

# Cambridge Resthaven Trust Board Incorporated - Cambridge Resthaven

---

## 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Cambridge Resthaven Trust Board Incorporated
<b>Premises audited:</b>	Cambridge Resthaven
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 5 December 2023      End date: 5 December 2023
<b>Proposed changes to current services (if any):</b>	Addition of 33 dual purpose beds and associated facilities.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	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 tātou 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

Cambridge Resthaven Trust Board Incorporated owns and operates aged residential care services at Resthaven on Vogel and Resthaven on Burns and a large retirement village. Both facilities are in Cambridge, and both provide hospital, rest home and dementia level care.

The service provider has developed a new building (Apartments on Vogel) on the same site as Resthaven on Vogel which will provide 33 care suite apartments, a commercial kitchen, a café and a general store. Although this build is in effect an extension of the retirement village whereby occupants will buy an occupation right agreement (ORA), the operator desires all apartments to be certificated as suitable for rest home and hospital level care (dual purpose). It is anticipated the apartments will be ready for occupation pursuant to Manatū Hauora approval in February 2024.

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 the chief executive officer, the board chairperson, the general manager, the human resources officer, nurse director, clinical nurse leader (CNL), team leaders and a lifestyle assistant. On-site inspection of all internal and external areas of the new building was included.

This audit identified three areas which could not be fully attained: a code of compliance for the new building, an approved fire evacuation plan and evidence that trial fire evacuations had occurred.

## **Ō tātou motika | Our rights**

Not required for this type of audit.

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

The organisation is governed by a board of trustees who work with senior managers to monitor organisational performance and ensure ongoing compliance. The board assumes accountability for delivering a high-quality service and is inclusive of and sensitive to the cultural needs of Māori. All board members are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Organisational planning ensures the purpose, values, direction, scope, and goals for the service are defined. Progress towards meeting goals and organisational performance is monitored and reviewed at planned intervals.

Workforce planning is fair and equitable. The management team have the required skills and experience. Staff are suitably skilled and experienced. The proposed staffing plan shows sufficient provision of support staff. Staff competencies will be monitored, and their individual performance will be reviewed.

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

The building includes a secure room for the storage of medication with an air temperature control system and additional secure storage for controlled drugs. Comprehensive medicine management policies and procedures are in place. There is an existing agreement with a local pharmacy to supply medicines and the electronic medicine management programme already in use will be used for recording prescriptions and administration of medicines.

Food services will be provided by the external catering company who are currently contracted. This company provides suitably experienced staff who are trained to provide food that meets the nutritional needs of older residents. Any special or cultural needs will be catered for. There is an approved food safety plan. Food menus are reviewed and approved by a dietitian. Food will be safely procured, prepared, stored and managed in the new ground floor kitchen.

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

A certificate of compliance for the building will not be issued until all work is complete in early February 2024. The new three-storey building is attached to the existing care facility. The current fire evacuation plan requires review to incorporate the new building. An application has been made. Fire suppression systems are installed. Trial fire evacuations are scheduled to occur in January 2024.

Each apartment is designed to be disability accessible, including the bathrooms, and can accommodate a ceiling hoist if required. Appropriate emergency supplies were available, along with reference documents for use in civil and other emergencies. Call

system points are installed in bathrooms, bedrooms and the main living areas and all residents will be issued alarm pendants with GPS tracking that can identify which floor they are on. Security arrangements include swipe keys for access to apartments.

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

The current education facilitator is the infection control coordinator (ICC). This person is trained and experienced and ensures the safety of residents, visitors, family/whānau and staff through implementing a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The programme is appropriate to the size and complexity of the service, and adequately resourced. The ICC is engaged in the procurement process.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Resthaven has an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control.

Aged care-specific infection surveillance is being undertaken with follow-up action taken as required. Any apartment residents requiring care who develop infections will be included in the surveillance programme.

