

Heritage Healthcare Limited - Karetu House

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: Heritage Healthcare Limited

Premises audited: Karetu House

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

Dates of audit: Start date: 17 November 2022 End date: 17 November 2022

Proposed changes to current services (if any): This partial provisional audit was to verify 18 beds as suitable for hospital or rest home level of care. Specific rooms were identified including 11 single occupant bedrooms (rooms 2, 3, 4, 5, 6, 7, 12, 14, 16, 18, 20). There are a further five rooms currently identified as being suitable for two residents requiring rest home level of care currently. The rooms are verified as being able to support one resident requiring hospital level of care or to continue as being suitable for two residents requiring rest home level of care (rooms 1, 13, 15, 17, 19). One two-bedded room for residents requiring rest home level

of care currently, is larger than the other two-bed rooms, and is able to accommodate two residents requiring hospital level of care (room 21). The total number of beds remains at 43.

Total beds occupied across all premises included in the audit on the first day of the audit: 39

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

Karetu House is certified for 43 beds at rest home level care. Prior to the audit, there were six bedrooms that could accommodate two residents in each and all other rooms (a total of 31 rooms) were single occupancy. Karetu House is owned and operated by Heritage Healthcare Limited with a total of three facilities owned by the company.

This partial provisional audit was conducted against a sub-section of the Ngā Paerewa Health and Disability services standards and the services contract with Te Whatu Ora. The audit process included a review of policies and procedures, the review of staff files, observations and interviews with management.

This partial provisional audit was undertaken to verify the service as suitable to provide hospital (medical and geriatric) level care and reconfiguration of 18 beds currently for rest home level of care to dual purpose.

HealthCERT had previously approved two of the 43 beds to be used as dual-purpose beds prior to completion of the partial provisional audit on the understanding the partial provisional audit was undertaken before the end of February 2023. There are

currently 38 residents requiring rest home level of care and one requiring hospital level of care (a total of 39 residents). The service has employed nurses who are rostered onto all shifts covering a 24-hour, seven-day a week service. The staffing roster has already been adjusted to include an additional healthcare assistant on duty on the morning and afternoon shifts. The food service, medication systems, infection prevention and control programme and the incident reporting are already established to accommodate hospital level of care. This audit has verified the service and rooms as being suitable for hospital level of care

The service is managed by an experienced owner/registered nurse, a non-clinical facility manager and a clinical lead. A senior registered nurse is also identified as being part of the management team.

There were no shortfalls identified at this audit.

Ō tatou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The owner/registered nurse is supported at a governance level by the facility manager and clinical lead. A kaupapa Māori organisation provides cultural support at a governance level including input into policies and procedures. A business plan 2022 to 2023 is documented with evidence of progress against goals.

The move to verify 18 beds as suitable for hospital or rest home level of care is stage one of a refurbishment programme.

There is a vision, values, and objectives relevant to aged care facilities. A transition plan is a working document with actions signed off when completed. The owner/registered nurse, facility manager and clinical lead have extensive 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 are required to complete an orientation and training as per the training plan. The service has processes in place to ensure the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential. The service has already increased numbers of staff on site to support residents identified at hospital level of care.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals continue to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and the cook ensures that meals are prepared as per the menus. All kitchen equipment is in place. There are no changes to food services however the cook is training in the art of pureed foods.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants administer medications. There is a medication management system in place that includes secure storage for medications. There are no changes required to the current medication management system.

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

The building holds a current building warrant of fitness. Internal and external areas are safe with any resident with a mobility aid able to access all areas. This audit has verified 18 beds as suitable for hospital or rest home level of care. There are communal areas such as lounges and dining areas which are accessible to residents with mobility aids. All equipment and furnishings are already in place. There are railings in place in all areas.

Systems and supplies are in place for essential, emergency and security services. The facility meets the needs of hospital residents.

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

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

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 control coordinator is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Data is able to be reported for hospital and rest home level of care.

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	12	0	0	0	0	0
Criteria	0	88	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.

