

Holly Lea Village Limited - Holly Lea

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: Holly Lea Village Limited

Premises audited: Holly Lea

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

Dates of audit: Start date: 3 April 2023 End date: 3 April 2023

Proposed changes to current services (if any): The newly purpose built 17 bed dementia unit (memory support unit) has been verified as suitable for dementia level of care and the 20 beds in the hospital unit has been verified as suitable for hospital level of care.

The total certified dual-purpose beds in the main lodge decreased on request from the provider from 21 to 13.

The total bed number at Holly Lea will be 50. The service proposed opening date is 1 May 2023.

Total beds occupied across all premises included in the audit on the first day of the audit: 10

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 haumarua | 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

Holly Lea is a purpose-built facility located in Christchurch. The service is certified to provide rest home and hospital level care (geriatric only) for up to 13 residents in the main lodge.

The purpose of this partial provisional was to assess the preparedness of the service to provide dementia level of care and hospital level of care in the newly added care centre. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility. The building is fully completed and was handed over to the owners on 30 March 2023.

The facility is one of three aged care facilities owned by the Generus Living Group. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Holly Lea has set a number of quality goals around the opening of the facility, and these also link to the organisation's business plan.

There is an experienced management team. The care manager oversees the clinical operations of the care centre and is supported by a clinical manager and experienced general manager (registered nurse).

There were no areas of improvement to follow up from the previous audit.

The partial provisional audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dementia level of care and hospital level of care in the newly built care centre.

This audit identified the certificate for public use is not yet in place.

Ō tatou motika | Our rights

Not Applicable

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan and transition plan around the increase in bed numbers. The clinical manager oversees the service in the absence of the care manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme implemented that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete the required dementia unit standards. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

Ngā huarahi ki te oranga | Pathways to wellbeing

The proposed activities reviewed meet the cognitive, physical, intellectual, and emotional needs of the residents. The sample of the activities programme include entertainers, church services and van outings. There are sufficient resources to implement a meaningful activities programme. There are opportunities to facilitate te ao Māori.

Medication education and competencies are completed annually for the registered nurses and caregivers responsible for administration of medicines. Medication policies reflect legislative requirements and guidelines. All medications are stored and administered from two medication rooms.

All meals are prepared and cooked on site. The dietitian has reviewed the four-week menu. The cooks are trained in food safety and hygiene. Meals are transported to the dining rooms in bain-maries. Resident's cultural requests are accommodated. A current food control plan is in place.

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

There is a full-time maintenance person. Emergency systems are in place in the event of a fire or natural disaster. There is always a staff member rostered with a current first aid certificate. There is an approved fire evacuation scheme.

All new equipment is in place. The care centre is connected to the main lodge by a covered walkway. There is a visitor entrance into a secure dementia unit with keypad entrance. There is a centrally located lounge/dining room with kitchenette in each unit. The communal areas are spacious and allows for groups or individual activities. All rooms are spacious, single occupancy with ensuites.

There is a large garden area off the secure dementia unit's lounges with paths. All resident rooms have sliding doors leading out onto either a path that leads around to the garden area or sliding doors that open directly to the garden area.

The hospital unit is situated on the first floor with an outdoor balcony, seating, and shade.

There is a nurse call bell system available in each resident room and communal areas that links to staff phones. The dementia unit is secure with a double door foyer entrance.

There is underfloor and central heating throughout the units. There are security arrangements in place to ensure the security and safety of residents at all times.

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

The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The infection control coordinator is a registered nurse with a defined job description that outlines the role and responsibilities. The infection control team includes representatives from each area of the service and meets monthly. The infection control programme is appropriate for the size and complexity of the service.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors.

There are communication pathways to address significant infection and antimicrobial events.

The Covid-19 response and pandemic plans are in place and the service has access to adequate personal protective equipment and supplies.

Chemicals are stored securely throughout the facility. Staff received training and education to ensure safe and appropriate handling of waste and hazardous substances; there are documented processes in place.

