

# Pacific Coast Village Partnership - Pacific Coast Village Care Centre Te Manaaki

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## 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:** Pacific Coast Village Partnership

**Premises audited:** Pacific Coast Village Care Centre Te Manaaki

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

**Dates of audit:** Start date: 6 October 2023 End date: 6 October 2023

**Proposed changes to current services (if any):** Reconfiguration of the Pacific Coast Village Care Centre Te Manaaki. Fifty-eight current care suites will be reduced to 57, and 10 of these are to be used as a secure memory care unit (dementia care service).

**Total beds occupied across all premises included in the audit on the first day of the audit:** 30



# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Pacific Coast Care Centre – Te Manaaki is part of Generus Living Group. Te Manaaki officially opened on 12 June 2023 providing rest home, hospital and palliative care for up to 57 residents. The care home consists of 57 care suites over two floors. The ground floor has 20 premier care suites, and the upper level comprises of 38 care suites. The ten dementia care suites are located on the upper level and are part of the 38 care suites. The ten dementia care suites were not occupied on the day of audit.

Generus Living Group has a longstanding partnership with Mangatawa Blocks Incorporated (MPBI). Generus Living and Mangatawa have already created a unique partnership through the development of Pacific Coast and Pacific Lakes Villages. The partnership and organisational culture are underpinned by social, cultural and professional diversity. There is commitment to recognize and celebrate tāngata whenua (iwi) in a meaningful way through partnership, educational training programmes, and

employment opportunities. The business and care manager, management and staff interviewed demonstrated an understanding of Kaupapa Māori within the aged care sector.

The organisation is seeking approval for a secure memory care unit consisting of 10 care suites. The unit is joined onto the care suites on the upper level of the Te Manaaki Care Centre. The secure memory care unit is completed. Full staff cover has been arranged. There is a waiting list of five assessed residents, to move into the unit once the certification processes are completed. The opening of the memory care unit is planned for 4 November 2023.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the services agreement with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Hauora a Toi Bay of Plenty). The audit process included a walkthrough of the memory care unit, observations, a review of documents, and interviews with key staff members, including the business and care manager, the care projects manager, the health services manager and the clinical manager.

The one area that needed to be resolved from the previous audit relating to the certificate of public use, has been fully addressed. No areas of improvement were identified during this audit.

## **Ō tatou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan included the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the senior managers and executives. An experienced registered nurse is the clinical manager of Pacific Coast Care Centre and will have responsibility of the secure memory care unit. The clinical manager is well supported by the business and care manager, the health services manager and registered nurses. The health services manager, and the clinical manager, have been fully involved with the processes and preparing the memory care unit for opening.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and business model.

The recruitment of staff was based on current good practice. All staff have been employed. Orientation and training have been provided for all staff in readiness of this new service being implemented. The rosters reflect a registered nurse on every shift. All registered nurses and New Zealand Qualifications Authority (NZQA) level four health care assistants have completed first aid training. An education programme is developed and implemented that includes dementia care topics.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The activities programme is developed and implemented. The plan has varied activities planned four weeks in advance and provided five days a week. There are planned activities to cover twenty-four hours a day, seven days a week (24/7), for the residents placed in the memory care unit. The residents admitted to this area of service delivery once assessed, will have individual activities reflected and merged into their long-term care plan. Activities will be meaningful to meet the needs of the residents. Presently an activities coordinator facilitates the activities programme, with a diversional therapist overseeing the programme.

There is provision for the memory care unit medication trolley to be stored when not in use, in a locked medication room in the unit. The medication room was located within the care suite, which is in close proximity to the unit. Comprehensive medicine policies and procedures were in place. The contracted pharmacy, pharmacist, general practitioner and nurse practitioner will continue cover of the memory care unit.

The food control plan and food safety policies and procedures cover all services. The menu plans have been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary requirements and preferences. The chef and kitchen assistants are responsible for providing the meals to the care suites and the memory care unit.

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

The care suite has 58 single occupancy care suites over two floors of the facility. The memory care unit is joined onto the care suites on the first floor. The unit has a lounge and dining areas appropriate for the number of residents when at full capacity of 10 care suites. The care suites are large with appropriate furniture in place. Each suite has an ensuite bathroom. The final decorating of the unit is near completion at the time of the audit.

