

Kindred Hospital Limited - Kindred 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: Kindred Hospital Limited

Premises audited: Kindred Hospital

Services audited: Hospital services - Psychogeriatric services; Dementia care

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

Proposed changes to current services (if any): The organisation has requested that this audit verify a building that has in the past accommodated psychogeriatric and dementia services. The owner will include 46 beds on a single level floor for residents requiring rest home dementia level of care or hospital psychogeriatric level of care. The service plans to open the service on the 25 January 2023 depending on the outcome of this audit. The division of units (number of beds in each unit/s) to provide for residents with dementia or psychogeriatric level of care is yet to be determined.

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

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

General overview of the audit

Kindred Hospital is a limited liability company. The owner/manager also owns a second aged care facility. This partial provisional audit was undertaken to verify a building that had previously been an aged care facility catering for residents with dementia and/or psychogeriatric care. The owner is planning to offer care for residents who require dementia or psychogeriatric level that will cater for up to 46 residents.

The service is to be managed by an experienced manager and clinical manager, both of whom have been appointed into the roles. They are currently in the same positions at a sister site. The owner/manager supports them.

The building is spacious, is on a flat section and includes: bedrooms; communal areas for residents; a kitchen; small laundry (noting that laundry will be taken off site); staffroom; reception; and storage areas.

This audit has identified shortfalls to be addressed prior to occupancy around the following: staffing; updating of a staff rationale and skill mix policy; staff competencies; orientation of staff; an activities plan; security and storage of the medication room; medication competencies; the food control plan and food services; refurbishment of the facility; purchasing of equipment and furnishings; fire evacuation scheme; orientation of staff to the new building; first aid training for staff; call bells; division of units for residents requiring dementia care, separate from those requiring psychogeriatric care; personal protective equipment on site; material safety datasheets/ sluice rooms; security of the cleaners cupboard; and the restraint programme.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Kindred Hospital Limited is a private company limited by guarantee. There is a management team that includes the owner/manager, manager, and clinical manager. All will work across both this site and the sister site, with an experienced registered nurse providing day to day operational management at this facility.

This partial provisional audit is to verify a total of 46 beds for dementia and psychogeriatric level of care. The owner/manager has almost completed refurbishment of the site (internal and external areas) with discreet units to be sectioned as secure areas internally. The site will be ready for expected occupancy on the 25 January if shortfalls identified in this audit have been addressed.

There is a vision, values, and objectives relevant to this facility in place. A transition plan is a working document with actions signed off when completed.

All staff are required to complete orientation and training as per the training plan in place at the sister site.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals will be prepared at the sister site and transported to Kindred Hospital. There are seasonal menus in place which have been reviewed by a dietitian, and two cooks have been appointed to help with serving of food.

Medication policies reflect legislative requirements and guidelines. Registered and enrolled nurses are expected to be medication competent to administer medications. An electronic medication system is to be used.

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 able to be locked securely from external areas. There are railings to ensure that residents with a mobility aid are safe. There are single, double or one three-bed room, and communal areas available such as lounges and a dining area.

Systems and supplies are mostly in place for essential, emergency and security services. Wiring, plumbing, heating, and emergency services are in place and are operationalised.

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.

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

The clinical manager is the restraint coordinator. The owner/manager states that the facility will be restraint free. Plans are in place for staff to receive training in restraint, de-escalation and managing challenging behaviour as part of the education plan.