Only personal laundry is done on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. Restraint is considered the last resort only after all other options and alternatives were explored. The education planner includes restraint and managing challenging behaviours. There were no residents using restraints on the day of the audit.

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	13	0	1	0	0	0
Criteria	0	92	0	1	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>	FA	<p>Holly Lea is located in Fendalton, Christchurch and is one of five aged care facilities owned by the Generus Living Group. They are certified to provide rest home and hospital level care (geriatric only) for up to 13 residents in the main lodge of 38 occupation right agreement apartments (ORA). There are 13 dual-purpose apartments/beds. On the day of audit there were 10 residents (five hospital and five rest home level). All ten residents were under the age-related residential care agreement (ARCC).</p> <p>This partial provisional audit was completed in respect of verifying a new purpose-built care centre with a 17-bed secure dementia (memory support) unit and 20- bed hospital unit. This audit verified the dementia unit as suitable to provide dementia level care and verified the suitability of the hospital unit providing hospital level care. The total bed numbers will increase across the service to 50. The dual-purpose beds across the service increased remains the same.</p> <p>A transition plan is documented as part of the business plan for 2023 and includes a review of the roster, review of the quality and risk programme, recruitment strategies, equipment requirements, and staged placement of</p>

		<p>the first ten residents (five in dementia and five in hospital).</p> <p>There are five directors on the Generus Living Group Board with appropriate experience and expertise who are responsible for five retirement villages and three aged care facilities. The director (owner) who reports to the Board, has been in his role for the past 17 years. The director is also involved in New Zealand Aged Care Association (NZACA) and the Retirement Village Association (RVA) executive committee.</p> <p>Generus Living Group organisational culture is underpinned by social, cultural, and professional diversity. The director has extensive iwi partnership experience and demonstrates knowledge and understanding of Kaupapa Māori within the sector. Generus Living have a partnership with Mangatawa Papamoa Blocks Incorporated who represent predominantly Nga Potiki [iwi] as part of their business model and as a result, actively engaged with iwi stakeholders about the requirements of the building. This includes participation in forums and a regular working relationship with the iwi executive team members. Interview with the general manager confirmed the governance body is committed to supporting the Ministry of Health's Māori health strategies. All Board members have experience in owning and building aged care facilities and villages. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The organisational strategic plan (2022-2027) includes a philosophy, mission, vision, and values. Key business objectives (fulfilled residents, engaged team, satisfied stakeholders and sustainable business) are defined in the strategic plan, with evidence in the meeting minutes of regular reviews. The sustainability objective includes consideration and incorporation of bicultural and Māori views related to the environmental design. The business plan 2022 and Māori health plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Holly Lea are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The directors of the Board and executive team, work with the management teams at each of the three aged care facilities (including Holly Lea) and understand their obligations and responsibilities under the</p>
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		<p>relevant standards and legislation. The care manager provides a weekly report to the general manager. There is weekly communication between the general manager to the director and general manager of operations. The general manager of operations is provided a monthly report from the general manager (organisation clinical lead) with an overview of adverse events, health and safety, staffing, infection control, use of restraint and other aspects of the quality risk management programme. Critical and significant events are reported immediately to the directors.</p> <p>Holly Lea has set a number of quality goals around the opening of the facility, and these also link to the organisation's business plan. There is a documented Quality and Risk Management Plan that is implemented and monitored through the monthly quality and risk meetings. Cultural safety is embedded within the documented quality programme and staff training. Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents. The management team have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>A clinical governance group has been implemented across the three Generus Living aged care facilities to provide collaborative accountability for continuous quality improvement activities including (but not limited to) improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan and the 'ageing in your home and person first' model of care. The ethos, vision, values, and mission statement align with the Treaty of Waitangi principles. The group meets monthly where the established goals of resident and family/whānau centred care; achieving ongoing quality improvements; and ensuring Generus aged care facilities are putting the wellbeing of staff at the forefront, with the residents' needs.</p> <p>An external contractor reviews the policies. The clinical governance group includes the general manager of Holly Lea (also the organisation clinical lead), clinical managers representative of each facility and facility managers of each.</p> <p>An experienced general manager (comprehensive registered nurse) has been in the role since 2015 and has many years of experience in both</p>
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		<p>aged care management and clinical education. At operational level, they are supported by the director and general manager of operations. At a service level, they are supported by a care manager that has been in the role for eight years, a clinical manager and 12 RNs.</p> <p>The management team have completed over eight hours annually of managing a care facility, including dementia training 'walking in another shoes', management of the unwell/deteriorating adult and palliative care.</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>The care manager takes on the managers role in the temporary absence of the general manager. Induction training for the dementia and hospital unit was conducted for the initial staff on 12 March 2023. Six HCAs and all RNs completed a fire drill training pertaining to the new care centre on 17 March 2023. A second day for fire evacuation drill has been scheduled for the remainder of the staff on the 12 April 2023.</p> <p>There is a staffing policy that describes rostering and safe staffing ratios. There is a contingency shortfall plan in an event of an outbreak. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is an acuity methodology that assists with staffing the roster appropriately to the residents' needs.</p> <p>The roster provides sufficient and appropriate coverage for the initial stage of occupancy for the dementia unit and hospital unit. All staff holds a current first aid certificates. There is a first aid trained staff member on duty 24/7. The service has enough employed staff to cover the initial roster of the dementia unit and the hospital unit. The general manager advised they will be interviewing for more staff as they progress with occupancy.</p> <p>The general manager, care manager and clinical manager work full time (Monday to Friday). On-call cover is shared between them. There are 12 RNs employed across the service and all are interRAI trained. The service has employed RNs to oversee the dementia unit Monday to Sundays. The RNs and clinical manager have previously worked in dementia units.</p> <p>There is a transition plan in place for the immediate placement of five hospital level residents and five dementia level residents within the care centre from 1 May 2023, which includes staged admissions.</p>

