emergency and security situations with this including fire safety and emergency procedures.</p>	<p>Ensure that HCA's and other staff receive appropriate information, training, and equipment to respond to identified emergency and security situations including fire safety and emergency procedures.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency</p>	PA Low	<p>First aid/CPR refresher sessions are required every two years for all qualified staff, caregivers, and activity staff and will be offered to new staff as they are appointed to the service.</p>	<p>Staff employed to work in the new facility have not yet completed first aid training.</p>	<p>Ensure that there are an adequate number of staff on each shift with a first aid certificate.</p>

treatment appropriate for the degree of risk associated with the provision of the service.				Prior to occupancy day
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	The call bell system is in place with display panels in communal areas. The system is not yet activated.	The call bell system is not yet activated	<p>Ensure the call bell system is activated.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	PA Low	The facility manager is organising a civil defence kit based on the ones described as being in use at the other two facilities owned by the same directors.	A civil defence kit is not yet in place.	<p>Ensure a civil defence kit is in place relevant to the needs of 35 residents.</p> <p>Prior to occupancy day</p>
<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p>	PA Low	The facility manager is ordering personal protective equipment and will put in place material safety datasheets.	Personal protective equipment and material safety datasheets are not yet in place.	<p>Provide personal protective equipment and material safety datasheets relevant to staff needs.</p> <p>Prior to occupancy day</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are</p>	PA Low	The cleaning equipment is yet to be put in place.	The cleaning equipment is yet to be put in place	<p>Purchase cleaning equipment relevant to the needs of staff and residents.</p> <p>Prior to occupancy day</p>

<p>monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</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.