There are designated areas for safe storage of waste, chemicals and hazardous substances. A hazard risk register, and hazardous substance register are already developed and implemented. Laundry and cleaning equipment and resources are managed by trained housekeeping/domestic staff.

Emergency supplies are available, along with reference documents and a flip chart for the use in a civil defence or other emergencies.

A nurse call system is installed and tested and was accessible in all resident care suites and in all service areas.

Security arrangements for health and safety purposes are in place and the use of security cameras with appropriate signage was available.

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

There is a documented infection prevention and control programme which includes surveillance for infections. The programme is appropriate for the size and nature of the services provided. Antimicrobial stewardship and hospital-acquired infections are monitored as part of the surveillance programme. The clinical manager is responsible for the implementation of the programmes and is the infection prevention control coordinator across the services. Specialist advice can be sought if needed. Staff are guided by relevant infection prevention policies and procedures and supported with up-to-date information and ongoing education.

## **Here taratahi | Restraint and seclusion**

The organisation has a restraint elimination policy. There is no restraint used at this facility. No restraint will be used in the memory care unit.

## 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	14	0	0	0	0	0
Criteria	0	90	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The business plan 2023 and other associated documents included the scope, goals and values of the organisation. There are processes in place to monitor the services provided and to report any key aspects to the senior managers and executives. An experienced aged care nurse – clinical manager (CM) has been recruited to manage the facility including the memory care unit, and reports to the health services manager (HSM). Both the HSM and the CM are familiar with the organisation’s systems and processes and have been responsible for the staff recruitment and preparing the memory care unit for opening.</p> <p>The clinical business manager (CBM) sales and projects is an experienced qualified nurse practitioner and care business manager. The care centre has a defined framework and governance of clinical policy and procedures implemented and these have been updated to include the memory care service. The policies and procedures are based on a contracted quality management system which has control measures and automated escalation</p>

		<p>of clinical matters as needed.</p> <p>Pacific Coast Village is part of the Generus Living Group. The village is a 50% partnership between Generus Living Group which has a long-standing partnership with Mangatawa Papamoa Blocks Incorporated (MPBI) that was formed on 27 May 1957 by the Maori Land Court. Generus Living Group and Mangatawa have already created a unique partnership through the development of the Pacific Coast and Lakes Villages. The partnership and organisational structure are underpinned by social, cultural and professional diversity. Cultural competencies and the principles of Te Tiriti o Waitangi are embedded throughout the organisation and business model.</p> <p>There is a strong management reporting and governance structure in place, that includes weekly and monthly written reporting to the director and executive leadership team, where these are tabled and discussed at the monthly meetings held (minutes reviewed). Monthly reporting is aligned to the key business objectives observed in the business plan reviewed and clinical metrics. Quality improvement activities are also tabled for discussion and review.</p> <p>The senior care managers within the Generus Living Group are supported and encouraged to work as a peer group across the organisation, building strong relationships. The care projects manager, the care business manager and the health service manager interviewed demonstrated an understanding of Kaupapa Maori within the aged care sector.</p> <p>The director holds senior industry governance roles and actively disseminates knowledge within his direct and broader team. The leadership team engage in ongoing professional development and regulatory body requirements to maintain skill and competence to perform their roles and responsibilities. The director has extensive iwi partnership experience. The management team have all participated in bicultural practice and Te Tiriti o Waitangi workshops and have completed level 4 certificates in te reo Maori.</p>
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		<p>The care model adopted at Te Manaaki embraces close and regular connections and collaboration with residents, family/whānau, and community and this will continue and include the residents when admitted to the memory care unit. There is a waiting list of residents who have already been assessed for placement in this secure memory care unit when approval is gained to open the unit.</p> <p>The service has agreements already established with Te Whatu Ora Hauora a Toi Bay of Plenty for provision of rest home, respite, hospital and palliative care services and recently has an agreement for this 10-bed care suites, secure dementia level care unit once approval is given for certification by HealthCERT. At the time of the audit, the 10 care suites were unoccupied.</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>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person-centred services. Recruitment of all staff required to adequately staff Te Manaaki for both the care suites and the new care service has occurred, except for a full-time diversional therapist (DT), at the time of this audit. However, a contracted DT and an activities coordinator are employed to cover the memory care service until the DT is appointed to this role. There have been 437 applicants for this position. The 35 staff employed will provide cover for both services twenty-four hours a day, seven days a week (24/7). Rosters reviewed verified adequate cover is to be provided across both the care suites and the memory care unit. There were two managers, the health service manager and the clinical manager, and two support executive managers to manage the care suites and the memory care unit.</p> <p>Each staff member has their own individual personal record set up by the health service manager (HSM). The managers and the BCM have been involved with the recruitment process.</p> <p>The CM was interviewed and will be responsible for the memory care unit. A</p>

