

Waihi Lifecare (2018) Limited - Waihi Lifecare

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 The DAA Group Limited, 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: Waihi Lifecare (2018) Limited

Premises audited: Waihi Lifecare

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

Dates of audit: Start date: 10 August 2023 End date: 10 August 2023

Proposed changes to current services (if any): Reconfiguration and conversion of nine rooms in the birthing centre into dual purpose rooms (rest home/hospital level care). As two rooms are large enough to be double rooms there is a total of ten (10) dual purpose beds and one dedicated rest home bed.

Total beds occupied across all premises included in the audit on the first day of the audit: 50



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

Waihi Lifecare (2018) Limited (Waihi Lifecare) provides rest home and hospital level care for up to 51 aged care residents. There are two directors, one of whom is involved in the operations management of this facility. Waihi Lifecare is managed by a facility manager who is supported by a clinical nurse lead.

This partial provisional audit was conducted against NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard and has been undertaken to establish the level of preparedness of Waihi Lifecare Limited to offer increased rest home and hospital level services to residents, following the renovation and reconfiguration of the birthing unit into dual purpose rooms supporting rest home and hospital level of care. Currently the facility maintains the primary maternity service.

The audit process included the review of documents, observations on site, interviews with the care home management team and one of two directors. A walk through of the care home was also included.

The two corrective actions identified in the previous certification audit in relation to medication management have been addressed. There are seven corrective actions identified in this audit related to the proposed reconfiguration including the environment, management of waste within the environment, staffing and call bells.

Ō tatou motika | Our rights

Not applicable to this audit

Hunga mahi me te hanganga | Workforce and structure

Waihi Lifecare (2018) Limited, as the governing body, is committed to delivering high-quality services. Consultation with Māori is occurring at governance level, with a focus on honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

Proposed staffing levels and skill mix of care and support staff meet the cultural and clinical needs of residents. Proposed rosters show that care and support staff will be increased to support residents in the new care suites as admissions occur. Recruitment to fill the proposed roster has commenced. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. A systemic approach to identify and deliver ongoing learning to support safe and equitable service delivery was evident.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a medicine management system in place. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system for prescribing, dispensing, and administration of medications. Policies and procedures describe medication management and align with accepted guidelines.

The food service meets the nutritional needs of the residents, with special cultural needs catered for, including foods relevant to te ao Māori. Food is safely managed.

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

The facility meets the needs of residents and was clean and maintained. There is a current annual building systems statement in place of a building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and meet the needs of people with disabilities. External areas have shade and seating provided.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells.

Security is maintained.

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

The directors oversee implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the directors, as are any significant infection events.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced. The infection control coordinator is the clinical nurse lead/RN who is involved in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required, with results shared with staff.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Not applicable to this 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	8	0	4	0	0	0
Criteria	0	77	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>Waihi Lifecare is committed to ensure full compliance with all legislative requirements to meet contractual obligations with the funder. There is an organisational structure for the organisation. The organisation has a mission statement, philosophy, vision, and core values and a statement of purpose. The business plan scope and review are clearly documented and include a policy statement. The procedure outlines how the business plan will be developed and who is responsible. The organisation has current membership with the Aged Residential Care Association. The two directors have owned the facility since 2018. One director is involved full time with the business and the other director is a silent partner.</p> <p>The facility manager (FM) who is also a registered nurse (RN), has been working in this role for approximately two and a half years, has a background in nursing and nine years working in nursing education. The clinical lead has been in the role for three years and is able to cover for the facility manager as and when required. Senior registered nurses can also cover the clinical lead when absent for annual leave or unplanned</p>

		<p>leave.</p> <p>The FM is responsible for the day-to-day running of the facilities, staffing/human resources, maintenance, quality and risk activities, education and all other aspects of service delivery, and is clear about the obligations and responsibilities of this role. The FM has completed the required professional development education as required to meet the provider's contract with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato).</p> <p>Policies and procedures have been developed by an external consultant. These documents have current references including those related to equity and outcomes for Māori. The manager and director advised cultural advice and support for Māori residents would be accessed in the event this is needed. There have been no concerns raised about the cultural appropriateness of care provided to residents or women accessing maternity services. The FM and the maternity lead are available to discuss any issues at any time.</p> <p>The FM, CNL, directors and all staff have attended training on Te Tiriti o Waitangi and cultural safety, and completed cultural competencies as part of the training programme which includes training in equity. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori are currently being evaluated.</p> <p>The management team consisting of the FM, clinical lead and maternity lead, confirmed a continuing commitment to ensure that the people receiving services and their family continue to actively participate in all aspects of planning, implementation, monitoring and evaluation of their individualised services and care provided. This includes reviewing services for tāngata whaikaha via the care planning and review process and environmental audits.</p>
--	--	--

