

The Grange Care Limited - The Grange

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:	The Grange Care Limited
Premises audited:	The Grange
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 June 2023 End date: 23 June 2023
Proposed changes to current services (if any):	As part of this stage one partial provisional audit, the service is only applying for geriatric – hospital, geriatric – medical and rest home level care.
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

The Grange is a modern, spacious, purpose-built facility, built within a developing retirement village on the outskirts of Mosgiel. The care centre is across one level and includes 20 dual-purpose care suites. The design of the facility embraces a community living model of care. All care suites have occupational right agreements. The service plans to open from 27 July 2023.

The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The service is governed by a Board of three directors who have experience in owning aged care facilities. The Grange has set a number of quality goals around the opening of the facility and these also link to the organisation's strategic execution plan and quality plan.

The clinical manager at The Grange has many years of experience as a manager in aged care. The clinical manager is supported by the organisations chief executive officer (CEO), who also oversees a sister facility.

Improvements are related to opening of the new facility, including completing induction, fire evacuation approval, training, and staffing.

Ō tatou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The service has policies and procedures developed from an aged care consultant that are structured to provide appropriate care for residents that require hospital/medical, and rest home level care. The service has contracts for pharmacy and GP services.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, HCA) and includes documented competencies. An annual education schedule is to be commenced on opening. A draft staffing roster is in place for all areas of the facility.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. There is a secure medication room. The registered nurses and designated healthcare assistants will be responsible for administration of medications. Education and medication competencies are to be completed during the induction weeks.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been registered.

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

The care centre is across one floor. The resident areas are in the process of being furnished. Furniture and equipment have been purchased.

All resident suites are spacious with large windows or sliding doors. Each suite has a spacious ensuite. The corridors are wide and there is easy access to all areas using mobility aids. There is an internal landscaped courtyard.

Preventative and reactive maintenance schedules will be implemented.

The fire evacuation plan is yet to be approved. There are emergency exits clearly identified. Staff will receive training around emergency management during the induction period. There is a call bell system linked to staff phones. There are security procedures in place.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator will initially be the clinical manager. Education is to be provided to staff at induction to the service and is included in the education planner. Antimicrobial medicine data is to be collated and monitored monthly. Surveillance

processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements.

There is a laundry situated in the service area that includes a dirty to clean flow.

Here taratahi | Restraint and seclusion

Not Audited.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	8	0	4	0	0	0
Criteria	0	78	0	7	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>The Grange is a modern, spacious, purpose-built facility, built within a developing retirement village on the outskirts of Mosgiel. The care centre is across one level and includes 20 dual-purpose care suites. The design of the facility embraces a community living model of care. All care suites have occupational right agreements. The service plans to open from 27 July 2023.</p> <p>The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.</p> <p>The service is governed by a Board of three directors who have experience in owning aged care facilities. The Grange has set a number of quality goals around the opening of the facility and these also link to</p>

		<p>the organisation's strategic execution plan and quality plan.</p> <p>As The Grange is a new village, their goals are focused on developing the physical structure of the village and establishing the village within the community of Mosgiel. Progress towards these goals will be measured by the governance body. Reports presented by the management team are to be reviewed and challenged as a team each month. As necessary, the governance body meet with the management team to support the management team to manage quality and risk.</p> <p>The clinical manager at The Grange has many years of experience as a manager in aged care. The clinical manager is supported by the organisations chief executive officer (CEO), who also oversees a sister facility.</p> <p>The governing body is accountable for delivering a high-quality service to The Grange that is responsive, inclusive, and sensitive to the cultural diversity of the communities they serve. The CEO and CFO will attend each senior management meeting at The Grange and will report statistics and operational directly to the Board.</p> <p>Training has recently been initiated for the Board and includes: Module 1 Ngā Paerewa Te Tiriti eLearning, Module 2 Ngā Paerewa Te Tiriti eLearning – Senior & Executive management & leaders and Understanding bias in healthcare. Core competencies have been completed.</p> <p>The governance body expects monthly reporting on quality and risk activity. Reports will include actions taken to improve health and wellbeing outcomes for all of their community, as recommended by their residents and staff through their management team.</p> <p>The governance body honour Te Tiriti, and they have substantive input into operational policies and outcomes. The governing body has Māori representation which is meaningful given that they are significantly responsible for development and execution of their vision.</p> <p>Their residents will be consulted formally and informally to provide feedback through resident meetings and satisfaction surveys, which will allow them to evaluate the planning and implementation of their service delivery.</p>
--	--	--