The built environment supports both preventing infections and mitigating their transmission. Staff understood the safe management of waste and hazardous substances. Safe and effective cleaning and laundry services will be provided when required by implementing the systems already 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	10	0	2	0	0	0
Criteria	0	82	0	3	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The seven-member board assumes accountability for delivering a high-quality service and is inclusive and sensitive to the cultural needs of Māori. All trustees have completed education on Te Tiriti o Waitangi, cultural safety, equity, and unconscious bias. The CEO and GM are fully informed about their legal, contractual, and regulatory obligations including the requirements of Ngā Paerewa. The board are kept informed about all operational matters, including changes to service delivery, the quality and risk system, and progress toward achieving equity for tāngata whaikaha (people with disabilities), Māori and Pasifika.</p> <p>The strategic and annual business/quality/risk plans outline the purpose, values, scope, direction, and goals of the organisation. These documents describe annual and longer-term objectives and are linked to operational plans. A sample of monthly reports to the trust board confirmed that quality data such as incidents, including falls, pressure injuries, infections, behavioural events, and restraint is presented for discussion. Key performance indicators and any emerging risks and issues, including potential inequities are used to monitor performance.</p>



	<p>The organisation works in partnership with a group of tau iwi, who provide guidance and advice on cultural safety and Te Tiriti. The CEO also confirmed that services are delivered safely and appropriately for tāngata whaikaha to facilitate improvement in their health outcomes and achieve equity. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery.</p> <p>The CEO has been in the post for more than 20 years and has well-established connections within the aged care sector. Day-to-day service delivery and operations are managed by the GM who is a registered nurse with managerial qualifications. This person has been in the role for 14 years. Responsibilities and accountabilities are defined in their job description and individual employment agreements.</p> <p>The service provider holds contracts with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato ) for aged residential care-hospital medical, geriatric, rest home and secure dementia care with a maximum capacity of 62 beds, plus 12 apartments (total 74 beds), that have been approved as suitable to deliver rest home or hospital care. The agreement includes provision for respite/short stay and Long-Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. There were 57 residents on site the day of this audit: 24 rest home, 25 hospital, eight dementia plus an additional 11 people in the ORA apartments.</p> <p>The addition of 33 dual purpose beds in ORA apartments will bring the total bed capacity to 107. Of the total 33, only three would be suitable for couples.</p> <p>The current occupants of the 12 ORA apartments (eight approved for rest home and four as dual purpose) will be offered transfer to an apartment with the same floor layout and dimensions in the new building, at no cost to themselves. This includes one resident who is currently receiving rest home level care.</p> <p>The agreements for care services are clear and transparent and meet the</p>
--	---

		<p>requirements in the age-related residential agreement (ARRC).</p> <p>The approach, size and complexity of clinical governance is appropriate for the services delivered. Clinicians, managers and other heads of teams meet weekly to improve and be held accountable for the quality and safety of the health and disability services they provide. These meetings include consideration of unstable/deteriorating residents, new wounds/pressure injuries and/or any new infection events, and any other clinical concerns including safe staffing.</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 and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7).</p> <p>The proposed workforce plan for the 33 ORA apartments, is to initially appoint two more lifestyle coordinators which will be three in total. These staff are already employed. When residents require rest home or hospital level care, they will be allocated health care assistants (HCAs) to carry out care under the direction of the RNs, the clinical nurse leader and the nurse director.</p> <p>The service currently employs eight RNs including the GM, the nurse director and clinical nurse leader who are on site Monday to Friday and available after hours for clinical support and advice. Three more IQNs will have their NZ registration by February 2024, and four more are still in the process.</p> <p>A flexible RN roster allocates periods of time for each RN, who can choose to be in the facility to complete paperwork. This system means that there are often additional RNs on site, any day of the week at variable times. There is a sufficient number of HCAs employed to enable flexible hours to be allocated when the number of residents requiring care increases. This includes lead HCAs who have current first aid certificates, advanced medicine competencies, and are trained in the use of communication tools, such as SBAR (situation, background, assessment, recommendation). The service provider understood the safe staffing</p>