		<p>The director and management team confirmed knowledge of both the aged residential care sector and the primary maternity care service sector. The director assumes accountability for delivering high-quality services through the implementation of the business plan, having a leadership structure in place which is appropriate for the size and nature of the services provided. Governance demonstrates leadership and commitment to quality and risk management.</p> <p>The service provider has contracts with Te Whatu Ora Waikato for rest home and hospital level care, respite care, long term chronic care, primary maternity services and primary care inpatient services.</p> <p>On the day of audit in the rest home/hospital wings there were 50 occupied beds. There are twenty-one (21) designated rest home beds (one of these beds currently has a hospital level resident occupying it), five dual purpose beds and twenty-five (25) designated hospital level beds. Twenty (20) residents were assessed at rest home level of care, and thirty (30) residents were assessed as hospital level of care, one of which was under a long-term chronic health contract (LTCH).</p> <p>One resident assessed as requiring hospital level of care has a dispensation to reside in the dedicated rest home level bed. Documentation showed three-monthly notification/updates with HealthCERT.</p> <p>Currently the primary birthing centre has a total of five beds. With the planned reconfiguration and conversion of nine rooms in the birthing centre into dual purpose rooms (rest home/hospital level care), and as two rooms are large enough to be double rooms there will be a total of ten (10) dual purpose beds and one dedicated rest home bed taking Waihi lifecares total bed occupancy to 62 beds.</p>
--	--	--

		<p>At the time of audit there were no residents receiving respite care, primary care inpatient services, nor maternity care women accessing the service.</p> <p>At time of audit there is no planned timeframe in regard to the commencement of the new development, change of purpose of beds or refurbishment.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The FM and CNL (both registered nurses with current annual practising certificates) are on site Monday to Friday and share on-call after hours and on the weekends. Whoever is on call is no further away than 15 minutes from the facility. The morning and afternoon shift is currently supported by two registered nurses. The night shift is supported by one RN. Three of the five RNs including the CNL are interRAI trained, with another RN currently in training. All five RNs, including the FM and CNL, are first aid and medication competent. The registered staff are currently completing their syringe driver competency.</p> <p>Proposed rosters show that care staff and activities team hours will be increased to support residents in the reconfigured wing. Recruitment to fill the proposed roster has commenced. The facility is currently awaiting the commencement of three care staff appointed. Advertising remains open for care and registered staff.</p> <p>The service employs an activities team. Domestic (cleaning and laundry), and food services are carried out by dedicated support staff seven days per week. Support staff also includes a receptionist, administrator, and maintenance staff. The proposed roster shows that</p>

		<p>the activities and cleaners' teams will have their hours increased as new admissions occur.</p> <p>Continuing education is planned on a biennial or annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. Records reviewed demonstrated completion of the required training and competency assessments. No additional training/competencies are required for the new area as the facility already provides both hospital and rest home level of care. All staff have attended specific education on equity and ensuring high quality care and the gathering of high-quality health information for Māori.</p> <p>The organisation is supported by a kaumātua from the local community. Staff interviewed reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Staff performance is reviewed and discussed at regular intervals.</p> <p>Orientation and induction programmes are fully utilised and additional time is provided as required. Policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p> <p>The service understands its obligations in recruitment in line with the</p>

		<p>Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation, dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards. All staff information held on record is relevant, secure and confidential.</p> <p>No incidents involving residents and/or staff have occurred that has required debriefing.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over-the-counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Residents and their family are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori will be provided,</p>