		<p>The main lodge is rostered separately with a RN on the morning, afternoon and at night.</p> <p>The draft roster for the hospital evidence a RN on the morning, afternoon, and night shift. The RN on duty is supported by four caregivers in the morning, four in the afternoon and two at night.</p> <p>The draft roster for the dementia unit evidenced one RN for the morning and afternoon shift. The RN from the hospital will oversee the dementia unit at night. There are two healthcare assistants (HCA) for the morning, two in the afternoon and two at night.</p> <p>All HCAs are medication competent, and all shifts allocated to the proposed initial roster are long shifts.</p> <p>The service plans activities across seven days in the dementia unit and over five days for the hospital unit.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training and a Māori cultural competency. Training includes a focus on supporting Māori and improved health outcomes. The general manager described how they support staff to learn te reo. The Māori health plan includes objectives around establishing an environment that supports cultural safe care through learning and support. Health equity training has been provided to staff as part of the cultural safety training.</p> <p>External training opportunities for care staff include training through Te Whatu Ora Waitaha Canterbury, and Nurse Maude. Registered nurse specific training is included training through the University of Tasmania (understanding dementia, preventing dementia, understanding brain injuries), pressure injury prevention and management of the deteriorating adult. Nine RNs are employed and eight have completed interRAI training.</p> <p>The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently all healthcare assistants have either completed a level 3 or level 4 New Zealand qualification Authority (NZQA) unit standards. The six HCAs initially employed to work in the dementia unit have all completed the dementia standards. There are a further seven HCAs within the workforce that have completed the dementia standards</p>
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		<p>and will work in the dementia unit as the unit's occupancy increased.</p> <p>All 23 HCAs allocated to work across the dementia unit, main lodge and care centre completed cultural training as part of their original induction. There is a competency assessment policy. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. Staff are expected to answer competency assessment questions such as: what the meaning of health equity is; how to apply the five principles of Te Tiriti o Waitangi to their work; and to define the meaning of mana motuhake.</p> <p>Staff completed competency assessments as part of their orientation (including fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety). Additional RN competencies cover: medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; and wound management. All healthcare assistants completed medication administration competencies.</p> <p>Signage supporting the employee assistance programme (EAP) is posted in the staffroom. All staff complete code of conduct training to ensure a positive supportive workplace. Staff feedback is sought through annual staff surveys.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of completed staff orientations, three-month reviews and annual appraisals were sighted.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained. There is an appraisal policy. All staff have a three-month appraisal completed following induction.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and</p>