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	5	0	9	0	0	0
Criteria	0	66	0	19	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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kindred Hospital is a standalone facility located in Epsom, Auckland. The facility is owned and managed by single owner who also has a separate aged care facility (referred to in this report as the sister facility) for over 25 years, that provides rest home and hospital level of care. This sister facility has provided care predominantly for Asian residents with approximately 90% of staff who speak Chinese as their first language. The owner/manager and manager stated that Kindred Hospital will cater primarily for Asian residents who are assessed as requiring dementia or psychogeriatric care; however, they noted that residents who identify as other ethnicities would be welcome.</p> <p>Kindred Hospital is a private company limited by guarantee. The leadership and management team are made up of the owner/manager, who is supported by the manager and the clinical manager, who both provide oversight of this facility and the sister facility.</p> <p>This partial provisional audit was to verify a building that had been used prior to this by an aged care company for dementia and psychogeriatric care. The facility, if certified at this audit, will provide dementia level of</p>

	<p>care and psychogeriatric level of care for up to 46 residents. The split of the number of beds allocated for residents with dementia and psychogeriatric level of care is yet to be determined (link 4.2.6).</p> <p>The building and site are ready for occupancy (noting that there are shortfalls identified at this audit that are to be addressed prior to occupancy). The service plans to open the site and building on the 25 January 2023.</p> <p>The overall vision and values are in place at the sister facility and will be transferred to this facility. The vision is to provide a quality, homely environment in which the frail elderly and/or confused elderly may live in an atmosphere of respect and friendliness and have their physical and psychological needs met regardless of culture, race, or creed. It is envisaged that all staff will be made aware of the vision and values during their induction to the service (link 2.4.4). There is a business quality, risk and management plan documented. This will be implemented when the transition plan is fully actualised after occupancy of the building. A brief transitional plan is in place and this is currently being implemented.</p> <p>An experienced manager is appointed and will provide 50% of time at this facility and remain at the initial facility for the other 50% of time. The manager has a Bachelor of Commerce and has been the manager at the sister facility for 14 years. The clinical manager has been with the facility for five years and will provide clinical oversight of this facility and the sister site. A newly appointed registered nurse will provide day to day operational leadership at Kindred Hospital. She has had over 10 years' experience in aged care working as a team leader in a facility with a dementia unit. Both the clinical manager and the newly appointed registered nurse have mental health training. The clinical manager has worked in this facility when it operated as dementia and psychogeriatric units.</p> <p>Interviews with the owner/manager and manager confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. A cultural advisor is already available for support and advice. Work is underway at Board level for Māori representation and to collaborate with mana whenua in business planning and service development.</p>
--	---

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staff rationale and skill mix policy in place; however, this should be updated to recognise the levels of care to be provided. The manager and clinical manager will be available at the facility for approximately two and a half days a week from Monday to Friday. The manager will be on-call after hours for any organisational concerns and the clinical manager will be on-call for clinical issues, both 24/7. Both the manager and the clinical manager will continue to work across both this facility and the other facility (rest home and hospital level of care). The clinical manager will work 20 hours a week in this service; however, is expected to spend more time in the service and on the floor to orientate new RNs and provide cares. The clinical manager will initially be supported by three RNs who have signed an employment contract and one other registered nurse who currently works at the sister site.</p> <p>There are 17 caregivers who are currently working part time at the sister site. Of these, there are nine who have completed level four NZQA certificate including dementia training. There are also three more at the sister site who are enrolled in the CareerForce level 4 training. The owner/manager is recruiting four more caregivers to work in the facility; noting that there are a sufficient number of caregivers currently able to work to open a 20-bed dementia unit.</p> <p>An initial roster has been developed for a potential 31 residents requiring dementia level of care; however, the secure unit/s have not been identified and therefore the roster is verified as being able to staff a dementia unit for up to 20 residents as follows:</p> <p>There are three caregivers rostered (full shifts of eight hours) on the morning shift; two caregivers (one full shift of eight hours and one short shift from 1700-2100) on the afternoon shift; and two caregivers overnight (both full shifts of eight hours). Actual staff names have been documented in the roster for this unit.</p> <p>The transition plan states that when there are between one and five residents in the dementia unit, there will be a caregiver on each shift.</p> <p>A provisional roster for residents occupying a psychogeriatric unit has been developed noting that staff have not been employed at this stage</p>

