

Victoria Mt Eden Limited - Wesley Home and Care

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: Victoria Mt Eden Limited

Premises audited: Wesley Home and Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 18 October 2023 End date: 18 October 2023

Proposed changes to current services (if any): Preparedness of a new service provider to provide rest home care at an existing premise being refurbished.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Wesley Home and Care (Wesley Home) is a new residential aged care service located in Mt Eden, Auckland. One of the proposed providers is the director of Victoria Epsom Limited who has owned and operated Victoria Epsom a residential aged care facility for eight years. The proposed providers/directors have leased a building which was previously used for residential aged care. The building is being refurbished and fitted out to meet the needs of rest home level care residents. The facility can accommodate up to 51 residents; however, the directors are seeking approval for up to 26 beds for rest home level care residents at this time.

This partial provisional audit was conducted against Ngā Paerewa Health and Disability Services Standard NSZ 8134:2021. The audit process included a review of documents, observations, interviews with two directors, three intended staff (activities, an IT manager and the registered nurse/clinical manager by phone) and the owner of another aged care facility, who demonstrated the consumer information management system intended for use. On-site inspection of all internal and external areas of the building

was included. The same quality and risk management systems (policies, procedures and forms for all aspects of service delivery) that are in use at Victoria Epsom will be used at Wesley Home.

The directors stated they have eight residents waiting to move in and enough staff waiting to be employed to commence service delivery by early December 2023.

Evidence to meet the requirements of 41 criteria could not be demonstrated as service delivery had not commenced and not all staff were employed. Of these, 15 need to be addressed prior to occupancy of residents. The prospective provider needs to demonstrate they have enough suitably experienced and qualified health care staff available, who understand emergency procedures and have first aid certificates; that medication systems are installed, and that safe medicines administration processes including competent staff are implemented; that all amenities are in place, including functional and fully equipped sluice rooms, suitable refrigeration and storage for food, adequate cleaning and sanitation for used crockery and cutlery, a fitted out laundry, bathrooms, tagging and testing of electrical equipment, and hot water temperature testing; that the submitted fire evacuation scheme is approved, and that staff have completed training in emergency procedures and attended a trial evacuation on site.

Ō tatou motika | Our rights

Not required for this type of audit.

Hunga mahi me te hanganga | Workforce and structure

The business plan and other assorted documents include the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the service leaders and the directors. A registered nurse (RN) who is the clinical manager for Victoria Epsom will also be the RN/clinical manager at Wesley Home. This person, who is well supported by the directors, has been directly involved with developing processes and preparing the care home for opening.

The waiting list and local population demographics indicates that most residents will be of Asian descent. Cultural competencies and the principles of Te Tiriti o Waitangi are referred to in the business model; however, these need to be embedded throughout the organisation and its day-to-day processes.

There are policies and procedures based on good employment practice to support the recruitment and management of staff. The proposed rosters indicated sufficient staff will be allocated, including 20 hours of onsite registered nurse presence which meets the ARCC requirements. The registered nurses and health care staff that are identified as employees are said to have current first aid certificates. The documented staff education programme is appropriate for the services to be provided. Staff orientation and training is yet to begin.

Ngā huarahi ki te oranga | Pathways to wellbeing

The facility includes a secure room for the storage of medication. The room needs to be fitted out with suitable storage, added security for storage of controlled drugs, a medication distribution trolley, a designated refrigerator, and an air temperature control system. Comprehensive medicine management policies and procedures were in place. Contracts have been signed for pharmacy services and for the use of an electronic medicine management programme.

Food services will initially be provided by the kitchen at Victoria Epsom, the residential aged care facility which is owned and operated by Victoria Epsom Limited, and which is located in proximity to Wesley Home. This facility has an approved food safety plan which was recently reverified and food menus that are reviewed and approved by a dietitian. A suitably sized dining area with safe and appropriate furniture is established. However, transportation of meals, storage of snack food, and the provision of equipment (plates, cutlery) is yet to be implemented. Processes are available to identify individual residents' dietary needs and preferences.

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

The facility has a current building warrant of fitness with an expiry date of 04 October 2024. The building has 51 bedrooms suitable for single occupancy, of which 16 were completed at the site visit. The prospective provider seeks maximum capacity for 26 rest home residents at this stage.

Each bedroom has a wash basin and ready access to an adjoining bathroom (located between each set of two bedrooms), adjustable heating and appropriate furnishings. There is a separate dining room and two spacious lounge areas. The final internal and external finishing work is near completion. Resident furniture and resources were on site.

Appropriate emergency supplies were available, along with reference documents for use in civil and other emergencies. A nurse call system has been installed and tested and was accessible in all individual resident rooms/bathrooms and in all service areas. Security arrangements include the use of security cameras.

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 service to be provided. Antimicrobial stewardship and health care-associated infections will be monitored as part of the surveillance programme. The RN/clinical manager is responsible for the development and implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are to be guided by relevant policies and procedures and supported with regular education.

Policies and procedures for the safe management of waste and hazardous substances are available. A hazardous substances register specific to Wesley Home has not been developed. There are designated and lockable areas for chemical storage, cleaning

equipment and laundry services, although the bulk of laundering will occur offsite. Housekeeping staff are not yet employed and not all of the necessary equipment for environmental cleaning and residents' personal laundry is in place.