		<p>includes buddying when first employed. Initial orientation of staff allocated to the proposed rosters were completed in the week of 12 March 2023. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service has commenced gathering the data and reporting at a governance level.</p> <p>The service has policies related to a debriefing process following staff incidents. There are staff wellbeing support programmes in place to support staff in the safe return to work and rehabilitation following incidents.</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>	FA	<p>There are two members recruited for the activities support team, one is a qualified diversional therapist (DT), and one an activities coordinator. The proposed roster and sample calendar provided provides for activities Monday to Sundays to 4.30pm in the dementia unit and Monday to Friday in the hospital unit. There is a sensory room in the dementia unit with plenty of resources purchased and readily available. There are quiet spaces within the facility for those residents who do not want to participate in group activities.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events, International Peace Day, International cat day, world indigenous day, world gratitude day, prostate awareness, and daffodil day. The clinical manager advised a monthly calendar and monthly newsletter will also be emailed to family. A copy of the programme which has the daily activities, will be displayed on the electronic noticeboards, and includes individual and group activities. Activities will also be designed around daily routines which may include chores and baking. An example of the proposed activities reviewed meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. The sample of the activities programme includes entertainers, church services and van outings.</p> <p>The service facilitates opportunities for current residents to participate in</p>

		<p>te ao Māori through the use of Māori language on planners and on doors of key areas; participation in Māori language week; Matariki; Māori phrases incorporated into the activities planner; and culturally focused activities are planned for. There are links with the local marae.</p> <p>There is documentation policy related to activities that include a social and cultural profile to be completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan will be developed within 21 days on admission and is to be reviewed six-monthly. A resident attendance list will be maintained for activities, entertainment, and outings. The diversional therapist will include a 24-hour activities plan for residents in the dementia unit and document normal routine, hobbies, likes, dislikes, and diversion/ de-escalation techniques suitable for individual behaviours.</p> <p>There is an opportunity to provide feedback on activities at the meetings and through annual surveys. The current main lodge resident satisfaction survey evidenced 100% satisfaction with the activities provided. The last survey was completed October 2022.</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>	FA	<p>Policies and procedures are in place for safe medicine management. A current pharmacy contract is in place. Medication in the dementia unit and hospital unit are secure.</p> <p>The dementia unit staff who will administer medications (registered nurse, and medication competent healthcare assistants) have been assessed for competency and have attended medication education around the use of the electronic medication management system. The Wi-Fi strength is of suitable strength to implement the electronic management system.</p> <p>Registered nurses at Holly Lea have all completed syringe driver training. The clinical manager advised that all medication blister packs will be checked on delivery against the electronic medication charts as per their current process. There will be no resident's self-administering medication in the dementia unit. Residents in the hospital unit will be firstly assessed as competent to partially administer medications like inhalers. The medication policies provide guidelines for self-administration of</p>