	<p>to work in this unit. The roster indicates that there will be three caregivers rostered (three full shifts of eight hours and one short shift from 0700-1300) on the AM shift; three caregivers (two full shifts of eight hours and one short shift from 1600-2100) on the PM shift; and two caregivers overnight. One registered nurse is rostered overnight.</p> <p>The transition plan states that when there are between one and five residents in the psychogeriatric unit, there will be a caregiver on each shift and a registered nurse on each shift.</p> <p>When the numbers of residents increase from six to fifteen in either unit, then:</p> <p>The number of caregivers on each shift will increase in each unit by an extra caregiver on a full shift.</p> <p>A second registered nurse will also be rostered onto a day shift (0800 to 1700), with the nursing hours increased if required according to acuity.</p> <p>The diversional therapist has been appointed and will work Monday to Friday across both units, eight hours a day. Two activities coordinator have been appointed and will work Monday to Sunday across both units, eight hours a day.</p> <p>Position descriptions are documented and reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The recruitment process will identify potential employees who are culturally and clinically competent and they are expected to be from a range of ethnicities, including Māori.</p> <p>There is an annual education and training schedule that has been implemented for staff at the sister site. Other sessions related to challenging behaviour, restraint, dementia care, and emergency training specific to the service, are planned to be provided (link 4.2.3). The clinical manager predominantly delivers training. Staff coming from the sister site have attended training offered in the 2022 training plan, as stated by the owner/manager. Training will be required for staff relevant to the service and to dementia and psychogeriatric level of care. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA)</p>
--	--

		<p>requirements. Of the seventeen caregivers who are transitioning over to the new facility, there are nine who have completed level four NZQA certificate and two enrolled in level four.</p> <p>In addition to in-service education, RN staff working at the sister site attend external Te Whatu Ora education (eg, palliative care clinical sessions). This is planned to include the RNs who work at this site. The clinical manager and two of the RNs who will be working in this facility have completed their interRAI training. Training records reviewed for four existing staff sighted confirmed that they had training around isolation, the use of personal protective equipment and infection control. The registered nurse transitioning to the new facility has relevant competencies (eg, medication). Completion of staff competencies were not able to be sighted.</p> <p>The owner/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. Six staff files reviewed (the clinical manager, two caregivers, one registered nurse, one enrolled nurse) evidenced implementation of the recruitment process, employment contracts, police checking 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 already maintained for all health professionals currently employed in the service (eg, the clinical manager, registered nurse and an enrolled nurse). The annual practicing certificate for the general practitioner was also sighted and was current. There is an appraisal policy. All staff who have been employed for over one year are expected to have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that</p>