Here taratahi | Restraint and seclusion

Not required for this type of 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	1	0	11	0	0	0
Criteria	0	41	0	42	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>	PA Low	<p>Wesley Home and Care is owned and operated by Victoria Mt Eden Limited. The company has two directors, both of whom are current providers of health services. One director has owned and operated an aged care facility (Victoria Epsom) for eight years. The other director owns and operates an aged care recruitment agency and a mobility service (Top Care and St Monica Healthcare Limited).</p> <p>One of the directors will assume the role of facility manager and both have been directly involved in setting up Wesley Home for opening. The directors are familiar with the organisation’s quality and risk management systems and processes, and both will be involved in staff recruitment. There were no perceived barriers to equitable service delivery; however, service delivery has not commenced.</p> <p>The two directors are the governing body. They already demonstrate</p>

	<p>accountability and readiness for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • identifying the purpose, values, direction, scope and goals for the organisation in the sighted business plan, • demonstrating leadership and commitment to quality and risk management, which incorporates policies and procedures that are tailored for aged care services, • collaborating and working in partnership with neighbouring aged care providers, and the funder Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland by sharing resources and organisational development opportunities and ensuring service delivery complies with contracts, legislation and regulations. <p>The directors need to establish methods and systems for:</p> <ul style="list-style-type: none"> • recognising and celebrating tāngata whenua (iwi) through partnership, educational programmes and employment opportunities, • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti, • being focused on improving outcomes for Māori and people with disabilities, • completing training in cultural safety, Te Tiriti o Waitangi and equity, and • developing the facility manager’s knowledge of the sector, regulatory and reporting requirements, and maintaining currency within the field. <p>The directors interviewed stated they will be monitoring progress toward meeting key business objectives including clinical key performance indicators. They described being in the process of signing agreements with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland) for the provision of rest home level care.</p>
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<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>A staff roster has been developed which shows provision of an RN/clinical manager for 20 hours per week. This person is the RN/clinical manager for Victoria Epsom who currently oversees the care of 23 rest home level care residents. The facilities are within seven minutes driving time. During the telephone interview the RN/clinical manager stated they were confident of being able to complete interRAI assessments, care plans and coordination for each resident's care (and other tasks as described in the ARCC D16 to D17.3g) across the two facilities within the 40 hours they are currently employed, provided that an additional RN is employed when resident numbers increase to beyond 16 at Wesley Home. Stage one of a three-stage plan is to provide care and management for up to 16 residents in the Chandler wing. Stage two is completing the fit out of another 10 bedrooms to support 26 rest home residents. Stage three is the refurbishment of other areas in the building, which include a commercial kitchen, 25 bedrooms, bathrooms, clinical use rooms, lounges, dining and recreational areas. Commencement of this stage depends on demand for services.</p> <p>On the day of audit, the directors said eight people were waiting for a bed at Wesley Home. The proposed staff roster shows two care staff on site each morning and afternoon shift and one carer at night. The directors stated they have identified enough staff who want to work at Wesley Home and will be available to support the first residents. The potential staff are either already employed at Victoria Epsom, and/or previously worked at the proposed site. The directors stated that all the care staff they intend employing have aged care experience and hold a current first aid certificate. The RN/clinical manager stated that they and another registered nurse will be on call after hours.</p> <p>Further recruitment is required for allied health and support staff for housekeeping (cleaning, laundry) and food service delivery. Food services will be provided by the kitchen at Victoria Epsom, prepared offsite and delivered to Wesley Home. Laundry, except for residents' personal clothing, will be outsourced to a commercial laundry service owned by one of the directors. This laundry service/system is proven as being reliable and effective at Victoria Epsom according to the director interviewed. Cleaning and laundry staff need to be employed for enough hours to ensure seamless and effective services seven days a week. An</p>

		<p>activities coordinator is appointed who will be on site Monday to Friday. This person is a family member who is fluent in the Cantonese and Mandarin languages and already provides transport and diversional services to residents at Victoria Epsom. This person has not commenced New Zealand Qualifications Authority (NZQA) recognised education relevant to diversional therapy; however, they have previous work experience in working with older people.</p> <p>Continuing education will follow the same system implemented at Victoria Epsom, which has a biannual/annual staff training plan. The directors stated that the staff waiting to be employed have already completed or are progressing the New Zealand Certificate in Health and Wellness on the NZQA framework, but this could not be verified as no staff files were available on the day of audit. The training calendar/staff education plan shows mandatory training and competency requirements including Te Tiriti o Waitangi, health equity, and Asian and Pasifika health needs. The registered nurse/clinical manager demonstrated knowledge and understanding about the requirements for safe medication management and stated that they currently assess all health care workers' competency before administering medication. This will need to be completed prior to occupancy.</p> <p>The organisation has not accessed or developed links with tau iwi Māori and Pasifika groups within the community.</p> <p>Not all staff have been employed; however, there are documented processes which need to be implemented to ensure all staff feel 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>PA Low</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resource management processes. There are generic job descriptions available for all likely roles/positions.</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>The same process in place at Victoria Epsom which ensures all health professionals are maintaining annual practising certificates has been implemented. Registered pharmacists, and general practitioner (GP) are contracted to provide services for the residents.</p> <p>Recruitment that includes police vetting, referee checks and recording of staff ethnicity is in process. Staff orientation which includes the lay out of the facility and emergency procedures has not commenced. The RN/clinical manager is familiar with the clinical and quality aspects of the organisation and legislative requirements.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants.</p> <p>Annual appraisals are not yet required to be completed.</p> <p>No incidents involving residents and/or staff have occurred, therefore debriefing and discussion have not been required for individual staff or as a team. There was an understanding of this process by the directors and RN interviewed.</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>PA Low</p>	<p>Policies and procedures for safe medication management reflect the Medicines Care Guide for Aged Residential Care and meet legislative requirements. These include procedures associated with management of controlled drugs.</p> <p>The designated medication room was not fully fitted out on the day of audit.</p> <p>The dispensing pharmacy which currently provides medicines to Victoria Epsom, has signed a variation in agreement to provide pharmacy services to Wesley Home. Pharmacy staff will be involved with providing staff training as required. The requirements for medicine reconciliation on</p>