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>Karetu House is owned by Heritage Healthcare Limited and is a family owned and operated company. The service was opened in 2005. Karetu House is one of three facilities with the owner/registered nurse overseeing all activities. The leadership and management team is made up of the owner/registered nurse, the facility manager and clinical lead with the senior registered nurse also providing support. An organisational chart is documented.</p> <p>The service has input at a governance and management level from a kaupapa Māori organisation. Data is collected so that the management team can ensure that services are delivered with a focus on improving outcomes and achieving equity for tāngata whaikaha people with disabilities. The service has a majority of residents who have identified mental health issues and the service caters for and recognises the needs of a significant range of ages, gender mix and cognitive needs of the residents which can be challenging at times. The management team ensure all barriers for residents accessing information and specialist services are identified and reduced. The</p>

		<p>service has good working relationships with a range of specialist services available through Te Whatu Ora. There is a Māori Health plan in place which identifies the provision of health equity, reduction of barriers and provision of an equitable service for Māori, Pasifika and tāngata whaikaha. The management team have completed cultural competencies. The clinical lead is enrolled in a te reo Māori course and learnings are provided to staff with a word of the day in Māori. Residents have access to a range of specialist services to support their individual health needs ensuring equity for all residents in the service.</p> <p>This partial provisional audit was to verify 18 beds as suitable for hospital or rest home level of care. Specific rooms were identified including 11 single occupant bedrooms (rooms 2, 3, 4, 5, 6, 7, 12, 14, 16, 18, 20). There are a further five rooms currently identified as being suitable for two residents requiring rest home level of care currently. The rooms are verified as being able to support one resident requiring hospital level of care or to continue as being suitable for two residents requiring rest home level of care (rooms 1, 13, 15, 17, 19). One two-bedded room for residents requiring rest home level of care currently, is larger than the other two-bed rooms, and is able to accommodate two residents requiring hospital level of care (room 21).</p> <p>There are a total of 43 beds. On the day of the audit, there were 39 residents. There were 38 requiring rest home level of care including one under a contract from ACC, eight under a long-term support-chronic health contract. One resident receiving funding from the Age-Related Residential Care contract required hospital level of care (approved by the funder). All remaining residents are under the Age-Related Residential Care contract.</p> <p>Karetu House overall vision and values is documented in the business plan 2022-2023 along with the mission statement and goals. All staff are made aware of the vision and values during their induction to the service. There is a quality and risk management programme that is implemented.</p>
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		<p>A transitional plan is in place that is currently being implemented.</p> <p>The owner/registered nurse has over 20 years' experience in aged care. The facility manager is an experienced manager with over 12 years managing this service in this role. The facility manager has a health and mental health services background and reports regularly to the owner/director. The facility manager attends forums at Te Whatu Ora and also attends meetings held at various facilities in this region related to management of aged care services. The facility manager gains regular updates from an aged care association on current issues and direction in aged care.</p> <p>The day-to-day clinical operations are overseen by the clinical lead who is a registered nurse with a current practising certificate. The clinical lead has over seven years' experience in aged care and they oversee the care provided to residents with the assistance of a registered nurse on each shift.</p> <p>There is no change to the governance or management currently in place with the addition of 18 hospital beds.</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>	FA	<p>A staff rationale and skill mix policy is in place. The owner/registered nurse, facility manager and clinical lead general manager are available at the facility Monday - Friday. The clinical lead and a senior registered nurse are on-call after hours and the facility manager is available if required. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for potentially 43 residents.</p> <p>The roster has been reviewed to accommodate hospital level of care. This has included putting a registered nurse on each shift and increasing the number of healthcare assistants by one on both the AM and PM shifts. The roster has been developed in two stages. The current roster (now with one resident requiring hospital level of care) and when there are up to 10 hospital residents, is as follows:</p> <ul style="list-style-type: none"> • AM shift: Four - five Healthcare assistants (HCAs), one diversional therapist five days a week, four hours a day, one