		<p>senior registered nurse assists with covering afterhours clinical calls. Clinical can be escalated to the BCM (who is an RN) if needed. The on-call roster is planned in readiness to cover the memory care unit. A general practitioner (GP) and a nurse practitioner (NP) are contracted to provide medical services 24/7.</p> <p>There are eight registered nurses including the CM, two enrolled nurses and 18 health care assistants (HCAs) employed. The HCAs have completed relevant New Zealand Qualifications Authority (NZQA) level training externally. There are adequate level 3 and level 4 HCAs that have completed the required training (including dementia care) and these staff will be covering the memory care unit. The more recently employed HCAs without a qualification are to be enrolled in training. The non-clinical staffing (eg, laundry and domestic) has not changed since the care suites opened and staff will cover across both services. The activities coordinator has commenced Level 4 DT training. A contracted DT currently oversees the programme for the care suites and is to cover the memory care unit until a DT is employed. A career force assessor for the organisation is available. Four RNs have interRAI competency qualifications. The project clinical manager has also completed interRAI and maintains competency. Two RNs and one enrolled nurse are currently completing the training. Staff have completed all relevant competencies, and dementia communication strategies were discussed at a training – updates provided 20 April 2023 and 10 September 2023. All senior staff have completed first aid training. The roster reviewed has the first aider documented on the roster for each shift.</p> <p>The clinical manager reported open communication is encouraged and promoted with sharing of any relevant information about residents as needed, depending on the situation. This includes quality information and any analysis of any outcomes (e.g. maintaining ethnicity data and any Māori health advisor input if needed). The organisation has Māori health advisors available.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>Policies and procedures are in line with good employment practice and relevant legislation guide human resource management processes. This includes health professionals employed and contracted. A process was in</p>