		<p>admission, and review of medicines by the general practitioner (GP) at least three-monthly was included in the care planning framework in place. Robotic packs are to be made up for each individual resident when admitted to the service. An imprest system for stock medicines is to be used. The pharmacist will maintain the impress system, and staff can order supplies when and if required.</p> <p>An electronic medication system is yet to be uploaded into the facility electronic systems. This system is linked to the electronic consumer information system which is yet to be installed for use. The RN/clinical manager interviewed by telephone stated that staff training in safe medicines management and administration and competency assessments will be undertaken with the staff who are yet to be employed. There will be no standing orders.</p> <p>The directors stated they already have a pool of experienced health care staff, who are wanting to work at the facility. Refer to subsection 2.3 and 2.4. The practical component of the medication competencies and evidence of required resident information on medication records cannot be verified until the medication system is fully implemented, and residents are admitted to the facility.</p> <p>Residents, including Māori residents and their family/whānau, are to be supported to understand their medications and have access to traditional medicines if this is requested. The RN/clinical manager was aware of ensuring residents are fully informed about their current medications, what they are used for, and if there are any known side effects.</p> <p>The contracted GP will be responsible for each resident's individual medicines from admission to discharge. Interviewees stated it was unlikely that residents would self-administer their medication. Provision and guidance would be available should this be needed.</p> <p>Seven of the ten applicable criteria cannot be demonstrated until residents move in and two criteria were not audited because the service provider will not be using standing orders, nor does it expect residents will be self-administering medicines.</p>
Subsection 3.5: Nutrition to support wellbeing	PA Low	Food and nutritional services for Wesley Home will initially be provided

<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>by the kitchen team at Victoria Epsom. Their kitchen service complies with current food safety legislation and guidelines according to their approved food control plan which was recently verified and expires on 25 April 2025.</p> <p>Meals will be delivered in hot boxes to Wesley Home and served to residents directly in their dining room. Snacks, morning and afternoon teas and suppers will be a combination of baking from the Victoria Epsom kitchen or food supplies kept at Wesley Home. The four-week menu was reviewed by the registered dietitian in 2023 and is in line with recognised nutritional guidelines for older people. The menu sighted included options for Chinese and Vietnamese palates. The directors reported that residents will be offered varied menu options according to their cultural preferences, including Māori kai where required.</p> <p>The directors stated that the kitchen staff have current food handling certificates. Residents would have a nutrition profile developed on admission to identify dietary allergies, texture requirements, likes, and dislikes. All alternatives are catered for.</p> <p>Residents’ weights will be monitored regularly, to identify any weight loss issues, according to the RN interviewed. Snacks and drinks will be available for residents throughout the day and night when required.</p> <p>Dining furniture suitable for the needs of older people was set up on the day of audit, but crockery and cutlery were not on site. The dining room is near residents’ bedrooms and there was plenty of natural and electrical lighting available. Three of the six applicable criteria cannot be demonstrated until residents move in and food services are implemented.</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</p>	<p>PA Low</p>	<p>There was a current building warrant of fitness with an expiry date of 04 October 2024. This was displayed at the entrance to the facility. The environment is furnished and decorated in ways that reflect a range of different cultures, including Māori and Asian cultures. All interior walls of the Chandler wing have been painted, new flooring and window coverings are installed throughout, and safe and suitable bedroom, lounge and dining furniture for the number of intended residents are in</p>

<p>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>place.</p> <p>Tagging and testing of previously used plug-in equipment has not occurred. New equipment is covered by the manufacturer's warranty. Medical equipment has been ordered but not received. The requisition/order forms sighted contained blood pressure monitoring devices, seated scales for weight, pulse oximeter, blood glucose and body temperature monitoring equipment. The standing and swing hoists on site were in good condition.</p> <p>The environment is designed to meet the needs of older people, promote independence and safe mobility. The building is on one level, with disability accessible ramps, and handrails installed at the correct height in corridors and bathrooms. Internal passageways are wide, and all resident accessible areas are spacious and well lit.</p> <p>Although the building has capacity for 51 residents in single occupancy bedrooms, the prospective provider has completed the refurbishment and furnishing of 16 bedrooms with work underway to refurbish the other 10 bedrooms in the same way (total 26 beds) for rest home level care residents. Each bedroom has large opening windows with suitable curtaining and is furnished with a 'lazy boy' type armchair, a new high spec electronic bed, bedside cabinets and additional storage for clothes and possessions.</p> <p>Televisions are mounted on walls. Each bedroom has individually adjustable heating, a wash basin and ready access to an adjoining bathroom located between each set of two bedrooms. There were 10 toilets including staff and visitor toilets and seven showers in the chandler wing – intended for 16 residents initially. Interviews with the prospective facility manager confirmed that hot water temperatures will be completed and recorded. Hot water systems are fitted with temperature tempering valves.</p> <p>There is a separate dining room and two spacious lounge areas. These are furnished with comfortable and suitable (for use by older people) tables, chairs and armchairs/lounge suites.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. Both directors, the facility manager and RN/clinical manager have been overseeing the refurbishment of the care home and working collaboratively with</p>
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		<p>tradespeople to ensure all equipment and resources are safely installed and accessible.</p> <p>All light switches are at a height that residents can easily access. Residents will also have access to the lounges/library, dining areas, outside areas and other amenities, such as the hairdressing salon located in Chandler wing.</p> <p>The corridors and main living areas are installed with heat pumps. Resident bedrooms have wall radiators which can be individually controlled.</p> <p>There are hand sanitisers strategically located throughout the building including at the main entrance, in hallways, toilets and bathrooms, and the dining room. These are also installed in staff-accessible areas such as the sluice rooms, and clinical areas.</p> <p>Artwork and the environment reflect the aspirations and identity of Māori and other cultures.</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>Fire suppression systems are in place and are being monitored by regular onsite inspections from contracted fire protection specialists. This includes testing of fire alarms, the sprinkler system, firefighting equipment, fire doors, and checking egress is clearly marked and accessible.</p> <p>Although there have been no changes to the layout or footprint of the building which had a previously approved evacuation scheme, application for renewal of the fire evacuation scheme was submitted on 10 October 2023; the service is currently awaiting approval by Fire and Emergency New Zealand (FENZ).</p> <p>Staff will require training in fire and emergency procedures and the call bell system before residents are admitted. The documented fire safety and emergency policies and procedures for minimising risk, reporting and managing all possible types of emergencies will need to be reviewed to ensure they reflect Wesley Home and that these are known and kept available for staff.</p> <p>A new call system has been installed and was shown to be functional.</p>