		<p>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 Māori. Existing and new staff have not yet been orientated to the new facility.</p> <p>Information held about staff is able to be kept secure and confidential in the nurse's station, with this being able to be locked during the audit. Ethnicity data is identified for each staff and documented in the staff record.</p> <p>Wellbeing support is provided to existing staff currently at the sister facility including access to EAP programmes. The owner/manager and manager stated that following any incident/accident, staff are offered debriefing and follow-up actions would be taken and documented. There is also a focus on wellness for staff through the health and safety programme.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	PA Low	<p>The diversional therapist has been appointed and will work Monday to Friday across both units, eight hours a day. Two activity coordinators have been appointed and will work Monday to Sunday across both units, eight hours a day. The activity plan at the sister facility is being modified to meet the needs of residents at Kindred Hospital. There is a van who can transport residents into the community. The activities plan includes community visits. There are also planned visits from external providers (eg, a dog visit for pet therapy and entertainers). Further work is being planned on how they provide opportunities for Māori to participate in te ao Māori.</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>	PA Low	<p>There are comprehensive policies and procedures in place for all aspects of medication management. The owner/manager stated that residents will not self-administer medications. There were no residents on site in the new facility. The owner/manager confirmed that there will not be any standing orders and vaccines will not be stored on site.</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>The general practitioner currently providing medical care for residents at the sister facility is confirmed by the owner/manager to be also providing care for the residents at Kindred Hospital when this is occupied. All RNs and the EN will administer medications. The owner/manager stated that the clinical manager and RNs employed in the sister facility already have medication competencies completed annually; however, evidence of this was not sighted. Education around safe medication administration has been provided for staff transferring in the past year with four of four staff files reviewed confirming that this had occurred.</p> <p>The service will use an electronic medication management system already in use at the sister facility. Allergies would be recorded on the electronic system for each individual resident. Medications will be robotic packed for regular medication and 'as required' medications. The facility has one storage area for medication which is next to the nurse's station. This will have a safe, equipment and shelving in place. This is not yet secured. The service is purchasing one medication trolley. The owner/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/whānau at the time. Any alternative treatment would be encouraged (eg, mirimiri).</p> <p>The owner/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 being purchased and medication room temperatures will be monitored weekly to check temperatures are within acceptable ranges. The owner/manager service providers described providing ongoing support for residents to ensure understanding of their medication.</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</p>	<p>PA Low</p>	<p>The owner/manager stated that food would be transported from the sister facility to Kindred Hospital. They also confirmed that two cooks currently at the sister facility would provide some food services to residents on site and be present to serve food at meal times. The menu currently at the sister facility was sighted and the owner/manager stated that a dietitian (annual practising certificate sighted) had approved this.</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The facility will use policies, including a kitchen manual, from an external provider with these in place for the sister facility. The owner/manager described a resident nutritional profile which is expected to be developed for each resident on admission (this would identify dietary requirements and likes and dislikes).</p> <p>Special equipment such as lipped plates and adapted cutlery will be purchased as residents require this.</p> <p>There is a large kitchen currently in the process of being renovated (link 4.1.1). There are stainless steel benches in place, a gas hob, gas oven and combi oven, range hood, rice cooker, and fridge/freezer in place. The dishwasher is to be installed. Shelving, the pantry, a secure space for chemicals and completion of the dirty area for washing dishes is to be completed. Stocks of personal protective clothing including hats, aprons and gloves are to be provided.</p> <p>Equipment is powered by gas and electricity. Coloured chopping boards and other utensils are not yet purchased.</p> <p>Audits will be implemented to monitor performance. A food control plan was not sighted.</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 was previously occupied by residents requiring dementia and psychogeriatric care. The internal area has been painted and refurbished, with some ongoing refurbishments (eg, to the kitchen) being completed. The essence of a building for aged care was present at the time of purchase.</p> <p>The building holds a building warrant of fitness which has been issued with expiry date 19 October 2023. There is a maintenance person employed to address the reactive and planned maintenance programme at the sister site. They will also provide maintenance for 20 hours a week at this site. All medical and electrical equipment is being purchased. Hot water temperatures are to be monitored.</p> <p>The new building is a spacious facility that caters for 46 residents with a reception area, kitchen (currently being refurbished), staffroom, communal areas such as lounges, dining areas and visitor toilets. The bedrooms are in a semi-circular space with the corridors leading back</p>