		<p>There is a clinical governance structure in place. The management team from Te Awa and The Grange will meet regularly as a clinical group to review policies and procedures and clinical related risks.</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 an annual leave and rostering policy and opening and transition plan. The Grange have developed a number of draft rosters as resident numbers increase across the new 20-bed dual-purpose facility.</p> <p>The management team are in the process of interviewing for staff for the opening of the facility. The CEO stated they have had considerable interest in positions so are feeling confident about covering all shifts. There is one registered nurse employed to date and the clinical manager. The service has identified that a further six more registered nurses are required to adequately cover the roster. The clinical manager is interRAI trained.</p> <p>There have been a large number of applicants for healthcare assistant (HCA) positions and the plan is to initially employ 11 healthcare assistants (HCA) in line with the transition and opening plan.</p> <p>Healthcare assistants (HCAs) who have not completed appropriate training will be encouraged to complete the Careerforce training programme. The clinical manager is a registered assessor. There is a staff training policy. Online training videos are available through their aged care consultant. A training plan has been developed for 2023/24.</p> <p>A competency programme is to be implemented for all staff with different requirements according to work type (eg, HCA, registered nurse, cleaner). Core competencies are required to be completed annually as per policy. Commencement of these is planned during the induction week.</p> <p>The mandatory competencies include (but not limited to): care provision skills; cultural competency and spiritual safety; Te Tiriti o Waitangi; safe moving and handling; medication competency; hand hygiene; falls management; PPE; restraint; wound; challenging behaviour; Code of Rights; fire safety; and emergency management (six-monthly). These will be completed during the induction weeks (link 2.4.4). Cultural training and competency include health equity.</p>

		The service supports an employee assistance programme which is available to all staff.
<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>	PA Low	<p>The service has human resource (HR) policies, HR recruitment processes, induction orientation and training packages, documented job descriptions, a new employee package, employee handbook and human resources - learning and development policies and procedures and resources. Individual HR files are kept for each staff member. The service validates professional qualifications as part of the employment process. The service has a contract with a local GP medical provider. The GP will visit initially once a week. The GP service will be available on call (by phone or text) after hours.</p> <p>A contract is in place with a local pharmacy and a podiatrist. Further contracts are being confirmed with a dietitian and physiotherapist.</p> <p>A one-week induction programme is being provided for all new staff from 24 July 2023 prior to occupancy. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling; hoist, infection prevention and control; hand hygiene; restraint; and first aid.</p> <p>Formal performance appraisals and development plans for staff follow the organisational process, which includes a comprehensive induction, and annual performance appraisal. There is a staff performance monitoring policy.</p> <p>Ethnicity data information is captured for new employees.</p> <p>Staff will have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by management.</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</p>	PA Low	<p>There are organisational medication management policies in place. There is a contract in place with a pharmacy who will deliver medications to the facility. Robotics will be used for all medications. The service will implement the electronic Medimap medication system.</p>

<p>to access appropriate medication and blood products. 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>There is a secure medication room with swipe card access. The medication room is fully fitted with adequate cupboard space, bench space, a locked controlled drug safe, and medication fridge. The medication room is temperature controlled to ensure a steady room temperature is maintained.</p> <p>All resident's routine medications will be stored in a locked cupboard in the resident's room, which is moisture proof. All controlled drugs and 'as required' medication will be stored in the medication room. Medication will be administered by medication competent staff and will include RN's, EN's and senior HCAs. The registered nurses will complete syringe driver competencies. All competencies related to medications will be completed prior to occupancy and annually thereafter.</p> <p>There is a procedure in place for any residents who wish to self-administer medications. These competencies must be completed and reviewed on a three-monthly basis for any residents wishing to self-administer medications.</p> <p>The service will not be using standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system. All residents will be supported to understand the medication prescribed to them.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen is situated in the service wing and is fully furnished and spacious. There is a walk-in pantry, chiller, and freezer. The service is currently interviewing for two chefs and a kitchenhand (link 2.3.1). Meals will be transported to the kitchenette off the dining room in hot boxes and presented buffet style for those residents that wish to choose what they want.</p> <p>The menu has been approved by a dietitian. Food preferences and cultural preferences are encompassed into the menu, with continuous encouragement for residents to share traditional, family and/or own recipes for the village menu. A food control plan is in the process of being registered with MPI.</p> <p>Kitchen fridge, chiller, food, and freezer temperatures are to be monitored and documented daily as per policy. The resident annual satisfaction</p>