		<p>Call points are in residents' bedrooms and bathrooms, visitor and staff toilets and communal areas throughout the building, along with an alert location display screen.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>The directors stated that the staff they intend employing have current first aid certificates. Closed-circuit television (CCTV) is in operation in main communal areas and corridors, and signage has been installed.</p> <p>Four criteria could not be demonstrated until staff are employed and service delivery commences. These need to be implemented prior to occupancy.</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 directors interviewed confirmed they were fully supportive of and committed to infection prevention (IP) and antimicrobial stewardship (AMS). They understood the importance of IP and AMS in improving quality and ensuring staff and resident safety. Both confirmed that IP is part of the quality and risk management programme. The RN/clinical manager is experienced and will be supporting the implementation of the IP program when the care home opens for admissions. The same step-wise approach and reporting of infections and AMS issues in place at Victoria Epsom will be implemented at Wesley Home.</p> <p>External expertise is available as required. Training in infection control for all staff is scheduled on the education calendar. The RN/clinical manager has been consulted and involved with the development of the care home regarding infection control.</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.</p>	PA Low	<p>The IP and AMS programmes which were developed by external infection control experts, are suitable for the size and complexity of the proposed service and are already linked to the quality and risk management system. These are understood and signed off by the directors. A review of the programme is planned annually. The IP and AMS policies and procedures required are available for the service</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. 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>commencing. Legislative requirements and references are acknowledged. A pandemic plan is in place.</p> <p>The staff education calendar determines the frequency of infection control and tikanga best practice staff training. There are sufficient infection prevention (IP) resources, including personal protective equipment (PPE), which were sighted.</p> <p>The RN/clinical manager, who is also the infection control co-ordinator (IPC), has completed relevant training in infection control and will have access to the residents' clinical records.</p> <p>Disposable resources for infection prevention, such as dressing packs, dressings, and catheter packs, have been ordered. There is provision for sterilising of bed pans and urinal equipment. Processes are documented for cleansing of reusable medical devices after use. Single use medical devices are not to be reused.</p> <p>Infection prevention signage, including hand hygiene protocols in te reo Māori, were not on site.</p> <p>Consideration of IP and consultation with the RN/clinical manager about the location of service areas has occurred during the refurbishment of the facility.</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>	<p>PA Low</p>	<p>The antimicrobial stewardship programme documents national guidelines. Responsible use of antimicrobials is to be promoted. The IPC stated that the processes already in use at Victoria Epsom, such as monitoring signs and symptoms of infection and sending specimens for laboratory testing, will be implemented when service delivery commences. The effectiveness of the AMS programme is to be evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme reviewed was appropriate for the size and nature of this aged residential care service. The RN/clinical manager stated they will have access to residents' clinical records and laboratory results.</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>PA Low</p>	<p>The same surveillance programme used at Victoria Epsom will be implemented at Wesley Home when service delivery commences. This includes documented methods for surveillance of health care-associated infections (HAIs). The programme is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection prevention and control programme, including cultural aspects. The RN/clinical manager stated that surveillance of health care-associated infections will be undertaken monthly and include ethnicity data.</p> <p>Implementation of surveillance methods and the reporting of results to staff and the directors could not be verified as there were no residents at the time of 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 policies and procedures which provide guidance on the safe management of waste and infectious and hazardous substances. There are designated areas for safe storage of waste and chemicals/hazardous substances. A hazard risk register, and hazardous substances register need to be developed to ensure they relate to the chemicals/substances and all actual and potential risks on site. These and the health and safety aspects of the service will be overseen by the facility manager, who is one of the directors and the nominated health and safety officer. Not all laundry and cleaning equipment and resources were in place. Bulk laundry will be managed off site. Day-to-day provision of residents' personal laundry and the provision of environmental cleaning needs to be implemented and attended to by trained housekeeping staff who are yet to be employed.</p> <p>Cleaning chemicals are already installed and stored securely in a lockable room. Material safety data sheets were located next to the chemical dispensing station. Labelled containers for decanted products were on site. Access to cleaning and waste rooms is restricted by door lock systems.</p> <p>The directors understood the importance of maintaining a clean and hygienic environment to prevent infection and transmission of antimicrobial organisms. Commercial washers and drying machines have</p>