		<p>into the lounge and dining area (open plan). In this area, there are twenty bedrooms (one three-bed room, ten double rooms and nine single rooms). There is also a wing that is accessed from the corridor beside the lounge that includes twelve bedrooms (eight single and two double bedrooms).</p> <p>There are storage rooms, one sluice room with sanitiser and linen cupboards. There is a laundry room with a washing machine and a room to house cleaning equipment. Railings are in place along corridors and in bathrooms and toilets. There is an internal quiet room with high windows into the corridor.</p> <p>The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids. The current external area is planted with paving in place. Residents have access to safely designed external areas that have shade. There is a small lounge at the end of this wing that leads to a small garden with a circular pathway around a fountain. This garden area is planted and has high fencing and a locked gate securing the area from the car park outside. There is a large garden accessible to residents from the internal rooms and this also has high fencing and secure gates to external areas. 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 (apart from the quiet room) that open allowing plenty of natural sunlight. General living areas and resident rooms are heated by heat pumps.</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.</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</p>	<p>PA Low</p>	<p>The facility has locks on doors that secure the interior of the building. These release when the fire alarm is activated. There are locks on external gates. All are operational. The owner/manager has yet to determine the number of beds allocated to residents requiring dementia</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>care and for residents requiring psychogeriatric care.</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. The clinical manager and the RNs have a current first aid certificate; however, the audit could not confirm that there would be a first aider on each shift.</p> <p>A review of staff files for staff who will transition to this facility when opened, confirmed that staff have completed induction that includes health and safety and emergency preparedness for their previous site. An orientation to this site is planned to be completed for all staff. This would include training in emergency management.</p> <p>The location of the main emergency control panel is in place and is activated.</p> <p>The site has alternative power systems in place to be able to cook in the event of a power failure (link 4.1.1). Emergency lighting is confirmed as being checked by an external contractor (records sighted). There is a civil defence kit expected to be in place for the whole facility, with confirmation of the amount of drinkable water stored to be provided.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas. The call bell system was not fully working in all areas.</p> <p>The fire evacuation plan has been submitted to the New Zealand Fire Service. Emergency equipment including egress, sprinkler systems, and smoke detectors have been installed and are already able to be activated. 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 for external doors and exits from outside areas; however, the discreet units for each dementia and psychogeriatric unit has not yet been determined.</p> <p>An external provider has completed a review of all fire systems including the sprinkler system, fire egress, alarms, backflow preventors, and emergency lighting system. An email from the contractor was</p>
---	--

		sighted confirming that the review had been completed with a 12A certificate of compliance.
<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 clinical manager develops the annual infection control plan. The programme related to infection prevention aligns with the business plan and clearly defines all components of an antimicrobial stewardship programme. The same plan and programme currently operationalised at the sister site will be put in place at Kindred Hospital. The responsibilities for delivering the infection control programme with expectations related to antimicrobial stewardship defined are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated by an external provider to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The clinical manager provides oversight and monitoring of the infection prevention and control programme (IP&C) at the sister site and will also provide oversight at this site. They are able to access advice and support from Te Whatu Ora, Public Health, and other services as required. The IP&C coordinator (clinical manager) reports monthly to the owner/manager for review and discussion.</p> <p>There are clear channels documented related to management of an outbreak if that were to occur, as confirmed by the owner/manager interviewed.</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</p>	FA	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management; vaccinations; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and procedures have been developed and reviewed by an external consultant. The IP&C and associated policies refer to cleaning procedures related to reusable items, including eyewear and cleaning of equipment and touch screens between use. All equipment used for wound care are single use only (yet to be made available on site – link 4.1.1). The owner/manager and</p>

<p>scope of our services.</p>		<p>the clinical manager have approved policies and the infection control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The IP&C coordinator is the clinical manager. The IP&C coordinator has a signed job description that outlines the role and responsibilities of the role. The external provider supports the IP&C coordinator. The IP&C coordinator is able to access advice and support through the IP&C nurse specialist at Te Whatu Ora. The IP&C team will meet monthly as part of the staff meetings. Meeting minutes will be available to all staff. The IP&C coordinator has completed IP&C training in 2022. Staff education around infection control commences at induction to the facility, with a range of competencies and education sessions for new staff to complete (link 2.3.2). These are then reviewed at least annually as part of the education planner. Staff education includes standard precautions, isolation procedures, hand washing competencies, and donning and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive indwelling medical devices using aseptic technique. A review of four staff files confirmed that they had completed annual training as planned.</p> <p>The owner/manager and manager confirmed that staff will be asked to stay off work if they have an infectious illness and visitors will be asked to stop visiting if sick.</p> <p>The owner/manager confirmed that there had been opportunities for consultation and involvement from the IP&C personnel during the refurbishment of the site.</p> <p>There are decontaminating processes available through equipment in the sluice room for reusable medical devices. This includes a wash/sanitising unit. There are written policies for both manual and automated decontamination of reusable medical devices.</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>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 owner/manager interviewed stated RNs would follow the policy and IC</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>programme around antimicrobial stewardship, with leadership provided by the clinical manager. The owner/manager also stated that the general practitioner will also be responsible for implementing AMS by requesting diagnostic evidence (eg, MSU), if signs and symptoms are impacting on a resident's wellbeing (currently described as being in place at the sister site). The AMS programme 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. 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 database, with a monthly analysis of the data completed by the IP&C coordinator. 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 infection control team meeting, and the clinical, quality, staff, and management 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 is covered during orientation of new staff (link 2.4.4), and is included as part of the annual training plan (link 2.3.2). There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be made available on site. Personal protective equipment including gloves, aprons and eyewear will be made available for staff throughout facility. A sluice room was sighted.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There is one washing machine available for small personal items if required, with all general laundry and personal laundry taken to the sister site. Laundry and cleaning policies and procedures have been</p>