		<p>medication.</p> <p>There are no standing orders. Medication errors will continue to be collated as part of the quality and risk management programme.</p> <p>There is a medication fridge in each nurse's station and temperatures of the fridge and the room are currently monitored daily. Monitoring records sighted evidenced all temperatures are within safe parameters. The temperature in the nurses' stations can be individually temperature controlled.</p> <p>There is a general practitioner contract in place (two GPs) that will provide medical services to residents (as per the current arrangement in the main lodge). The general practitioner will visit according to the contract arrangement, to complete three-monthly reviews, admissions and see all residents of concern. Residents and relatives will be informed about changing medications and their side effects, as occurs with existing residents and whānau. All over the counter vitamins, supplements or alternative therapies will continue to be reviewed, and prescribed by the GP.</p> <p>The clinical manager described how they work currently in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.</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>	FA	<p>The food services are overseen by a head chef. All meals and baking are prepared and cooked on site by a qualified chef/cook. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires 22 June 2023, the reaudit process evidenced no corrective actions required. The four-weekly menus have been approved and reviewed by a registered dietitian on 19 March 2023.</p> <p>The main kitchen is situated in the main lodge.</p> <p>The chef receives resident dietary profiles and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and cultural/religious preferences. The service uses Pure Food products to</p>

		<p>support residents on a modified textured diet. The head chef has aged care experience, and the care manager confirmed their knowledge around international dysphagia diet standard initiative (IDDSI) for food and drink modification.</p> <p>Food is probed for temperature and transferred to the hot box and will be transferred to the dementia unit and hospital unit kitchenette for serving by kitchen staff. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The internal audit schedule includes food service audit.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as required. Snacks will be available 24/7 in both units with daily plated sandwiches to be kept in each fridge. Breakfast will be made in the dementia and hospital unit kitchenettes. All appliances in both units are operational and boiling water systems have safety features.</p> <p>Residents and family/whānau will be provided with opportunities to provide feedback on the meal service through residents and family/whānau meetings and annual surveys.</p> <p>The chef is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate food choices. This service will be extended to the new care centre. The clinical manager and general manager described how they would provide menu options culturally specific to te ao Māori if requested by 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>	PA Low	<p>The building was handed over to the owners on 30 March 2023. There is not yet a certificate for public use issued. There is a full-time maintenance person. Reactive and preventative maintenance is in place. The planned maintenance schedule includes (but not limited to) resident equipment checks, calibrations of weigh scales and checking of clinical equipment. Hot water tests have been completed in both units and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24</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>hours a day as required. The general manager advised that all equipment is new and under warranty.</p> <p>Spaces within the care centre can accommodate family, cultural and religious rituals, including visits by extended family. The general manager interviewed confirmed the development was in consultation with Generus Living's iwi partners to reflect the aspirations and identity of Māori.</p> <p>All new equipment has arrived. This includes (but not limited to): controlled drug safe; medication trolleys; wound dressing trolleys; chair scales; other trolleys; medical equipment (BP, thermometer etc); linen; standing hoist; full sling hoist; hoist equipment for the ceiling hoists; and kitchen items. Window furnishings has been completed and all rooms are fully furnished. All furniture and seating are in placed in the communal areas. There are centralised heating and ventilation system throughout the facility and can be individually set for certain areas. There is plenty space for medical equipment, continence products and personal protective equipment storage with shelving in both units.</p> <p>The care centre is connected with the main lodge by a covered walkway; however, the care centre has its own covered main entrance and car parking off Tui Street.</p> <p>The care centre is purpose built over two levels; the dementia unit is situated on the ground floor and the hospital unit is situated on the first floor. There is a main reception area with a lift access to the first floor. There is a visitor entrance to the secure dementia unit. Entry is by keypad and swipe card.</p> <p>Dementia unit</p> <p>The pathway around the care centre and the dementia unit is safe and complete. There is a visitor's toilet off the foyer and two visitors' toilets within the dementia unit.</p> <p>The dementia unit has a centrally located lounge/dining room with a secure kitchen with servery hatch and open plan central kitchenette for baking activities. The dining room allow for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a spacious sensory room and lounge overlooking the gardens, with safe access to pathways and outdoors via</p>