		<p>registered nurse.</p> <ul style="list-style-type: none"> • PM shift: two HCAs and one HCA to support over mealtimes from 1600-2000 hours, one registered nurse. • Night shift: two HCAs, one registered nurse. <p>A second roster has been documented if there are over 10 hospital residents. This increases the number of HCAs by one full time extra on morning shift, one 1600-2100 HCA. The service also provides additional staff if the acuity is high.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>When the facility manager is absent, the clinical lead or the owner/registered nurse is able to provide cover. The clinical lead is able to be covered by the senior registered nurse or the owner/RN if on leave.</p> <p>Staff have completed cultural competencies and data is collected to ensure that the service is providing equitable services. There are staff who identify as Māori, and they can provide cultural support and advice if required.</p> <p>There is an annual education and training schedule that has been implemented for staff at Karetu House. Training is delivered by the clinical lead and the service has recently linked into the Ko Awatea training programme online. Each staff member is required to complete competencies such as medication, insulin administration, manual handling, hand hygiene, hoist use, cleaning, and laundry. Staff have attended training offered in 2022 as per the schedule. Of the seventeen HCAs, there are seven who have completed level four or above with one in training (the diversional therapist has also completed level four training); three who have level three; and five who have not yet completed a certificate. Hospice provides education and training as required for palliative care. There are five RNs between two facilities who can complete interRAI assessments. There</p>
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		<p>is an additional three RNs from Fiji who have been recruited and who are completing their CAP course who will make up the full complement of RNs. They will also be interRAI trained. Training records reviewed for staff at Karetu House confirmed that they had training around isolation, the use of personal protective equipment and infection prevention and control.</p> <p>Staff have access to the employment assistant programme. Although the EAP is primarily aimed at work-related difficulties, the service offers this to any staff member who has problems that originate outside the workplace when these issues impact on work attendance or on-the-job performance. The service also debriefs staff after any outbreak or significant event with this described as occurring after outbreaks.</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>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff files reviewed (three RNs and two HCAs) evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes.</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 maintained for all health professionals currently employed in the service (ie, the clinical lead, registered nurses and other health professionals who provide services to residents such as the pharmacists and general practitioners). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed as sighted in staff files reviewed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for</p>

		<p>Māori. Existing and new staff are orientated to the facility and are buddied until they are ready to work by themselves.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. 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>There is no change to the human resource programme currently in place with the addition of 18 hospital beds.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. Five files were reviewed for medication and all confirmed that policies were implemented. There are no vaccines kept on site.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided for staff in the past year.</p> <p>A paper-based management system is used in administration, reviewing, and prescribing. The service uses a pre-packed medication system. All medication packs are checked by the clinical lead on delivery against medication charts. Medicines held in stock are checked every month and any expired medicines are returned to the pharmacy promptly. The general practitioner conducts three monthly reviews of medication charts. There are no residents self-administering medications apart from creams that they put on themselves. There is a competency system should residents self-administer medications. Standing orders are in place and have been reviewed annually by the GP.</p> <p>Medication is safely stored in locked cupboards in a locked room and</p>

		<p>drug trolley. There were no expired medications on site.</p> <p>The clinical lead stated that any over the counter medication is added to the prescription as per the policy. The same processes around administration and management of medication applies to Māori with any treatment discussed with the resident at the time. Any alternative treatment is encouraged (eg, mirimiri).</p> <p>A medication fridge is in place and medication room temperatures are already being monitored weekly with temperatures within acceptable ranges. The temperature of the treatment room is kept with temperatures recorded at less than 25 degrees Celsius.</p> <p>There is no change to the medication system currently in place with the addition of 18 hospital beds.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Meal services are prepared on site and served in the allocated dining room and residents' rooms as required. The service employs cooks who work from Monday to Sunday. The menu has been reviewed by a registered dietitian to confirm it is appropriate to the nutritional needs of the residents. There is a four weekly rotating winter and summer menu in place. Hot and cold drinks and snacks are provided for throughout the day and night when needed.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements, likes, and dislikes and is communicated to the kitchen including any recent changes made. Diets are modified as required and the cook confirmed awareness on dietary and cultural requirements of the residents. Any meal requests made by the residents are accommodated. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. The residents' weights are monitored monthly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and pantry were clean, tidy, and stocked. Labels and dates are on all containers and records of food temperature monitoring, fridges and freezers temperatures are maintained.</p>

		<p>Regular cleaning is conducted. The food service has a current food control plan. There are stocks of personal protective clothing including hats, aprons, and gloves. There is a kitchen manual, a recipe book and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance.</p> <p>The cook is undertaking specific training around pureed foods. There is no change to food services currently in place with the addition of hospital level residents.</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>FA</p>	<p>The building holds a current building warrant of fitness, expiry date 15 June 2023. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment has been tested and tagged. Hot water temperatures are monitored, and all temperatures in resident areas have been documented at 45 degrees Celsius or below.</p> <p>The building was purpose built and is now in the process of being refurbished. There are communal areas such as lounge and dining areas as well as storage rooms, and linen rooms. Some rooms have an ensuite and where there is not an ensuite, there are communal toilets/showers to accommodate all residents in close proximity to rooms. There is a kitchen along with laundry and cleaning facilities.</p> <p>The rooms identified for verification for dual purpose rooms provide adequate space for the use of equipment required to provide hospital level care.</p> <p>The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids and the current external areas for residents to sit outside with covered areas and shade. There are handrails throughout the facility including in hallways, ensuites and communal toilets.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. The facility has all equipment to meet needs</p>