		<p>developed by an external provider.</p> <p>The cleaner's trolley is yet to be purchased with a locked cleaner's cupboard to be made available. All chemicals on the cleaner's trolley are expected to be labelled and in original containers. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule. This is to be implemented when the facility is opened. Staff records confirmed that staff who will be transferred to the facility from another sister site have completed chemical safety training.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>There are policies around restraint that the owner/manager confirms as being in place at the sister site. The sister site offers rest home and hospital level of care and Kindred Hospital will offer dementia and psychogeriatric care. The owner/manager confirms that there will be no restraint in place in the facility. The policy will need to be updated to confirm this for Kindred Hospital.</p> <p>The training schedule for staff at a sister site confirmed that they should receive training around restraint minimisation that includes competency assessments. The clinical manager is identified as the restraint coordinator.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are 17 caregivers who are able to work in this facility. They are currently working at the sister site part time. The clinical manager and three RNs are rostered to work in the dementia unit. There are sufficient staff rostered and currently working at the rest home/hospital separate site to be able to occupy up to 20 dementia residents with the staff currently available. The owner/manager has yet to determine how many dementia beds and how many psychogeriatric beds there will be in each unit/s. The roster for the dementia unit is completed. The roster for more residents requiring dementia level of care or psychogeriatric care has yet to be</p>	<p>(i). There are not enough staff currently to adequately staff a full dementia and/or psychogeriatric unit/s. (ii). Actual unit sizes have not been determined and therefore staffing has not fully been documented. (iii). Approval to have more than 20-beds in the dementia unit has not yet been obtained from the funder.</p>	<p>(i). Recruit staff to meet staffing requirements for Kindred Hospital dementia and psychogeriatric units. (ii). Ensure unit bed numbers are determined and a staffing ratio documented accordingly. (iii) Ensure approval has been gained from the funder if numbers are greater than 20 in the dementia unit.</p> <p>Prior to occupancy days</p>

		determined.		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	Staff coming from the sister site which provides rest home and hospital level of care have received training relevant to the services offered. A 2023 training plan is yet to be developed.	(i). Staff from the sister site have not necessarily received training relevant to the levels of care to be provided at Kindred Hospital. (ii) New staff will not necessarily have had training relevant to the levels of care to be provided at Kindred Hospital and a 2023 training plan is yet to be developed.	(i) and (ii) Provide staff with training relevant to the levels of care to be provided at Kindred Hospital. Ensure a 2023 training plan is developed. Prior to occupancy days
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	The owner/manager described competencies for staff. Completion of staff competencies were not able to be sighted.	Staff who will work in the service have not completed relevant competencies.	Ensure that staff who will work in the service have completed relevant competencies. Prior to occupancy days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	A staff rationale and skill mix policy are in place; however, this has not been updated to recognise the levels of care to be provided.	The staff rationale and skill mix policy has not been updated to recognise the levels of care to be provided.	Update the staff rationale and skill mix policy to recognise the levels of care to be provided. Prior to occupancy days
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an</p>	PA Low	Six staff files were reviewed. Evidence of orientation was not able to be sighted.	(i). Evidence of orientation for staff currently working at the sister site was not able to be sighted.	(i)-(iii) Ensure that all staff who will work at Kindred Hospital receive orientation to the service