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		<p>slider doors. The communal areas are carpeted.</p> <p>There are 17 bedrooms within the unit for single occupancy. One room is fitted with a ceiling hoist. All bedrooms are of similar footprint of 42 square meters with a full ensuite. There are no long corridors.</p> <p>Residents' rooms in the dementia units are spacious, door openings are wide and allow care to be provided. Resident's rooms allow for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family/whānau to socialise with the resident. Memory frames on doors are used to assist residents to find their rooms. Central heating within the rooms is available and can be individually set within the room. Rooms have large windows that allow for ample light and ventilation. All rooms have a slider door that opens up to the outdoors and pathways. All external doors are monitored by a sensor system. There is safe access to gardens.</p> <p>The hallways and rooms are carpeted. Each resident room has a spacious ensuite with shower and privacy curtains. Flooring in the shower is suitable and non-slip and easy to clean. All ensuites throughout the dementia unit allows for the use of mobility equipment. Ensuites have handrails, underfloor heating, are dementia friendly with sensor motion lights, and taps are easy to open and close.</p> <p>A disability accessible toilet is located of the main communal area. Flowing soap, hand gel dispensers and paper towels were available within the dementia unit.</p> <p>There is a centrally located nurse's station. The view from the nurses' station continues to allow supervision of residents in the lounge when staff are in the nurse's station. The corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</p> <p>There is a large secure garden area accessible from the lounge/dining room and off the lounge/sensory room with paths. Seating and shade are provided. Landscaping is complete. External pathway lights are installed. A high fence has been completed with shrubbery to deter residents from climbing. There is a fire exit gate with a `break to open` panel in an event of an evacuation. The gate can be opened by key swipe card in an event</p>
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		<p>of moving gardening equipment.</p> <p>There are meeting spaces available for family/whānau meetings.</p> <p>Hospital unit</p> <p>The hospital unit is accessible through lift and stairs on each side of the unit. There are evacuation chairs available at the stairs.</p> <p>The hospital unit has a centrally located lounge/dining room with a kitchen and servery area. The dining room allows for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a spacious family/whānau room overlooking the gardens with slider windows and secure double glass panels to ensure safety of the residents when opening the windows. The communal areas are carpeted.</p> <p>There are 20 bedrooms within the unit for single occupancy. All rooms are fitted with a ceiling hoist. All bedrooms are of similar footprint of 42 square meters with a full ensuite. There are no long corridors.</p> <p>Residents' rooms in the hospital are spacious, door openings are wide and allow care to be provided. Resident's rooms allow for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family/whānau to socialise with the resident. Central heating within the rooms is available and can be individually set within the room. Rooms have big windows that allow for ample light and ventilation. All rooms have a slider window that opens up. There is safe access to a balcony with seating and shade.</p> <p>The hallways and rooms are carpeted. Each resident room has a spacious ensuite with shower and privacy curtains. Flooring in the shower is suitable and non-slip and easy to clean. All ensuites throughout the hospital unit allows for the use of mobility equipment. Ensuites have handrails and underfloor heating.</p> <p>A disability accessible toilet is located off the main communal area. Flowing soap, hand gel dispensers and paper towels were available within the hallways and residents' rooms.</p> <p>There is a centrally located nurse's station. The view from the nurses'</p>
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		<p>station continues to allow supervision of residents in the lounge when staff are in the nurse's station. The corridors are wide and promote safe mobility with the use of mobility aids. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</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>	FA	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in the case of an emergency, and the business continuity plan for information technology ensures operational continuity in the case of an IT failure.</p> <p>A fire evacuation plan amended and dated 30 March 2023 had been approval by the New Zealand Fire Service. All staff allocated to the care centre had a recent fire drill related to the care centre; however, a further fire evacuation drill is planned for 12 April 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in the nurse's station and civil defence supplies stored in a centrally located cupboard in each area.</p> <p>All supplies including food stores are checked monthly. In the event of a power outage, there is a back-up generator and gas cooking. There are adequate supplies in the event of a civil defence emergency, including a 2000 litre water tank. Emergency management is included in the staff orientation document and will be ongoing as part of the education plan. A minimum of one person trained in first aid will be available at all times. All RNs and HCAs have current first aid certificates. First aid kits are set up and available from the nurses' station.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bell system is operational and connected. Sensor mats can be connected to the call bell and the nurse call system provide for a staff assist button. The system software can be monitored. The system includes an electronic beam management technology which will be used to alert staff on the movements of residents</p>