<p>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>place to maintain the annual practising certificates for all health professionals involved in the service, and a record maintained annually was reviewed. A pharmacy, pharmacist, general practitioner, nurse practitioner, podiatrist and physiotherapist are all contracted to provide services for residents. Recruitment of staff included a record of ethnicity, and police vetting undertaken and recorded. A checklist was sighted in the records reviewed.</p> <p>A total of 35 staff, excluding management staff, are employed to cover the care suites and the memory care unit in readiness for this additional service to be fully operational. The HSM and the CM interviewed ensured the additional recruitment of staff was managed effectively with input from the BCM as needed.</p> <p>Orientation for all staff working currently in the care suites was completed. New staff employed have also completed the orientation required. The orientation reviewed covered the essential components for this aged care service including dementia care. Staff have completed all relevant competencies including cultural, restraint elimination, infection prevention and control and medicine competencies (for those staff who administer medicines).</p> <p>Ethnicity data for all staff was recorded in accordance with the Health Information Standards Organisation (HISO) requirements. Personal staff records (paper copy) were stored securely, and confidentiality was maintained. There is a system set up for annual appraisals to be completed. In addition to this, staff are reviewed 90 days after employment, and this is recorded when completed by the CM or HSM.</p> <p>No incidents involving residents and/or staff have occurred, therefore debriefing and discussion have not been required as yet for individual staff. There is a process for this to occur, when needed.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is currently overseen by a diversional therapist and facilitated by an activities coordinator. The coordinator is enrolled and participating in a course (the New Zealand Apprenticeship in Community Facilitation – Diversional Therapy) and is a Level 4 HCA.</p> <p>The activities programme reviewed was prepared in readiness to include the memory care unit. The content of the programme is varied. There are both daily activities and planned activities in the community. All residents admitted to the memory care unit will be assessed on admission with the support of family/whānau to ascertain their background, hobbies or any special interests/activities they enjoy.</p> <p>The dining room will act as a multi-purpose room and will be used for the activities programme. One wall in the dining room will have a montage of eclectic frames of photographs to promote interests and reflection. The room will have a console of sensory and olfactory elements such as daily bread making.</p> <p>The balcony garden area is located off the lounge. There are working-height planter boxes across the front and sides of the balcony. There will be a sensory garden wall (e.g. herbs growing on the wall).</p> <p>Each resident residing in the care suites has their own individual activities plan in place. The relevant plans yet to be developed for the memory care unit are memory/dementia specific. Each resident will have a 24-hour plan in place with interventions documented within their long-term care plan.</p> <p>Opportunities for Maori residents, when applicable, to participate in te ao Maori include celebration of Waitangi Day, Matiriki and kapa haka performances by the local children.</p>
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<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 policy for medication management was current and included all aspects of medicine management and met legislative requirements. There are three medication rooms, one located on each of the two floors of the care centre and one room in the memory care centre which will be for storage of the medication trolley when not in use. The rooms are temperature monitored.</p> <p>A contract was in place with a pharmaceutical provider for the provision of all required medicines. The pharmacist and the GP/NP ensure timely reconciliation of medicines occurs on residents' admission, re-admission from Te Whatu Ora Hauora a Toi Bay of Plenty, and three-monthly by the GP/NP. This was included in the care planning process implemented.</p> <p>An electronic medication system has been implemented for the care suites and this system is to include the memory care unit. An impress system for stock medicines was implemented and the pharmacist manages this system. Apart from the medicine trolley no medications are to be stored in the memory care unit. Only staff who have completed the medicine competencies are to administer medicines. All RNs and NZQA Level 4 HCAs have completed the required medicine competencies, and this was verified. The RNs are accountable and responsible for medication management. The RNs interviewed understand the significance of recording residents' known allergies/sensitivities on the medication records and the resident clinical records.</p> <p>There are policies and procedures associated with management of controlled drugs in line with the Medicine Care Guide for Aged Residential Care. Safe storage was available in the care suites. If any resident admitted into the memory care unit is prescribed a controlled drug this would be managed by the RN on duty. There is no storage in the medication room in the memory care unit. The medication room is located in the care suite. The clinical manager interviewed was fully informed of the responsibilities involved.</p> <p>The GP/NP are responsible for prescribing and review of all medications for individual residents from admission to discharge. There is a non-self-</p>
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		<p>administration policy which applies to the care suites and the new service to be implemented. There are no standing orders.</p> <p>Residents, including Māori residents and their family/whanau, are supported to understand their medicines and what they are used for and if there are any known side effects. In addition to this, appropriate support and advice for Māori is provided in relation to treatment. A Māori advisor and a nurse practitioner are available if needed.</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 food service for the memory care unit is to be provided by the on-site chefs, with the support of the kitchen assistants. Food is to be delivered from the main village kitchen via the ‘dumb waiters’ to the care suite kitchen, plated into hot boxes and delivered to the residents in the memory care unit. The dining room in the memory care unit is set up in readiness for up to 10 residents. Mural wallpaper is being installed on one large wall space in relaxing coastal colour/tones for residents to enjoy this space and the dining experience.</p> <p>The menus reviewed on 26 September 2023 are in line with recognised nutritional guidelines for older people. The menu plans were reviewed by a qualified dietitian, follow seasonal patterns and are planned in four-week cycles. There are memory care/dementia options available being high energy, high protein (HEHP). The registered nurse as part of the admission process completes dietary profiles with all residents/family/whānau/enduring power of attorney (EPOA) as applicable, and documents clearly any likes and/or dislikes, cultural preferences, allergies and/or sensitivities to food. These are highlighted and a copy given to the kitchen staff. Morning and afternoon tea is provided. This process is to be the same for the residents in the memory care unit.</p> <p>The food control programme reviewed, includes all aspects of food procurement, production, preparation, storage, transportation, delivery and any disposal, and ensures compliance with current legislation and guidelines. An approved food safety plan was reviewed dated 28 March 2023 and is valid</p>