		<p>of residents requiring rest home or hospital level of care.</p> <p>The facility was designed prior to the new standards being implemented; however, there are avenues for consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori with support from managers at a kaupapa Māori service.</p> <p>There are no changes required to accommodate the move to have 18 hospital beds.</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>FA</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. Training records confirmed that staff have completed first aid training. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness.</p> <p>The service is maintaining emergency preparedness and management. The emergency management plan continues to be reviewed and updated to ensure it complies with best known practice and statutory requirements. The emergency resources and equipment are regularly checked. Emergency lighting is available. No generator is available on site but can be hired as needed. Emergency processes are known to staff. There was sufficient food, water and personal supplies stored to provide for the maximum number of residents and HCAs in the event of a power outage and to meet the requirements of the local council. Food and water stores are inspected and checked off regularly.</p> <p>An agreement also exists with other care facilities in the organisation for transfer of residents if the buildings are uninhabitable. The fire evacuation approval letter from the New Zealand Fire Service (NZFS) reviewed was dated 15 June 1993. The NZFS attends and observes at least one of the six-monthly trial fire evacuations each year. Records are maintained. Outcomes and learning from these exercises</p>

		<p>are documented and used to improve protocols.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond in a timely manner. There is access to all rooms for paramedics to come on site if required.</p> <p>Appropriate security arrangements are in place. Staff check the facility each shift and several times on the afternoon and night shifts. Sensor lights are installed outside the home. There had been no security issues reported.</p> <p>There is no change to emergency management, security or to emergency preparedness with the addition of 18 hospital beds.</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>	<p>FA</p>	<p>The service implements an infection control and antimicrobial stewardship (AMS) programme to minimise the risk of infection to residents, staff, and visitors. The clinical lead (RN) is the designated infection control coordinator, whose role and responsibilities are defined in a job description. The infection control coordinator has access to external specialist advice from a GP and Te Whatu Ora infection control specialists when required.</p> <p>The infection control and AMS programme is linked to the business plan and quality programme which are reviewed annually and is incorporated in the monthly meetings. The owner/registered nurse maintains oversight of the infection prevention and control programme including the antimicrobial programme. There is a commitment to ensuring that the infection control programme is well implemented. There is a formally agreed mechanism for accessing appropriate infection prevention and AMS expertise through the management meetings and through day-to-day reporting from the clinical lead to the owner/RN. Meeting minutes confirmed discussion. The infection control policy also commits to a formal reporting process to the Ministry of Health, funder, and Public Health services around notifiable diseases. The service uses a stepwise approach to managing any risks associated with infection control, this includes identifying risks, analysing risks, prioritising risk, implementation of</p>

		<p>solutions and ongoing monitoring of the risk.</p> <p>Staff are made aware of new infections through daily handovers on each shift and progress notes. The infection control programme is appropriate for the size and complexity of the service.</p> <p>There is no change to the infection prevention and control programme with the addition of 18 hospital beds.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator reports to the owner/registered nurse who holds the governance role for the service. Both the clinical lead and the owner/registered nurse confirmed that issues are discussed and escalated in a timely manner. The infection control coordinator has access to external specialist advice from a GP, laboratory services, and Te Whatu Ora infection control specialists when required. The infection control coordinator also has full access to shared clinical records and diagnostic results of residents with these held in individual resident records and has access to all relevant resident data to undertake surveillance, internal audits, and investigations respectively.</p> <p>The infection control coordinator is responsible for implementing the infection control programme and indicated there are adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the staff meetings.</p> <p>There are a suite of infection control policies and procedures available to staff including outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. There are policies and procedures available to staff to guide them around safe practices. The infection control and associated policies refer to cleaning procedures related reusable items including eyewear and cleaning of equipment and touch screens between use. The infection control policies reflect the spirit of Te Tiriti o Waitangi. Policies around hand hygiene and standard precautions, aseptic techniques, transmission-based precautions, prevention of sharps injuries, management of current and emerging multi-drug-resistant organisms, decontamination and reprocessing of reusable medical</p>