		<p>survey includes food.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and are provided to the kitchen. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needed. Equipment has been purchased for the new dining room/kitchenette.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level.</p> <p>The care centre includes two main wings (one wing is resident rooms). The two wings surround an internal landscaped courtyard. There is a secure nurse's office. There is a large, shared lounge which connects to a spacious dining room. All resident rooms have sliding doors that open out onto outside courtyards/patios.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. There are communal toilets available. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new wing for storage of mobility equipment.</p> <p>All resident rooms have been designed for hospital level care (studio apartments) and each room has a spacious ensuite shower/toilet with shelves and drawers. There are ceiling hoists in all resident rooms.</p> <p>The building is in process of being furnished. The service received the code of compliance post on-site audit dated 4 July 2023.</p> <p>The service has purchased new equipment for the facility. All rooms are to have electric hi/lo beds (large single beds). The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and</p>

		<p>verification checks.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit. A contracted builder will oversee the maintenance.</p> <p>The building has heat pumps in hallways, hot water radiators in rooms and underfloor heating in ensuites. There are individual controls in resident rooms.</p> <p>The director who identifies as Māori had input into the design of the building. The service is also planning to have local iwi bless the building before opening.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for new staff in the induction prior to opening (link 2.4.4).</p> <p>There are a suite of policies and procedures in relation to emergency preparedness. The emergency management plan is in draft and includes LPG (dangerous goods). There are civil defence kits and there are cylinders that hold water in the ceiling space.</p> <p>Key staff are required to hold a first aid certificate. First aid training will be completed at induction.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and is yet to be forwarded to the fire service for approval.</p> <p>The facility has emergency lighting and torches. There are gas fires in central places, gas BBQ and additional cylinders available for alternative cooking. The medimap electronic medication system is backed up if WIFI fails. There is a battery back-up for call systems, lighting, computer etc, and 4G switch over for WIFI connectivity. There are two small generators on site (diesel powered for oxygen concentrators etc).</p> <p>There is a security policy in place. The service has purchased a mobility van and there is a transportation policy that links to residents outing</p>

		<p>policy and vehicle driver competency assessment.</p> <p>Selected beds have safe sense systems in place to provide an early warning system for residents who are identified as potentially high falls risk. There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to cell phones. Call bells are installed in resident ensuites, resident rooms and all communal areas.</p> <p>There is an automated sliding door entrance to the lobby. This is locked after hours. Anyone is free to leave at any time from the inside during after hours, by pushing the exit button.</p> <p>Information on fire and emergency is available as part of resident information provided and staff induction.</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 infection prevention and antimicrobial stewardship programme is supported at the Board (governance) level. The IPC programme will be reviewed on an annual basis, and through the IPC team and aged care consultant. The clinical manager will collate data monthly on incidents and rates of healthcare associated infections (HAI), which will be first presented to and discussed at the IC/management/quality meeting. Data is to be benchmarked monthly through the aged care consultant online platform. KPIs and benchmarking will support their quality programme. Monthly reports will be presented to the directors, identifying any trends and actions.</p> <p>There is a pandemic management plan, outbreak management, isolation or segregation policy, and staff infections policy.</p> <p>The communicable and notifiable disease management policy describes reporting processes.</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</p>	FA	<p>The clinical manager at The Grange will commence in the role as IPC coordinator. There is a job description available. The clinical manager has completed external training in infection control.</p> <p>Infection Prevention and Anti-microbial Stewardship; Health and Safety</p>

<p>infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Programme Manual is available.</p> <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 the infection control plan have been approved at organisational level. The infection control programme policy and IPC policies reflect the spirit of Te Tiriti.</p> <p>The IC management team will combine with Te Awa. The overall infection prevention programme has been developed by an external consultant who has had IC specialist input into the policies and procedures.</p> <p>A pandemic plan is in place. Support and learning resources are made through an online platform. Pamphlets such as hand hygiene are available in te reo Māori.</p> <p>IPC training is completed as part of induction and as part of the annual training plan. Training and competencies are planned for the induction week prior to opening (link 2.4.4).</p> <p>There is an internal audit schedule that includes infection prevention and hand hygiene.</p> <p>Personal protective equipment (PPE) is available, and a comprehensive stock balance is maintained to support any outbreak. Adequate PPE stocks are available for opening.</p> <p>Policies include single use items, healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around sharing medical devices, such as stethoscopes.</p> <p>As an organisation, the directors (including the director providing cultural support) will consult with the infection control personnel and committees as and when required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. The AMS programme is documented in the anti-microbial policy. Monthly quality data related to infections, including the quantity and duration of antimicrobial use associated with individual residents, will be collected</p>