		<p>for 18 months.</p> <p>When a Māori resident is admitted to the care suites and/or memory care unit the CM interviewed understood to respect and support cultural beliefs, values and protocols around food. Menu options were available to meet the needs of Māori residents and their whānau.</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 certificate of public use is displayed at reception and dated and completed 6 June 2023. This was an area of improvement identified at the previous audit which had been effectively addressed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme in place managed by the maintenance manager and supported by a team of 24 staff who work across the retirement village. The CM has full oversight of the care suites, and this will include oversight and responsibilities for the memory care unit when operating. All equipment and resources are readily available and safely installed and are accessible.</p> <p>There are appropriate storage areas within the memory care unit and elsewhere in the facility. An inventory report was sighted of all new electrical equipment purchased specifically for the memory care unit. Testing and tagging of all new equipment was reviewed and the date checks were completed and recorded. All individual rooms in the memory care unit have ceiling hoists installed. These have been checked but are next due to be checked on 19 April 2024 in line with the care suites. An environmental check has been completed prior to the approval and opening of the new unit.</p> <p>There are 10 care suites available in the memory care unit. All furniture was available on the day of the audit such as beds, bedside cabinets, television, and a large comfortable adjustable chair in each care suite. All care suites have external windows for ventilation. The rooms are centrally heated and</p>

		<p>can be adjusted as necessary. There are heat pumps in the main service areas. Each care suite has an ensuite bathroom consisting of a shower, basin and toilet, and safety rails are installed to maximise residents' safety and independence. Rooms can be individually personalised as residents are admitted.</p> <p>The lounge is comfortable with appropriate seating and has an external balcony which is enclosed with safety glass.</p> <p>Flooring throughout is appropriate and easily cleaned.</p> <p>There are separate bathroom facilities for staff and visitors to the care suites and the memory care unit.</p> <p>Consultation was sought with Māori health advisory input throughout the total journey of the new building, to ensure the design and environment would reflect the identity of Māori. There are paintings, carvings and other works of art installed throughout the care suites and the memory care unit. The Mangatawa Gallery on the ground floor of the complex is culturally set up for residents and families/whānau to enjoy.</p>
<p><b>Subsection 4.2: Security of people and workforce</b></p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan for the care suites by Fire and Emergency New Zealand (FENZ) was approved on 17 April 2023. This has been followed up with the new service and a letter of verification was received that no changes are required in the evacuation plan, with the added 10 suites. The security doors unlock automatically, with the fire alarm system in place. The last fire drill was held on 9 June 2023. These drills are required six-monthly and are part of the fire safety training provided. Additional staff employed to cover the new service have completed training as part of the orientation. Staff will be working across both services depending on experience. A quiz was reviewed, and this was recently completed by all staff. Staff interviewed confirmed their awareness of the emergency procedures. An emergency flip chart was evident in both the care and memory care services to guide staff.</p>

		<p>An evacuation plan was displayed with the assembly areas to access in an emergency. All RNs and level 4 HCAs have completed first aid training and certificates were reviewed. Training also included basic adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency alternative resources of amenities are available including water, a barbecue, emergency power and lighting, a gas cylinder and a generator. Torches, blankets, batteries, continence supplies and emergency foods are readily available. There is power back-up for the call bell system which will activate for 48 hours after a power failure occurs. A call bell system was installed throughout the care suites and the memory care unit, located by the bedside and in the ensuite bathrooms, as sighted. Safety for residents is paramount and has been fully considered throughout the facility, including the memory care unit.</p> <p>Closed-circuit television (CCTV) is in operation internally and externally and signage has been installed. An electronic signing in and out system for visitors and contractors has been installed at reception as a health and safety measure. The service has a health and safety committee who have assigned responsibilities. The HSM reports weekly to the BCM. Staff wear name badges for identification purposes.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The BCM and CM interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and have included IP as part of the quality and risk management programme. There was a commitment in the policy and business plan reviewed that governance fully supported and was committed to ensuring any relevant issues are dealt with efficiently in relation to IP and AMS. Both the BCM and the CM are experienced and have developed the IP and AMS programmes already implemented in the care suites, and the same system will be implemented in the memory care unit when operating fully.</p> <p>Expertise is accessible for guidance for both programmes if required, such as the wound care specialist nurse, PathLAB Bay of Plenty, a microbiologist, the</p>