	<p>devices and equipment, single-use items and the environment are documented. Policies are reviewed by the owner/registered nurse and the clinical lead. Processes to wipe down and clean equipment between use (for example blood pressure equipment) was sighted as occurring during the audit. The owner/registered nurse and the clinical lead confirmed that single use items such as wound care packs are never reused.</p> <p>The infection prevention and control programme is reviewed annually with this completed by the clinical lead and discussed by the facility manager and the owner/registered nurse. Discussion is incorporated in the monthly management and staff meetings and a review of the education programme is conducted as part of the annual review. Staff are made aware of new infections through daily handovers on each shift and progress notes.</p> <p>The infection control coordinator has completed an infection control course which included antimicrobial stewardship, management during an outbreak and principles of the infection control programme. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE).</p> <p>A review of five staff files confirmed that they had completed annual training as planned. The service is able to provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services should these be required. Resources are available from the kaupapa Māori service if required. The infection control coordinator and others link with a kaupapa Māori service who are able to support the staff for the protection of culturally safe practice in infection prevention.</p> <p>There is a documented pandemic policy which is available for all staff. All staff are double vaccinated with a booster. Visitors are asked to stay away if sick as are staff. Managers were observed to practice</p>
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		<p>good hand hygiene on the days of the audit. The owner/manager controls the stock of PPE to ensure there is always sufficient on site. There is currently two weeks of PPE available in the event of an outbreak. The owner/RN is on site during the week and is also kept informed of any need for PPE by the clinical lead. The clinical lead has input to the procurement of infection control supplies and confirmed that they had been kept fully informed about the changes from rest home beds to dual purpose beds and this had been discussed also with the facility manager with the owner/registered nurse leading the discussion.</p> <p>There are no changes to the infection prevention and control programme with the addition of hospital beds.</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>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. This 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 lead interviewed stated that RNs and HCAs followed the policy and infection prevention and control programme around antimicrobial stewardship. The clinical lead also stated that general practitioners were also implementing AMS by requesting diagnosis evidence (eg, wound swab, midstream urine sample), if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility.</p> <p>The service is already able to separate rest home and hospital surveillance data out to drill down into specific areas of care as part of the documented monthly data tabled for discussion at the monthly meetings and the management meetings. The effectiveness of their AMS programme is also evaluated through the annual review of the programme. The GP monitors the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects and also contributes to identifying any areas for improvement as these arise.</p> <p>There is no change to the AMS with the addition of hospital beds.</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>The infection surveillance programme is appropriate for the size and complexity of the organisation. The infection control policy defines the surveillance programme. It outlines the systematic approach for collection, collation, analysis, and dissemination of information on infection events and rates. This information is used to improve and promote resident safety through identifying areas for improvement which may support minimising infection rates.</p> <p>The infection control coordinator is responsible for collecting, collating, and reporting to the owner/registered nurse, facility manager and staff via the monthly statistics on the status of infection in the facility. This includes the number of infections identified by the type/s of infection and the site/s of infection. The ethnicity of residents and any associated trends are documented. Identification of any risk factors and recommendations about existing practices or policies requiring review as an outcome of the analysis. Quarterly reports are completed and compared with previous years site infection rates.</p> <p>New infections and any required management plans are discussed at handover, to ensure early interventions occurs. The general practitioner is informed within the required timeframe when a resident has an infection and appropriate antibiotics are prescribed to combat the infection respectively.</p> <p>There are clear, culturally safe processes described for communication between the clinical lead and residents receiving services who develop or experience a hospital acquired infection (HAI). The GP would support the discussion if this were to occur.</p> <p>There are no changes to the infection control surveillance programme although the clinical lead stated that they will separate the rest home and hospital data to look for trends and any improvements required.</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>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy. Any waste is disposed of through the waste disposal company with any infectious</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 antimicrobial resistant organisms.</p>		<p>material bagged prior to disposal. There is a policy around waste management including safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements.</p> <p>Material safety datasheets are available on site. Personal protective equipment is provided to ensure that staff who dispose of waste are kept safe. Staff are also educated around management of waste. Personal protective equipment including gloves, aprons and eyewear are available for staff throughout facility.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are completed on site. There is a defined dirty to clean flow in the laundry. The room is locked, all chemicals are dispensed automatically, and others are stored securely in a locked cleaner's cupboard. 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 was locked away in the cleaner's cupboard when not in use. All chemicals on the cleaner's trolley are labelled and in original containers. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Audit reports reviewed did not identify any issues. The infection control coordinator monitors the effectiveness of the cleaning and laundry services.</p> <p>There is a centrally located sluice room with a sanitiser as part of the equipment. There are material safety data sheets in the sluice room along with personal protective equipment (PPE) including goggles, gloves, aprons and face shields.</p> <p>There are no planned changes to waste management, cleaning, or laundry services with the additional hospital beds.</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.

No data to display

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.