<p>orientation and induction programme that covers the essential components of the service provided.</p>			<p>(ii). Staff who will be working at Kindred Hospital have not yet received orientation to the site.</p> <p>(iii). Staff who are newly appointed have not yet completed orientation to Kindred Hospital and the service.</p>	<p>and site-specific orientation with documentation of this retained on file.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>There is an activities plan implemented at the sister site. This is being modified to fit the needs of residents who will occupy Kindred Hospital. The sister site uses an electronic resident management system that allows for documentation of an activities plan for each resident. Traditional dance, Pacific, Chinese and Korean dance groups, and Church groups are planned to visit weekly. The owner/manager stated that if residents identified as Māori, then they would provide activities to meet cultural needs. The owner/manager states that the clinical manager who has worked in units for residents requiring dementia and psychogeriatric care, has already completed 24-hour activity plans for individual residents.</p>	<p>The activities plan is not yet modified to meet the needs of residents who will occupy Kindred Hospital.</p>	<p>Provide meaningful activities documented in a plan and in individual resident activities plans that develop and enhance people's strengths, skills, resources, and interests, and are responsive to their identity.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management</p>	<p>PA Low</p>	<p>The medication room is currently under refurbishment. It is intended to be locked. The medication</p>	<p>The medication storage area is not yet secure, and shelving is not yet in place. A medication fridge</p>	<p>Ensure the medication room is secure, and shelving and cupboards are in place to store</p>

system shall be implemented appropriate to the scope of the service.		trolley and medication fridge are yet to be purchased. The owner/manager also states that they are purchasing thermometers to take the temperature of the medication room.	and the capability to take the temperature of the room is not yet in place.	medications. Ensure a fridge for medication is in place and the temperature of the room maintained. Prior to occupancy days
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Low	The training calendar for the sister facility was sighted and this included training around medication administration and management. The owner/manager confirmed that the same schedule would be put in place for staff at this facility. Medication competencies for existing staff who were coming over to Kindred Hospital (the clinical manager and one registered nurse) were not able to be sighted during the audit. New staff have not yet completed medication training or competencies.	(i). New staff have not completed medication training and competencies. (ii). Medication competencies were not able to be sighted for staff transferring from the sister facility on the day of audit.	Ensure that relevant care staff have an annual medication competency and annual training. Prior to occupancy days
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	A food control plan is not yet in place. The sister site will prepare and cook food for residents at Kindred Hospital. A process to transport food safely which would include consideration of 24-hour snacks has not been documented.	(i). The food control plan is not yet in place or registered with MPI. (ii). The process around transportation of food from one site to this site has not been documented.	(i). Ensure the food control plan is in place and registered with MPI. (ii). Document a process around transportation of food. Prior to occupancy days
Criterion 4.1.1	PA Low	The building has been refurbished following the departure of the	(i). Not all areas have been refurbished (in progress). (ii).	(i). Complete refurbishing of areas currently in progress

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.		previous aged care owners. Some areas are still to be completed including the kitchen, storage areas, cupboards etc. Not all furnishings and equipment required to meet the needs of residents is in place.	Equipment and furnishings have not all been purchased. (iii) Because discreet units for residents requiring dementia care separate from those requiring psychogeriatric care were not defined, it was not possible to confirm that each unit had appropriate outdoor areas, communal spaces or adequate numbers of bathrooms, toilets etc, or that the nurse's station/s or offices were effectively located to enable oversight of each unit.	including the kitchen. (ii). Purchase equipment and furnishings relevant to resident needs. (iii). Ensure that each 'unit' (dementia and psychogeriatric) has appropriate communal space to meet resident needs, along with office space appropriate to the needs of staff. Prior to occupancy days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	PA Low	A fire evacuation scheme has not yet been approved but has been submitted to the Fire Service.	A fire evacuation plan has not yet been approved for this site.	Ensure there is an approved fire evacuation plan in place. Prior to occupancy days
Criterion 4.2.3 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.	PA Low	Staff have not yet been orientated to Kindred and therefore site-specific emergency training has not yet occurred. There is a plan in place to orientate staff to the new building and this will include emergency training.	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.	Ensure that health care and support workers receive appropriate information, training, and equipment to respond to identified emergency and security situations, including fire safety and emergency procedures. Prior to occupancy days
Criterion 4.2.4 Service providers shall ensure health care and	PA Low	The clinical manager and the RNs have a current first aid certificate; however, the audit could not	Training to ensure that staff are able to provide a level of first aid and emergency treatment,	Provide training for staff, to ensure there are staff on site at all times who can provide a level