	<p>requirements in the ARRC. The new building is directly accessible from the existing care facility and the nurses' station. Based on the past three years of residents requiring care in the 12 existing ORA apartments, it is unlikely there will be a high demand for care beds. Since 2018, 15 ORA residents have required care, 12 of these were assessed as rest home level and three as hospital level care. All three of the hospital care residents opted to shift from their apartments to a room in the care facility.</p> <p>All RNs and lead HCAs are maintaining current first aid certificates so there is always a first aider on site. Senior care staff who are assessed as competent to administer medicines are rostered on each shift to support if there is a single RN on duty. Five RNs are accredited and maintaining competencies to conduct interRAI assessments.</p> <p>Allied staff, such as the resident support person (known as 'camp mother'), the diversional therapist and activities assistants, a physiotherapy assistant, cleaners, administrators, a gardener, and maintenance staff, are allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. An externally contracted provider ensures there are sufficient kitchen staff providing meal services. Laundry services are carried out daily under contract to an external provider with designated staff to manage delivery and despatch of linen and personal laundry. There have been no concerns with the provision of meals or laundry under these systems.</p> <p>Continuing education for staff is planned on an annual basis to support equitable service delivery. The training programme is overseen by a long-term employed staff educator (education facilitator) who is an approved moderator of Careerforce work-based training programmes and is a registered nurse with a current practising certificate. All new staff are expected to attend education and commence the National Certificate in Health and Wellness registered by the New Zealand Qualification Authority (NZQA) to meet contractual requirements and best-known practice.</p>
--	---

		<p>The organisation supports people’s right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. All staff have attended at least one educational session on Te Tiriti o Waitangi, implicit bias, health equity and cultural safety.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, current visa, proof of vaccination status, and confirmation of qualifications before an offer of employment is made.</p> <p>Staff records sampled confirmed the organisation’s policies are being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. New position descriptions have been developed for the role of Lifestyle Assistant. This replaces the previous description of ‘apartment support’ person.</p> <p>Records are maintained that confirmed all regulated staff and contracted providers have proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, the Pharmacy Council, and the Physiotherapy and Podiatrist boards.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation. (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>All new staff engage in a comprehensive orientation programme, tailored for their specific role. The three new lifestyle assistants have been oriented; one has been in the role of apartment support person for 20</p>

		<p>years.</p> <p>Formal performance appraisals occur at least annually, and staff confirmed they have engaged in a performance review for 2023.</p> <p>Staff receive ongoing support, debrief and mentoring regularly and as required after incidents, through one-to-one meetings and via the contracted employment assistance service.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The same medication systems that are in place in the existing rest home/hospital/dementia unit will be implemented in the care suites. The medication management policies are in line with the Medicines Care Guide for Residential Aged Care and meet current legislation. An electronic system for recording the dose, frequency and time of administering prescribed medicines will be used. Only staff who have been assessed and confirmed as competent to perform the function they manage will administer medicines. There is a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medicines, including controlled drugs will be stored safely and required stock checks completed. Medicines including any controlled drugs will be stored in the medication/treatment room on the ground floor. The room is temperature controlled. There will be no vaccines stored on site.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation currently occurs and will continue in the same way for residents requiring care in the care suites. Medications are regularly checked to ensure they are within current use-by dates. Pro re nata (PRN) medications, when used, will be evaluated for their effectiveness. There is a process in place to address any medication errors and minimise the risks of recurrence.</p>

		<p>Prescribing practices meet requirements. GPs will be reviewing care residents' medicines every three months and recording this on the medicine chart. Standing orders are not used at Resthaven. Over-the-counter medication and supplements will be considered by the prescriber as part of the person's medication.</p> <p>Self-administration of medication will be facilitated and managed safely. Residents are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services are provided by an external contractor. Food will be prepared on site in the new purpose-built kitchen. The food provided is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 2 May 2023. Recommendations made at that time had been implemented.</p> <p>The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in November 2022 and is due for re-audit in May 2024.</p> <p>Any resident requiring meals services will have a nutritional assessment, with their personal food preferences, cultural, special diets or modified texture requirements being copied to kitchen staff. As well as the main kitchen there will be a café on site. All residents will be provided opportunities to request meals of their choice.</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</p>	PA Low	<p>The building will not have a code of compliance issued until all works are completed in late January 2024. Inspection of the internal and external environments revealed no concerns. The grounds are still under development. The landscape plans include flat walking surfaces, safe and suitable seating, ramps and handrails and shade options provided.</p>