		been purchased but not yet installed in the designated laundry room.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	Both directors stated they have basic understandings about cultural safety and Te Tiriti; however, they have not attended any education or training to sufficiently develop their knowledge about health equity or how cultural safety and Te Tiriti applies in an aged care setting which will primarily be occupied by residents of Asian descent.	The directors cannot demonstrate expertise in health equity, Te Tiriti and cultural safety.	<p>Ensure the directors develop knowledge and expertise in Te Tiriti, health equity and cultural safety by completing relevant education and training.</p> <p>180 days</p>
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service</p>	PA Low	The existing policy and procedure set is based on good practice and has systems in place for monitoring quality and risk. The proposed RN/clinical manager already maintains regular liaison and	An appropriate (suitable for size and complexity) clinical governance structure has not been established as service delivery has not commenced.	Ensure there are methods for clinicians, managers and other staff to work together to improve and be held accountable for the quality and safety of the health and disability services they

provision.		meetings with the 'Health of Older People' portfolio manager at Te Whatu Ora Te Toka Tumai Auckland, other aged care providers, and external infection control experts to examine and reflect on collected service data and to seek advice from when required. The way this occurs at Wesley Home cannot be demonstrated until service delivery commences.		provide. 180 days
Criterion 2.1.3 Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.	PA Low	One of the directors who will be the facility manager has qualifications, proven business acumen, and experience in the provision of health care services through operating an aged care recruitment service and operating a mobility service for users of health services but has not managed an aged care service before.	The facility manager needs to develop skills and knowledge related to management of a residential aged care service.	Ensure the facility manager fully understands all the contractual, legislative and regulatory requirements for managing a residential aged care facility. Ensure the manager attends at least eight hours of professional development related to the role annually. 90 days
Criterion 2.1.5 Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.	PA Low	There are policies related to equity and provision of services for Māori, but service delivery has not started and there are no residents.	There are policies but no residents, and the service provider is unable to demonstrate how they will improve outcomes and achieve equity for Māori.	Establish methods for ensuring that services improve outcomes and achieve equity for Māori. 180 days
Criterion 2.1.6 Governance bodies shall	PA Low	There are policies related to equity and provision of services for	There are policies but no residents, therefore the service	Establish methods for ensuring that services improve outcomes

ensure service providers deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities.		tāngata whaikaha (people with disabilities) but there are no residents at this time.	provider is unable to demonstrate service delivery that improves outcomes and achieves equity for tāngata whaikaha.	and achieve equity for tāngata whaikaha. 180 days
Criterion 2.1.8 Governance bodies shall support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery.	PA Low	There are policies and procedures in the quality and risk system related to resident and family participation in service planning, implementation, monitoring and evaluation, but service delivery has not started and there are no residents.	There are policies but no residents or services being delivered yet. Evidence of resident and whanau participation could not be demonstrated.	Ensure that people receiving services and their families are given opportunities to participate in the planning, implementation, monitoring, and evaluation of service delivery. 180 days
Criterion 2.1.9 Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.	PA Low	There are policies and procedures in the quality and risk system which describe culturally safe approaches to service delivery for Māori residents and their whānau, but the directors have not yet established links or relationships with local iwi, or determined how they will meet this requirement.	The directors have not yet established links or relationships with local iwi, or determined how they will meet this requirement.	Ensure there is meaningful Māori representation and input into organisational policies and processes. 180 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	The proposed staff roster shows two health care staff on site each morning and afternoon shift and one at night. Plus, the RN/clinical manager on site for 20 hours per week. The directors stated they have identified enough staff already employed at Victoria	No care staff or allied health staff (for example, housekeeping) have been employed.	Ensure there are sufficient staff on duty 24/7 to provide clinically and culturally safe services commensurate to the needs and number of residents on site.

		Epsom (or who were previously employed at the facility) who want to work at Wesley Home and will be available to support the first residents. But none of these had signed employment agreements or been given work start days on the day of audit.		Prior to occupancy days
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The prospective service provider has documented policies and procedures which are based on current legislation and best-known employment practices for staff recruitment and management. There are generic job descriptions already documented in the quality and risk management system. The directors stated they already have a list of staff who are keen to work at Wesley Home.</p>	<p>No care staff or allied health staff (for example, housekeeping) have been employed.</p>	<p>Ensure that all staff recruited and employed have the right skills, attributes, attitudes, qualifications and experience to deliver rest home level care.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>The prospective service provider has knowledge and understanding about the type of services they intend providing (rest home level care) and the acuity of people who will be receiving services. Although it is anticipated that most residents will identify as Asian, the directors know they need to actively recruit and retain Māori health care and allied health workers. The documented education programme includes</p>	<p>The cultural make-up of the workforce and the percentage of staff that have completed cultural competency training has not been determined.</p>	<p>Implement systems to determine and develop the competencies of staff to meet the needs of residents equitably. Ensure that all staff are regularly provided opportunities to learn and understand how to meet the needs of people equitably, and that competency records for all health care and support workers are maintained.</p>