		<p>when applicable.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p> <p>The two previous areas for improvement related to ensuring controlled drugs medication is administered correctly and ensuring medication self-administration competency reviews are completed as per organisational policy, have both been addressed. Controlled drugs were stored securely in accordance with requirements. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. At the time of audit there was one resident self-administering medication. Review of the resident's competency and storage of medication in the resident's room identified that self-administration of medication was facilitated and managed safely.</p> <p>A medication trolley and tablet are available and stored securely, including appropriate storage for controlled medication in a dedicated locked medication room that already exists in the birthing unit dedicated medication room. A refrigerator is already in place. Fridge and room temperatures are being currently recorded. Existing medical equipment is available and was observed in the medication room. Hand washing facilities were available.</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</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian. Recommendations by the dietitian are currently being implemented as per request by the end of August 2023.</p> <p>The facility operates with an approved safety plan and registration which expires 13 June 2024. An audit of the food control plan took place on 4</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>April 2023 by an external provider and is next due in 18 months. There were no recommendations.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan.</p> <p>At time of audit there were no residents admitted that identified as Māori. The kitchen manager reported that menu options for residents who identify as Māori will be offered when required. Culturally specific to te ao Māori food, such as fried bread, was prepared to celebrate Matariki. The cook reported that Māori residents and whānau will be consulted about cultural food requirements when required. Whānau/family are welcome to bring culturally specific food for their relatives.</p> <p>The new reconfigured wing is supported by a dining room on the same floor. Meals will be delivered from the main kitchen via a mobile hot box/bain marie. The new wing will also have a small kitchenette that will support residents and whānau whom might want to prepare and/or store their own food.</p> <p>The dining room furniture and dining ware is yet to be purchased (refer to criterion 4.1.2). Adequate lighting was available in the dining room.</p> <p>Observations in the main rest home dining room confirmed that residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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</p>	<p>PA Low</p>	<p>The environment was comfortable and accessible, promoting independence and safe mobility inside and in some outdoor areas. The building has a current annual building systems statement of fitness which expires 24 April 2024. The building warrant of fitness was unable to be</p>

<p>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>provided due to the mains water pressure being below the value required for compliance of the system. The owner/director interviewed stated that the water pressure was the responsibility of the district council. The water pressure was inadequate due to the water infrastructure issues with the town of Waihi. The statement of fitness states that all other specified systems in the building are currently performing to the performance standards stated in the building compliance schedule. Evidence was provided by the facility that showed that the water pressure has been fixed by the district council and is now adequate for the demands of the facility. Medical/clinical equipment meets current performance monitoring/checks and calibration requirements.</p> <p>The proposed reconfiguration of the birthing unit has an existing nurses' station, medication room, lounge and dining area, linen cupboard, visitors' toilet and separate main entrance. Areas including corridors, communal areas and bedrooms already have access to a call bell system. The director interviewed is also aware that each bed will need to have access to a call bell.</p> <p>The lounge/dining room is spacious, has good ventilation and light and is accessed via the main corridor.</p> <p>The facility is proposing a reconfiguration of the birthing unit which will include changing/modifying:</p> <ul style="list-style-type: none"> - Two existing large bedrooms into a bedroom to accommodate two beds with privacy curtains - Renovating a current kitchen into a bedroom - Keeping the existing five single bedrooms - Keeping one single bedroom that has an ensuite - Redeveloping a current room into a sluice/laundry - Renovating a current room into a kitchenette - Renovating a current bathroom to support the two double
---	--

		<p>bedrooms</p> <ul style="list-style-type: none"> - Developing another communal bathroom to support the five single bedrooms - Renovating another resident toilet - Developing another small lounge - Adding a ramp to the main entrance to the unit - Renovating the internal corridor from the unit to the main facility and rehousing the current mobility scooters in that corridor - Adding a handrail to the ramp from the internal corridor (past the main kitchen) through to the main facility due to its steepness <p>Each of the existing bedrooms above have an existing hand basin, closet, and window. The doors are wide enough to support equipment and will support dual purpose rest home and hospital level care. The two double bedrooms will have access to a current but renovated communal shower/toilet while six of the current single rooms will be supported by a newly built shower/toilet. There will also be access to another toilet.</p> <p>The existing bedroom that is entered directly from the dining room/lounge is inappropriate to support a hospital level resident due to the size of the ensuite and the need to support safe mobility, use of equipment, and space for staff to move around. This ensuite is also to be renovated to support safe mobility and independence, however, it is unable to be enlarged.</p> <p>The facility has developed a list of mobility equipment including hoists and associated consumables, weighing scales, linen, bedroom, dining and lounge furniture, dinnerware and cutlery, replacement hand basins in the bedroom, and sluice and bathroom equipment that is yet to be purchased.</p>
--	--	---