<p>Māori-centred and culturally safe for Māori and whānau.  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>Plant and equipment is being well maintained and new equipment to promote independence and mobility is acquired as needed. Records and receipts sighted confirmed at least annual checking, tagging and testing, and calibration of electrical devices and medical equipment. For example, testing and tagging of all plug-in electrical equipment by a registered electrician in July 2023 and safety checks of hoists, electric beds, sit-on scales, and calibration of thermometers and blood pressure monitors by the supply company in June 2023.</p> <p>The configuration of apartments is as follows</p> <ul style="list-style-type: none"> <li>• Level 3 – (Top floor) five apartments (three with 2 bedrooms)</li> <li>• Level 2 – eight apartments (four with 2 bedrooms)</li> <li>• Level 1 - eight apartments (four with 2 bedrooms) plus eight studio apartments</li> <li>• Ground floor - 4 studio rooms</li> </ul> <p>Each apartment's main bedroom is large enough to accommodate lifting equipment and easy manoeuvring. There is provision for an overhead ceiling hoist to be installed if required, and each has at least one accessible bathroom. Hot water temperature monitoring of outlets in the apartments of care residents will be added to the regular testing plan when required. Daily inspections of equipment and the environment is occurring. Where hazards are identified, these are added to the hazard register and urgent or non-urgent maintenance requests are logged. Interviews confirmed that remedial or preventative maintenance occurs in a timely manner.</p> <p>The spaces within each apartment are light-filled, warm and well-ventilated by large opening windows/door and individual heat pumps or wall heater. Hallways and bathrooms are installed with electrical heating units.</p> <p>Construction and design of the new building involved tau iwi at all stages.</p>
---	--

		The décor of the new environment reflects the aspirations of Māori.
<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>	PA Low	<p>An application has been made to Fire and Emergency New Zealand (FENZ) for review of the previously approved fire evacuation plan from 2014.</p> <p>Emergency, natural disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There will always be at least one staff member with a current first aid certificate on site. Lifestyle assistants will have first aid, as do all RNs and lead HCAs. Emergency plumbers, electricians, senior managers and/or the CNL and nurse director are available on call after hours. Staff interviewed said that after hour calls were always answered and that clinical advice and assistance was available 24/7.</p> <p>An adequate amount of food, water, and medical supplies was being stored on site. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Equipment and resources for use during a power outage or environmental disaster were sighted and confirmed as available, for example, a plug-in generator, sufficient accessible water, a barbeque for cooking, and additional blankets for warmth.</p> <p>Trial fire evacuations have not yet occurred, these are scheduled for January 2024. Once fire suppression systems and equipment are fully operational, audits will be carried out by contracted services at regular intervals. Any residents in the new areas who require special assistance during emergencies (such as young people with disabilities, and older people with mobility issues and/or confusion) will be added to the existing emergency evacuation register.</p> <p>Call system points are installed in bathrooms, bedrooms and the main</p>