support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.		confirm that there would be a first aider on each shift.	appropriate for the degree of risk associated with the provision of the service, has not been provided to date.	of first aid and emergency treatment, appropriate for the degree of risk associated with the provision of the service. Prior to occupancy days
Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.	PA Low	The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas. The call bell system was not fully working in all areas	The call bell system is not fully working in all areas	Ensure the call bell system is fully working in all areas. Prior to occupancy days
Criterion 4.2.6 Service providers shall identify and implement appropriate security arrangements relevant to the people using services and the setting, including appropriate identification.	PA Low	On the day of audit, there were potentially 46 bedrooms available to residents to occupy. The internal area is not sectioned into units that would differentiate levels of care provided in the facility (dementia and psychogeriatric care units). The owner/manager has not confirmed the number of beds for each unit with Te Whatu Ora at this point if for example, more than 20 dementia beds were provided.	The internal facility has not yet been divided into discreet units to cater for residents requiring dementia or psychogeriatric care. The units are therefore not secured.	Section the internal area into relevant units for residents requiring dementia care separate from those requiring psychogeriatric care. Prior to occupancy days
Criterion 5.2.4 Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that	PA Low	The owner/manager confirmed that personal protective equipment including gloves, aprons and eyewear, will be made available for staff throughout the facility. The owner/manager confirmed knowledge of the amount of PPE to	PPE is not currently available on site in sufficient quantities in the event of an outbreak.	Ensure that there is sufficient PPE on site in the event of an outbreak. Prior to occupancy days

there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.		be ordered, with sufficient stock at the sister site that will be transferred to this site prior to opening. The previous owners of the facility have left hand sanitising units on the walls in communal areas and in corridors. These just require filling.		
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	PA Low	Material safety datasheets are to be made available. A sluice room was sighted; however, because the configuration of the internal site has not yet been determined, it is not possible to confirm that there is sufficient access for staff to the sluice room. There is a cleaner's cupboard, and this is expected to be locked.	<p>(i). Material safety datasheets are not yet on site.</p> <p>(ii). The cleaner's cupboard is not able to be secured.</p> <p>(iii). It is unclear how accessible the sluice room will be for each unit.</p>	<p>(i). Ensure material safety datasheets are accessible to staff when on site.</p> <p>(i). Secure the cleaners cupboard.</p> <p>(iii). Ensure there is easy accessibility to the sluice room for staff across both units.</p> <p>Prior to occupancy days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation</p>	PA Low	The sister site offers rest home and hospital level of care and Kindred Hospital will offer dementia and psychogeriatric care. The current policies in place at the sister site do not articulate the restraint-free environment described by the owner/manager.	The current policies and procedures do not recognise the secure unit/s and site or the difference in the level of care to be offered at Kindred Hospital.	<p>Update the policies and procedures related to restraint to ensure these are appropriate to the needs of residents at Kindred Hospital.</p> <p>Prior to occupancy days</p>

<p>methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>				
<p>Criterion 6.1.6</p> <p>Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA Low</p>	<p>The training schedule for staff at a sister site confirmed that they should receive training around restraint minimisation that includes competency assessments.</p>	<p>Restraint training, competencies, and management of behaviours that challenge could not be confirmed as completed for staff.</p>	<p>Ensure staff have completed training around the restraint policy, and de-escalation and restraint competencies are completed.</p> <p>Prior to occupancy days</p>

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.