		<p>The facility is yet to seek consultation re co-design of the environment, to ensure that they reflect the aspirations and identity of Māori.</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>Plans and policies are in place for civil defence emergencies and described procedures to follow, which includes the current wing that is to be reconfigured. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. In the event of a power cut a generator will automatically start up.</p> <p>There is a record of a current New Zealand Fire Service (NZFS) approved fire evacuation plan letter sighted and dated 12 January 2000. Fire evacuation drills are conducted six-monthly. The last fire drill was 20 June 2023.</p> <p>Staff are trained for all emergencies and knew what to do in an emergency. There is always a staff member on duty with a first aid certificate.</p> <p>Heating is provided via a coal-generated system and large boilers ensure hot water is readily available. The boilers are checked twice a day by the maintenance manager and the hot water temperatures are checked monthly and recorded accurately. Emergency lighting is available and is also checked regularly.</p> <p>The hazard register is maintained by the maintenance manager and is current and up-to-date.</p> <p>Call bells are situated in all individual rooms and in all service areas of the main facility. Call bell audits are performed as per the audit schedule. In the proposed reconfigured wing, there is a call bell system for all existing bedrooms, bathrooms and main living areas and corridors. The director interviewed confirmed that the call bells would be increased</p>

		<p>throughout the wing as the new build occurs.</p> <p>For the main facility and wing to be reconfigured security arrangements are in place. Sensor lights are in place. Staff ensure the buildings are checked and are secure during the afternoon and night duties. Regular rounds occur. Signing in and out of the facility occurs at reception for all visitors and contractors as part of COVID-19 precautions, and routinely.</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 (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported monthly by the registered nurse. The FM and CNL confirmed they are kept well informed, and that information is readily available at any time.</p> <p>The FM reported there is prompt reporting of any new concerns. The CNL and infection prevention coordinator RN confirmed being aware of the IP activities occurring on site as detailed in the programme.</p> <p>The general practitioner provides initial support and advice. The management team can access Te Whatu Ora Waikato infection prevention and control specialists as needed. Public Health advice can be sought as needed or as clinically indicated from infectious disease specialists and microbiologists in the community.</p> <p>The FM ensures communication with staff occurs in relation to any infection risks.</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 CNL oversees and coordinates the implementation of the (IPC) programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's (IFC) job description. The IFC has completed external education on</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>infection prevention and control in 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The service has a clearly defined and documented IPC programme implemented that was developed with input from external IPC services. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually; it was last reviewed in September 2022.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan.</p> <p>The CNL has input into other related clinical policies that impact on health care-associated infection (HAI) risks. Staff have received education in IPC at orientation and through ongoing annual education sessions. The IFC is supported by a health care assistant who has completed external infection prevention and control training in providing staff education. Additional staff education has been provided in response to the COVID-19 pandemic.</p> <p>The IFC liaises with the FM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The FM and CNL confirmed that they were part of the consultation process for the proposed design and reconfiguration of the birthing unit.</p>
---	--	--

		<p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Handwashing and sanitiser dispensers were readily available around the facility.</p> <p>The CNL reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. There were no residents who identified as Māori at the time of the audit. The provider would access educational material in te reo Māori if 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 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>The antimicrobial stewardship (AMS) programme and implementation policy guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained, including prophylactic antibiotic usage. The effects of the prescribed antimicrobials are monitored, and any adverse effects were reported to the GP.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. Results of surveillance and recommendations to improve performance where necessary are identified, documented and implemented. Reports are provided to the directors and shared with staff in a timely manner. Health care-acquired infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is collected in surveillance records.</p> <p>Infection prevention audits were completed including hand hygiene. Relevant corrective actions were implemented where required. Records of monthly data sighted confirmed minimal numbers of infections. Any new infections are discussed at shift handovers for early interventions to be implemented. The CNL confirmed that residents and family/whānau (where required) are advised of any infections identified in a culturally safe manner.</p> <p>There has been one COVID-19 outbreak reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>PA Low</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the cleaning room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. Adequate supplies of PPE were available, which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide care.</p>

		<p>The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The FM and IPC complete regular internal audits to monitor environmental cleanliness and have oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues. Laundry services are completed on-site. The laundry is clearly separated into clean and dirty areas. The effectiveness of laundry processes is monitored by the internal audit programme.</p> <p>The proposed plan for the reconfigured wing includes all laundry to be completed by the existing main laundry on-site. Plans also include the renovating of a current locked room with existing ventilation, cupboards, and stainless-steel benches to include a sluice sink and sluice machine/ward washer-disinfector. This room will also house the cleaning products and the cleaners' trolley. The facility has an extra supply of linen trolleys that will be utilised. A cleaning schedule is already in place. The facility has existing PPE available.</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	Recruitment continues to fill the proposed roster for the delivery of rest home and hospital level in the new reconfigured wing. An overall proposed roster has been developed to show staff requirements and further recruitment required to support residents when the new wing is fully occupied.	Ongoing staff recruitment is still required to meet the requirements of residents in the reconfigured wing.	<p>Provide evidence that there are enough staff to fill the proposed roster for the reconfigured wing to meet the needs of the service.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The facility at the time of audit is in a discussion phase in regard to renovating and reconfiguring the current birthing unit to support an increase of residents requiring rest home and hospital level of care. There currently is no set time frame re commencement and/or completion dates of these changes to ensure	The facility is yet to commence renovating/reconfiguring the current unit to support 10 dual purpose beds and one dedicated rest home bed. The facility is yet to have on-site equipment and consumables to support the residents and staff requirements.	<p>- Provide evidence that there is enough appropriate mobility equipment including hoists and associated consumables, weighing scales, linen, bedroom, dining and lounge furniture, dinnerware and cutlery, replacement hand basins in the bedroom, and sluice and</p>