		<p>GP/NP and/or the Te Whatu Ora infection prevention team at the base hospital. The programmes were discussed with the CM and staff training was verified. The CM was consulted through all stages of the memory care unit project as needed from an infection prevention perspective. Any issues identified were reported and dealt with accordingly. Strategies are in place in the event of an outbreak or pandemic occurring. The GP/NP visit the home two days each week, but this area of service delivery will be increased when the memory care unit is approved and operating.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IP and AMS programmes are developed and implemented for the size and nature of the services offered. The programmes are linked to the quality and risk management system. A review of the programme is planned annually. The IP and AMS policies are developed and implemented. Legislative requirements and terms of reference are acknowledged.</p> <p>Infection prevention and control training has been provided to all staff.</p> <p>The CM is the IP coordinator and has completed relevant training in IP and AMS. The experienced CM is fully informed of the requirements for aged residential care settings. Infection prevention was included in the internal audit schedule reviewed. This audit will include the memory care unit when in operation. When residents are admitted to the new service access will be provided to the clinical records.</p> <p>There is already a functional pandemic outbreak plan available. There were adequate supplies of personal protective equipment (PPE) and a specific space for storage has been allocated in the care suites. Check lists of resources are completed monthly in readiness to ensure adequate supplies are maintained. Signage was available when needed.</p> <p>Disposable resources for IP such as dressing packs, dressings, and indwelling catheter packs are in the treatment room. There was no provision for sterilising of any instruments, and all instruments purchased are</p>

		<p>disposable. Processes are documented for cleaning of reusable medical devices after use. The processes include the recommendation of the manufacturer and best practice standards. Any single use medical devices are not to be reused as per the policy sighted. Infection prevention signage (eg hand hygiene protocol) was available in te reo Māori.</p> <p>Advice had been sought from an IP perspective throughout all stages of planning the memory care unit. Tikanga best practices for Māori/whānau are known to staff.</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 programme documents national guidelines provided by an independent quality consultant that is based on best practice. The policies are personalised to and are appropriate for use both in the care suites and the memory care unit.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme has been evaluated monthly by monitoring antimicrobial use and identifying areas for improvement. The implemented programme reviewed is appropriate for the size and nature of the aged care services provided and this is to include the memory care unit, when in operation. The CM has access to resident clinical records and laboratory results as needed. The service has a contracted community laboratory service already covering this care home and this will include covering residents in the memory care unit.</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,</p>	FA	<p>The surveillance programmes are already developed and implemented which includes the surveillance of health care-associated infections (HAIs). The surveillance programmes reviewed are appropriate to those recommended for long-term care facilities and are in line with priorities defined in the infection prevention and control programme. Surveillance is undertaken monthly by the CM and results are shared with staff. The results will include the memory care unit when in operation.</p>

<p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</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>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial organisms. Domestic staff are available to provide the cleaning and laundry services. The laundry is well designed to meet all requirements. Commercial washers and drying machines have been purchased. Temperature monitoring of the hot water is completed monthly and recorded. A laundry shute system has been installed with minimal handling of soiled linen being required. The linen shute for the memory care unit sighted, is in the care suite sluice room, on the same floor. There is a separate clean linen storage cupboard in the memory care unit. Adequate supplies of new linen have been purchased. The HCAs will give out the personal clothing and stock the linen cupboards.</p> <p>The domestic cleaning staff have completed relevant training for their roles including product training, and product data sheets are available on the trollies and in the sluice rooms. The cleaning and laundry audits completed, evidenced a high-quality service is provided as per the audit results and resident/family feedback.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>All residents are to be holistically assessed on admission to the memory care unit by the RN. The organisation restraint elimination policy and procedures and the assessment process will be used to inform the initial care plan to avoid the use of restraint. The policy states that use of alternative interventions including use of de-escalating techniques is beneficial and training is to be provided to all staff at orientation and annually. Training has been provided to all staff including those recently employed to cover service delivery across the two services. No restraint is to be approved and used in the memory care unit. The restraint coordinator interviewed is the CM. Currently no restraint is used in the care suites and has not been implemented since commencing operation 12 June 2023.</p>



## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.