		<p>in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night, the ensuite light automatically comes on. All call bells in the care centre are functional.</p> <p>The building is secure after hours. All external doors can electronically be locked from the nurse's station. The dementia unit is secure with a double door foyer entrance. All keypads are functional.</p> <p>There is an intercom system at the main entrance and connected to the nurses' station. The closed-circuit television (CCTV) is within the communal areas, outdoors and hallways are functional. Staff will perform security checks at night. There is a contracted security company that visits the facility three times during the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The registered nurse from the hospital (currently in the main lodge) undertakes the role of infection control coordinator to oversee infection control and antimicrobial use across the service for the last 12 months. They are supported by the clinical manager and care manager. The job description outlines the responsibility of the role. The infection control programme and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical governance committee approves the infection control programme with the support from an external consultant. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually.</p> <p>There are policies and procedures in place to manage significant infection control and AMS events. Significant issues related to antimicrobial use of infections will be escalated through an effective communication pathway to the governance team.</p> <p>There is an infection control committee that meets monthly. Infection rates related to the residents in the care centre will be presented and discussed at quality and risk, clinical and staff meetings. These will be presented to the general manager.</p> <p>The service has access to an infection prevention clinical nurse specialist</p>

		<p>from the local Te Whatu Ora -Waitaha Canterbury. Any significant events will be managed using a collaborative approach and involve the infection control coordinator, the senior management team, the GP, and the public health team.</p> <p>All visitors, contractors and staff will be screened for cold and flu like symptoms and if unwell, are not permitted entry. There are hand sanitisers strategically placed around the facility and at point of care.</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>	FA	<p>The designated infection control coordinator has been in the role for 12 months and supported by the clinical manager and care manager. They will oversee the infection control programme in the care centre. There were no recorded outbreaks since the last audit.</p> <p>The service has a pandemic plan and Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, separate areas for donning and doffing of personal protective equipment (PPE) and appropriate signage. The response plan is suitable to be extended to the care centre. This includes a process where staff and residents will be separated /cohorted in the care facility and space set up for PPE.</p> <p>The infection control coordinator has completed external infection control training at Te Whatu Ora -Waitaha Canterbury and attended an infection control conference. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse.</p> <p>There are outbreak kits readily available and set up for each unit and personal protective equipment is stored in the storeroom next to the nurses' stations. There are supplies of extra PPE as required. The infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables will continue to be checked for expiry dates as part of the internal audit system. The clinical manager confirmed the infection control coordinator and clinical governance were consulted with the new development regarding infection control matters.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and</p>

		<p>oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually by the clinical governance team, in consultation with the infection control coordinator and the external consultant. Policies are available to staff on the electronic library.</p> <p>Policies include aseptic techniques through handwashing, sterile single use packs for wound care, and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities, including hand gel, flowing soap, paper towels and disposable gloves at point of care.</p> <p>The Māori health plan includes the importance of ensuring culturally safe practices in infection prevention. There are policies and procedures in place around reusable and single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The clinical manager acknowledges the importance of providing information around infection control for Māori residents in te reo and encourage culturally safe practices. Handwashing and sneeze etiquette posters are also in te reo. The infection control coordinator has access to a Māori Health advisor at Te Whatu Ora-Waitaha Canterbury as needed.</p> <p>Infection control practices includes laundry and cleaning practices that reflect Māori participation when required. The infection control coordinator is checking that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits. Two cleaners are currently employed on the new roster and supervised by a house supervisor. Both received training in cleaning protocols and procedures and safe chemical use.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies were completed in the week of orientation and included PPE and handwashing competencies. Resident education occurs as part of the daily cares. Residents and families will be kept informed and updated on infection matters in emails and newsletters.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use will continue to be evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes.</p> <p>Monthly infection control committee meetings will be used as an avenue to discuss with the GP. The clinical manager reports this to the care manager. Prophylactic use of antibiotics is not considered to be appropriate. Judicious, careful, and rational use of monotherapy will be encouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>There is an established surveillance programme that is an integral part of the infection control programme. The infection control programme is extended to include the care centre.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections is entered into the electronic infection register. All infections are reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other facilities. Infection control surveillance is discussed at the monthly infection control committee meeting. There are various meetings where staff are informed of surveillance data.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems are in place that is appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits will be extended to include the care centre and are completed with corrective actions for areas of improvement.</p> <p>The service continues to receive email notifications and alerts from Te</p>