		<p>safe and accessible access, minimise risk of harm and promote safe mobility and independence of both residents and staff.</p> <p>Finding: The facility is yet to commence renovating/reconfiguring the current unit to support 10 dual purpose beds and one dedicated rest home bed. The facility is yet to have on-site equipment and consumables to support the residents and staff requirements.</p>		<p>bathroom equipment that is safe and accessible, minimize the risk of harm, and promote safe mobility and independence of residents and staff.</p> <ul style="list-style-type: none"> - Provide evidence that the main entrance to the reconfigured wing, internal walkways and all other exits are safe and accessible and promote safe mobility and independence for residents and staff. - Ensure that all sinks and toilets in the bedrooms/communal bathrooms are of a height that support safe accessibility and independence. <p>Prior to occupancy days</p>
<p>Criterion 4.1.4</p> <p>There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>	PA Low	<p>The facility is proposing to reconfigure the birthing unit into 11 rest home and hospital level beds. The reconfiguration proposes seven individual rooms and two double bedrooms. There is currently one communal bathroom (toilet and shower). There is one small ensuite of one of the bedrooms and there are another two separate toilets and two separate showers. All showers are currently inaccessible for residents that need support and the two separate toilets do not have supporting hand washing facilities. The current toilets and handbasins</p>	<p>There are not enough bathing facilities that are accessible and conveniently located to meet the needs of the residents' receiving services.</p>	<p>Provide evidence of bathing facilities that are accessible and conveniently located to meet the needs of people receiving services.</p> <p>Prior to occupancy days</p>

		are low in height. The director confirmed in an interview that the current communal bathroom/toilet will be totally renovated along with the current ensuite, and another communal bathroom/toilet will be created.		
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The facility is in the discussion phase of reconfiguring the current birthing unit into increased beds to support residents requiring rest home and hospital level care which will require an updated approved evacuation plan from the Fire and Emergency New Zealand service.	Post reconfiguration of unit an approved Fire and Emergency New Zealand – approved evacuation plan will need to be reviewed and updated.	<p>Provide evidence that the reconfiguration of the existing unit has an approved Fire and Emergency New Zealand – approved evacuation plan.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	The proposed reconfigured wing has an existing call and emergency bell system; however, the proposed changes will need to include extra call bells. There is one ceiling call bell monitor in the foyer outside the nurses’ station; however, staff will need visible access to the call bell monitor at the far end of the corridor.	Not all proposed bed areas, living, dining and bathroom and common areas have access to a call bell or visibility of a ceiling monitor.	<p>Provide evidence that all individual beds, all main living, dining, common areas and bathrooms have access to a call bell, and that staff have visibility of the call bell monitor at the far end of the corridor.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous</p>	PA Low	The proposed reconfigured wing has designated a room to become a dedicated sluice and cleaners’ room. In this room there is one long stainless-steel bench and storage cupboards. The door to the room has an existing lock, there is current	There is no designated area/equipment in place for safe handling of waste or hazardous substances.	Provide evidence of a designated area and equipment for safe handling of waste or hazardous substances.

<p>substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>		<p>ventilation and a window. The facility is yet to install a sluice sink and sluice machine/ward washer-disinfector. In observing this room, it is large enough to accommodate the equipment required for both services.</p>		<p>Prior to occupancy days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There is currently a small cleaner's cupboard that is secure however with the reconfiguration of the unit this small room will no longer be used as a cleaner's cupboard.</p>	<p>There is no designated area for safe and hygienic storage of cleaning equipment, chemicals.</p>	<p>Provide evidence of a designated area and equipment for safe and hygienic storage of cleaning equipment and chemicals and safe disposal of waste.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.