		cultural safety.		90 days
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There are documented staff training policies and procedures which include an annual staff education plan, competency assessments and self-directed learning modules such as questionnaires. The directors understand the requirement to establish a continuing education programme for their workforce which includes mandatory training on topics that are essential to providing a safe and high-quality aged care service.</p>	<p>Staff are yet to be employed. Systems for staff education and professional development are not established.</p>	<p>Implement systems to identify, plan, facilitate and record ongoing learning and development of staff.</p> <p>30 days</p>
<p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	PA Low	<p>Interview with the prospective service provider and review of the business plan strategy and philosophy confirmed an intention to 'create something special' in the aged care sector by focusing on each resident's quality of life and using a holistic approach to care. The quality and risk system incorporates processes for enabling residents and their whānau to participate in the service. This includes the use of satisfaction surveys, day-to-day formal and informal feedback mechanisms such as group and individual meetings and ensuring community involvement with and</p>	<p>There are no staff, activities or methods yet established to maximise resident and whānau participation in the service.</p>	<p>Ensure staff have knowledge and resources to support resident involvement and participation in service delivery.</p> <p>180 days</p>

		for residents. The activities person has knowledge about local interest and advocacy services who could contribute to maximising resident participation with the service.		
<p>Criterion 2.3.6</p> <p>Service providers shall establish environments that encourage collecting and sharing of high-quality Māori health information.</p>	PA Low	<p>Although it is anticipated that most residents will identify as Asian, the directors know they need to establish an at-work learning environment about Māori health. The directors discussed ways they could provide staff the opportunity to reflect on their own cultural assumptions about Māori, and how these might influence their capacity to provide high-quality care.</p>	<p>There are no staff, or methods yet established for the collection and sharing of high-quality Māori health information.</p>	<p>Encourage staff to participate in learning opportunities that provide them with the most recent literature on Māori health outcomes and disparities, health equity, and quality.</p> <p>180 days</p>
<p>Criterion 2.3.7</p> <p>Service providers shall invest in the development of organisational and health care and support worker health equity expertise.</p>	PA Low	<p>Although it is anticipated that most residents will identify as Asian, the directors understood the requirement to develop their own understanding and knowledge about health equity and ensure that their staff do the same.</p>	<p>Staff are yet to be employed. Systems for staff education and development of care staff health equity expertise are not established.</p>	<p>Ensure that the directors and staff engage in opportunities to develop health equity expertise.</p> <p>180 days</p>
<p>Criterion 2.3.8</p> <p>Support systems promote health care and support worker wellbeing and a positive work environment.</p>	PA Low	<p>There are policies and procedures which provide guidance on maintaining staff wellbeing and creating a positive workplace, but these are yet to be implemented.</p>	<p>There are no staff, or methods yet established to promote staff wellbeing and a positive work environment.</p>	<p>Implement systems that promote staff wellbeing and a positive work environment.</p> <p>90 days</p>

<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>The available policies and procedures provide detailed description on the orientation and induction programme which includes timeframes for completion and covers the essentials of service delivery. There are no care staff employed. Orientation to the building layout, emergency procedures and other essential information has not commenced.</p>	<p>There are no care staff employed. Orientation to the building layout, emergency procedures and other essential information has not commenced.</p>	<p>Ensure all staff complete orientation and induction to the building layout, emergency procedures and other essential information.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>Processes for appraisals and performance reviews are described in the available policies. These have not been implemented as no care staff are employed and appraisals are not due.</p>	<p>No care staff are currently employed, and performance appraisals are not yet due.</p>	<p>Ensure staff performance is reviewed and discussed according to the timeframes outlined in your policies and procedures.</p> <p>90 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	<p>PA Low</p>	<p>The same system which is in use at Victoria Epsom for storing staff information, will be used at Wesley Care. This meets the requirements according to certification audits conducted there.</p>	<p>There are no current staff records, and the system for holding staff information is not yet implemented.</p>	<p>Ensure a system for holding accurate, relevant staff information is implemented and kept secure and confidential. Ensure that staff ethnicity data is recorded.</p> <p>30 days</p>
<p>Criterion 2.4.7</p> <p>Health care and support workers shall have the</p>	<p>PA Low</p>	<p>There are policy and processes available that provide guidance and support to staff, following significant incidents. Service</p>	<p>Methods for supporting staff following significant incidents have not been implemented as service delivery has not</p>	<p>Ensure that staff who are directly or indirectly involved in significant incidents are provided opportunities to receive support</p>

opportunity to be involved in a debrief and discussion, and receive support following incidents to ensure wellbeing.		delivery has not commenced, there are no staff and there have been no incidents.	commenced.	that protects and promotes their wellbeing. 180 days
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	The medication room is still to be fitted out with a medicine fridge, temperature control system, secure storage for controlled drugs, and sufficient and adequate storage for a robotics medication system. An electronic medication system is yet to be uploaded into the facility electronic systems. The provider of the consumer information management system explained how this links with the type of electronic medication system that will be used. The RN/clinical manager and directors interviewed understood the requirements related to safe medicines management, relevant to the scope of the services to be provided.	The fit out of the designated medication room and installation of an electronic medicines system has not been completed.	<p>Ensure that the designated medicines room is completed, that the software required for holding current medication information is installed and that all other components required for a safe and effective medication management system are implemented.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.10</p> <p>Service providers shall provide appropriate support, advice, and treatment for Māori.</p>	PA Low	Medicine-related policies and policies specific to providing appropriate care and treatment for Māori are available if required. There are no residents currently, including residents who identify as Māori.	The prospective provider cannot demonstrate this as there are no residents.	<p>Provide appropriate support, advice and treatment for Māori residents when and if required.</p> <p>180 days</p>
Criterion 3.4.2	PA Low	Agreements are in place with a	All aspects of a safe system for	Ensure all stages of the