		<p>Whatu Ora- Waitaha Canterbury for any community concerns.</p> <p>There have been no reported outbreaks since the last audit. There is a process in place to learn from outbreaks after each event to prevent, prepare for and respond to future infectious disease outbreaks.</p> <p>Visitors are requested to sign in through a screening process and health declaration at entry. There is an electronic sign in at the main entrance. Ethnicity data is collected on the electronic 'surveillance form submissions' and analysed by the clinical governance committee. The data is used to inform future strategic planning and service delivery.</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 antimicrobialresistant organisms.</p>	FA	<p>The facility implements a waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available on all chemicals and accessible in relevant places in the facility, including the laundry and cleaning storerooms. Waste management and infection control is a component of the annual mandatory training and included in the initial orientation programme for new staff.</p> <p>There is enough PPE and equipment available such as aprons, gloves, masks, and eyewear.</p> <p>The proposed draft rosters evidence cleaning, and laundry services will be provided seven days a week in each unit. There is a sluice with sanitiser in each unit. Each unit has a laundry with two dryers and two washing machines. These laundries will be utilised for flannels, pillowcases, and personal laundry only and are fully functional. Laundry of linen and towels are contracted out seven days a week. Each laundry has a defined dirty to clean workflow with separate folding areas and linen storage for clean linen. Each resident will have a labelled mesh bag for personal laundry. Clean linen is currently delivered from the laundry to residents' rooms using covered trolleys. This system is planned for the hospital and dementia units.</p> <p>There are six rooms in the hospital unit and six rooms in the dementia unit</p>

		<p>that have a built in secure locked cupboard with a fire rating door to accommodate a washing machine and condenser dryer within the unit.</p> <p>A list of cleaning duties will be available. There a documented policy related to cleaning and laundry practices.</p> <p>Cleaning products are dispensed from a closed system. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys are set up and ready for use. There is a secure chemical storeroom next to the laundry areas. Waste bins are available for transport of hazardous waste and can be transported to and from the facility using a separate entrance.</p> <p>The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection control coordinator. The internal audits related to cleaning and laundry will be extended to include the units. There is a designated laundry assistant in each unit.</p> <p>Residents and families will have the opportunity to give feedback on cleaning and laundry services through annual satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and aligns with the Ngā Paerewa Standard 2021. The policy provides guidance on the safe use of restraints (updated May 2022). This policy includes guidance related to emergency restraint. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. A restraint approval committee meets three-monthly where restraints are discussed and includes a process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used.</p> <p>The purpose of this policy is to ensure that services are provided in a way that recognises the specific needs of consumers and does not involve the use of restraint, except in exceptional circumstances. At the time of the audit, there was no restraint use.</p> <p>The reporting process to the Board includes data gathered and analysed</p>

		<p>monthly that supports the ongoing safety of residents and staff.</p> <p>Restraint minimisation for all staff is included in orientation and scheduled training annually. The training includes a competency assessment.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 4.1.1 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.	PA Low	The handover of the building to the owners is planned for 30 March 2023. An email was sighted that stated the certificate of public use was lodged but not yet received.	The certificate of public use (CPU) is yet to be obtained.	Ensure the CPU is obtained. Prior to occupancy days

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, these 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.