<p>responsible antimicrobial use.</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>and this was described. The clinical manager interviewed stated RNs will follow the policy definition of healthcare associated infections for surveillance, to determine whether a resident does meet criteria for an infection before liaising with their GP. There is a contract with a local medical provider (GPs) who will work in partnership with the staff around the AMS programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Monitoring and benchmarking systems are in place to capture surveillance data. Infection monitoring will be the responsibility of the infection control coordinator. All infections are to be entered into the electronic database, which generates a monthly analysis of the data. Standardised definitions are utilised. The CM described processes that will be implemented, including end of month analysis that will include trends identified, and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data will be captured. Outcomes are to be discussed at the infection control team meeting, and combined IC/ quality/ management meetings when commenced. Ethnicity data can be captured through medimap and the electronic surveillance reporting platform.</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>	<p>FA</p>	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>The main laundry is fully fitted out with two commercial washing machines and two commercial dryers. The laundry is in the service-area wing and includes a dirty to clean flow. Initially laundry will be managed by healthcare assistants. A contracted company has been sourced who will be providing chemicals. Linen trolleys have been purchased. There are adequate centrally located linen cupboards.</p> <p>Cleaning trolleys have been purchased, and there is a secure cleaning room designed to store cleaning equipment and trolleys when not in use.</p> <p>There is a sluice room fully fitted and furnished. The sluice room has separate handwashing facilities and a sanitiser, and adequate bench</p>

		<p>space. There is a washing machine also available for personals.</p> <p>All household staff and care staff will attend chemical training as part of their orientation (link 2.4.4). There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator.</p> <p>There are currently two housekeepers employed.</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>A number of draft rosters have been developed for the opening of facility which demonstrates an increase in staffing as resident numbers increase. The draft rosters also consider the assessed level of residents and has flexibility for the acuity of residents.</p> <p>The management team are in the process of interviewing for staff for the opening of the facility. The manager stated they have had considerable interest in positions, so are feeling confident about covering all shifts. Staff are yet to be employed to cover the opening roster.</p>	<p>The service is currently interviewing to employ sufficient number of staff to cover the initial roster on opening, this includes registered nurse cover 24/7.</p>	<p>Ensure staff are employed to safely cover the opening roster, including registered nurses to cover 24/7.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and</p>	PA Low	<p>An induction week has been planned. This will include policies/procedures and competencies. All staff will complete a fire drill, and specific equipment training during this week.</p>	<p>An induction week is scheduled prior to opening and all staff will complete required induction</p>	<p>Ensure all inductions and competencies are completed.</p>

induction programme that covers the essential components of the service provided.		Competencies that are required to be completed by staff at induction include (but not limited to): medication; insulin; safe moving and handling; infection prevention and control; hand hygiene; and restraint.	packages, competencies, and orientation to new equipment.	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	There is a policy around administration and management of medications that includes an expectation that staff who administer medication, have an annual competency and relevant training. Training is planned for staff to complete medication competencies on orientation to the service.	Staff who will be administering medications have not yet completed medication competencies.	Ensure all staff administering medications have competencies completed. 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	Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and is yet to be forwarded to the fire service for approval.	The fire evacuation plan is in draft and is yet to be forwarded to the fire service for approval.	Ensure the fire evacuation plan is approved by the fire service. Prior to occupancy days
Criterion 4.2.2 Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.	PA Low	There are a suite of policies and procedures in relation to emergency preparedness. The emergency management plan is in draft and includes LPG (dangerous goods). There are civil defence kits and large water tanks available.	The emergency management plan is in draft and includes LPG (dangerous goods).	Ensure the emergency management plan is approved. Prior to occupancy days
Criterion 4.2.3 Health care and support workers	PA Low	There is a fire and emergency planning policy. Fire and emergency training is scheduled for all new staff at induction. Specialised fire warden	Fire safety training, and specialised fire warden training for senior staff is	Ensure fire training and drill has been

<p>shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>training will be provided to the clinical manager, and registered nurses.</p>	<p>planned to occur during the induction week prior to opening.</p>	<p>completed. Prior to occupancy days</p>
<p>Criterion 4.2.4 Service providers shall ensure health care and 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.</p>	<p>PA Low</p>	<p>First aid training is planned to occur during the induction week prior to opening.</p>	<p>Staff are not yet employed across 24/7 and therefore there is currently not adequately trained first aiders.</p>	<p>Ensure there is a staff member across 24/7 with a current first aid certificate. 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.