<p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>		<p>dispensing pharmacy and a prescriber. The RN/clinical manager understood the different stages of safe medicines management and the roles required by all parties. Procedures for medicines reconciliation and review could not be demonstrated as service delivery has not commenced.</p>	<p>medication prescribing, dispensing, reconciliation and review could not be demonstrated as service delivery has not commenced.</p>	<p>medicines management system are performed by health professionals (for example, the prescribing GP, dispensing pharmacist and RN overseeing the system) who are operating within their role and scope of practice.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Low</p>	<p>There are detailed and clearly described policies and procedures related to the safe management of medication. These include receiving, storage, administration, monitoring, disposal or return of medicines to pharmacy. The RN/clinical manager demonstrated knowledge and understanding about the requirements. The service cannot demonstrate compliance as service delivery has not commenced and staff have not been employed or competency assessed.</p>	<p>The competency of health care staff to safely manage medication cannot be demonstrated as service delivery has not commenced and no staff are employed.</p>	<p>Ensure that the health care staff who will be directly involved in medicines management are assessed as competent and understand their responsibilities prior to administering medicines to residents. This includes accurate recording of medicines administered, and the monitoring and reporting of medication effects.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicine-related allergies or sensitivities and respond appropriately to</p>	<p>PA Low</p>	<p>There are detailed and clearly described policies and procedures related to the identification, recording, communicating and responding to people's medicine-related allergies or sensitivities. The service cannot demonstrate compliance as service delivery has</p>	<p>The process for effectively managing and/or responding to people's medicine related allergies or sensitivities cannot be demonstrated as service delivery has not commenced.</p>	<p>Ensure that processes for effectively managing and responding to people's medicine related allergies or sensitivities are known and implemented.</p> <p>Prior to occupancy days</p>

adverse events.		not commenced.		
<p>Criterion 3.4.5</p> <p>Based on prescriber instructions, service providers shall provide ongoing support for people's understanding of their medication.</p>	PA Low	Medicine policies and procedures and the Medicines Care Guide for Aged Residential Care describe methods for providing support to people taking medicines. The RN/clinical manager was aware of ensuring residents are fully informed about their current medications, what they are used for, and if there are any known side effects.	Service delivery has not commenced. There are no staff or residents to demonstrate that people are supported in understanding the medicines they are taking.	<p>Ensure staff support residents in understanding their medication.</p> <p>30 days</p>
<p>Criterion 3.4.8</p> <p>Over-the-counter medication and supplements shall be considered by the prescriber as part of the person's medication.</p>	PA Low	A policy and procedure which describes methods for consideration and use of over-the-counter medicines and supplements is available. This cannot be implemented or demonstrated until service delivery commences.	Consideration and use of over-the-counter medicines and supplements for residents cannot be demonstrated until service delivery commences.	<p>Ensure that prescribers take into consideration over-the-counter medication and supplements as part of each resident's medication regime.</p> <p>30 days</p>
<p>Criterion 3.5.2</p> <p>People and whānau shall have the opportunity to be involved in preparation of food as appropriate to the service.</p>	PA Low	Policies and procedures contain clear guidance about this requirement but there were no residents on site and food services had not commenced.	The service cannot demonstrate attainment because there were no residents on site.	<p>Ensure residents and their whanau are provided with opportunities to be involved in food preparation if they desire.</p> <p>180 days</p>
<p>Criterion 3.5.3</p> <p>Service providers shall ensure</p>	PA Low	Policies and procedures contain clear guidance about this requirement but there were no	The service cannot demonstrate attainment because there were	Ensure residents are provided with a safe, comfortable and pleasurable dining experience in

people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.		residents on site and food services had not commenced.	no residents on site.	ways that maintains their dignity and meets their unique needs and cultural preferences. Ensure there is suitable refrigeration and storage for food and adequate cleaning and sanitation for used crockery and cutlery 30 days
Criterion 3.5.7 Service providers adopt a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori.	PA Low	The service provider already caters for a range of different cultures and protocols around food at their Victoria Epsom rest home. Food services to residents at Wesley Home will initially be provided by the kitchen at Victoria Epsom.	There are no residents. The prospective service provider cannot demonstrate they meet the requirements of this criterion.	Ensure Māori residents are offered menu options that are culturally specific to their preferences. 180 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	The environment is inclusive of peoples' cultures. Equipment has been ordered but not received. Testing and tagging of previously used plug-in electrical equipment has not occurred.	Not all equipment was on site, or all amenities installed. Testing and tagging in accordance with in-service safety inspection and testing of electrical equipment, Australian and New Zealand Standard AS/NZS 3760:2010 has not occurred. The sluice room and laundry required completion and hot water testing was not occurring.	Ensure that the building, plant and equipment are maintained as fit for purpose and comply with relevant legislation and guidance standards. Ensure that all amenities are in place, such as a functional and fully equipped sluice room, fitted out bathrooms and laundry, and hot water temperature testing is occurring. Prior to occupancy days
Criterion 4.2.1	PA Low	An application for approval of the	The evacuation plan has been	Provide evidence of a Fire and

Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.		evacuation plan was submitted to Fire and Emergency New Zealand on 10 October 2023.	submitted but approval by Fire and Emergency New Zealand has not been received.	Emergency New Zealand-approved evacuation plan. Prior to occupancy days
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	There is a generic set of fire safety and emergency policies and procedures for minimising risk, and reporting and managing all possible types of emergencies. These need to be reviewed to ensure they reflect Wesley Home, and implemented so staff know how to report and manage all possible types of emergencies.	The fire safety and emergency policies and procedures need to be reviewed and implemented.	<p>Ensure that the fire safety and emergency management policies and procedures identify all risks related to the site and these are implemented.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Fire safety and emergency management policies and procedures are documented and available but not all staff are employed. The prospective provider is using the services of an external fire protection specialist. A plan is in place for undertaking trial evacuations.	Staff training in use of equipment and how to respond to fire and emergency situations including security situations, has not occurred. A plan is in place for undertaking trial evacuations but there are no staff. All care staff, activities and other staff engaging directly with residents require current first aid certificates.	<p>Ensure all staff are first aid certificated, receive appropriate information and training to respond to emergency and security situations and that they have attended at least one trial evacuation on site.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.8</p> <p>Service providers will explain emergency and security arrangements to all people using the services.</p>	PA Low	There are policies and processes for emergency, and security arrangements are implemented but there are no residents to explain these systems to.	Emergency and security arrangements cannot be explained to all people using the services as there are no residents and service delivery has not commenced.	<p>Ensure residents are informed about emergency and security arrangements and have consented to the use of CCTV.</p>

				Prior to occupancy days
<p>Criterion 5.2.12</p> <p>Service providers shall provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.</p>	PA Low	The prospective provider and nominated IC coordinator knew what and where teaching and educational information could be sourced.	Educational material and resources related to infection control were not on site.	<p>Ensure that infection control educational resources are available in te reo Māori and other languages to promote resident understanding.</p> <p>180 days</p>
<p>Criterion 5.2.13</p> <p>IP personnel and committees shall participate in partnership with Māori for the protection of culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti.</p>	PA Low	The IPC is maintaining links with external infection control experts and the gerontology coordinator at Te Whatu Ora Te Toka Tumai Auckland. Access to advice and information related to the protection of culturally safe IP practice is available but has not been accessed.	Access to advice and information related to the protection of culturally safe IP practice is available but has not been accessed.	<p>Ensure the IPC understands and incorporates culturally safe practice in IP processes.</p> <p>180 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>	PA Low	The information and resources for staff education and training are already available and in use by the IPC who oversees the IP and AMS at Victoria Epsom. The necessity for this to be included at staff orientation and the ongoing frequency of training is known and ready to be implemented when service delivery commences.	Information about infection prevention at orientation and the provision of ongoing staff education cannot be demonstrated, as no health care staff have been employed.	<p>Ensure staff complete IP and AMS education as part of their orientation and attend updates at a frequency determined by the annual staff training plan or more frequently when required.</p> <p>Prior to occupancy days</p>

<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>PA Low</p>	<p>The IPC described the processes already in place for evaluating the effectiveness of the AMS programme at Victoria Epsom. This same approach will be used for monitoring antimicrobial use and identifying areas for improvement. Service delivery has not commenced.</p>	<p>Service delivery has not commenced and the methods for monitoring antimicrobial prescribing, dispensing, administration and occurrence of adverse events cannot be demonstrated.</p>	<p>Ensure the effectiveness of the AMS is evaluated.</p> <p>180 days</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Low</p>	<p>The IPC demonstrated knowledge and described the processes already in use at Victoria Epsom for conducting surveillance of HAI. The same processes will be used at Wesley Home, but these have not been implemented as service delivery has not commenced.</p>	<p>The processes for conducting surveillance of HAI, and reporting results have not been implemented as service delivery has not commenced,</p>	<p>Ensure that results of infection surveillance are documented and reported to staff, directors and other relevant people in a timely manner.</p> <p>180 days</p>
<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p>	<p>PA Low</p>	<p>A chemical cleaning supplier has been contracted and chemicals, including a dispensing station, have been installed. There are documented policies and procedures for safe management of waste available. A hazardous substances register is not developed. Staff have not been employed and training related to the safe management of waste and hazardous substances has not</p>	<p>A hazardous substances register has not been developed. Staff have not been employed and training related to the safe management of waste and hazardous substances has not occurred.</p>	<p>Develop a hazardous substances register specific to Wesley Home and ensure all people are protected from harm when handling waste or hazardous substances.</p> <p>30 days</p>

		occurred.		
<p>Criterion 5.5.3</p> <p>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:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(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>	PA Low	Documented cleaning policies and procedures are available and there are designated areas for secure storage of cleaning equipment and chemicals. The monitoring for effectiveness of cleaning services cannot be demonstrated as service delivery has not commenced.	The monitoring for effectiveness of cleaning services cannot be demonstrated as service delivery has not commenced and staff are not employed.	<p>Ensure that environmental cleaning occurs daily, and that the effectiveness of cleaning processes is monitored.</p> <p>180 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry</p>	PA Low	The prospective provider stated the bulk of laundry (linen, towels) will be sent off site to a commercial laundry owned by the same operator. This system is already in use at Victoria Epsom. Staff will undertake laundry of residents' personal laundry. The designated laundry room is still to be completed and installed with	The monitoring for effectiveness of laundry services cannot be demonstrated as service delivery has not commenced and staff are not employed.	<p>Ensure that that the effectiveness of the laundry service is monitored.</p> <p>180 days</p>

<p>processes; (b) Laundry processes being monitored for effectiveness; (c) A clear separation between handling and storage of clean and dirty laundry; (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>		<p>equipment.</p>		
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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.