		<p>living areas and all residents will be issued alarm pendants with GPS tracking that can identify which floor they are on. Security arrangements include swipe keys for access to apartments. Staff wear uniforms and name badges so that they are easily identifiable. Automatic external doors and windows are locked at dusk. All visitors are required to sign in and provide proof of identify if they are unknown to staff.</p> <p>All staff are familiar with emergency and security arrangements. There are no residents in the new building. Guidelines/information sheets for emergency and security procedures are developed along with all other policies required for retirement villages, which will be provided in the welcome packs.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, approved by the governing body, linked to the quality improvement system, and were being reviewed and reported on yearly. Resthaven has IP and AMS outlined in its policy documents. This is supported at governance level. Clinically competent specialist personnel make sure the IP and AMS are appropriately implemented and managed throughout the facility.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waikato. Infection prevention and AMS information is regularly presented and discussed at full staff meetings, RN meetings, at clinical governance meetings, and to the board.</p> <p>The service is collecting data on infections and antibiotic use including the ethnicity of residents with infections.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained</p>

		accordingly.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The nominated infection control coordinator (ICC) is responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the GM. The IP and AMS programmes are linked to the quality improvement programme and are reviewed and reported annually. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought with regard to the building design and they are involved in reviewing and developing IP policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural practices and knowledge about infection was accessed through the cultural group and local iwi. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide ICC infection advice in te reo Māori if needed for Māori accessing services. Educational resources were available in te reo Māori.</p> <p>Resthaven's pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use.</p> <p>Residents and their family/whānau will continue to be educated about infection prevention in a manner that meets their needs.</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>FA</p>	<p>Resthaven has a documented Anti-Microbial Stewardship (AMS) programme in place which is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body.</p> <p>Policies and procedures comply with evidence-informed practice.</p> <p>The effectiveness of the AMS programme has been evaluated by monitoring the quality and quantity of antimicrobial use. Subsequent identification of areas for improvement has led to a reduction in the use of antibiotics.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>There are established infection surveillance systems in place which are appropriate for long-term care facilities and in line with the priorities defined in the infection control programme. Any apartment resident under care who develops an infection would be added to the surveillance programme. Resthaven uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are being reported to the Trust board, management, and shared with staff. Surveillance data includes ethnicity data.</p> <p>Documented processes which facilitate culturally safe and clear communications with residents and their family/whānau, are implemented.</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>Each apartment has a laundry installed with washing machine and drier. If an apartment resident requests a support package that includes laundry and cleaning this would be provided according to the documented policies and processes and systems already in place. These include the management of waste and infectious and hazardous substances.</p> <p>All laundry is cleaned off-site including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. The new apartment block has designated laundry storage areas for collection and drop off. These are clearly separated for the handling and storage of clean and dirty laundry.</p> <p>Maintaining a clean and hygienic environment supports the prevention of infection and transmission of antimicrobial-resistant organisms at Resthaven. Suitable personal protective equipment is provided to those handling contaminated material, waste, and hazardous substances, and to those who perform cleaning and laundering roles.</p> <p>There is designated storage for cleaning chemicals and cleaning equipment that is safe and secure. The same cleaning chemicals will be used. These were labelled and stored safely, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities are installed in all apartments and studio rooms as well as cleaning, medication, and food servery areas. These areas will also be provided with sanitizing gel.</p> <p>Laundry and cleaning processes are already regularly monitored for effectiveness. Staff involved in cleaning and laundry have completed relevant training.</p>
---	-----------	---

# Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>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.</p>	PA Low	<p>The building structure, internal walls, doors and floor surfaces are in place on each level. Kitchen and laundry appliances are installed in the apartments. Balustrades on external decks were still being secured into place. The ground floor commercial kitchen had not been fully fitted out but working benches, the servery, chiller and cold storage and other store spaces were obvious. There is a large undercover storage area for waste to be collected from, and laundry bays separated for clean laundry drop off and dirty laundry pick up on the ground floor. The café/dining, family room and recreational lounges were still to be decorated and furnished.</p> <p>The building code of compliance cannot be issued until all construction is complete which is due in late January 2024.</p>	The building does not have a code of compliance.	<p>Provide proof of a building code of compliance.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Low</p>	<p>A reviewed fire evacuation plan has been submitted to FENZ for approval. This is being managed by an external fire safety compliance agency. Fire suppression systems are installed. These include hardwired smoke detectors and sprinklers throughout all areas of the building. The building is also fitted with smoke stop doors as required under legislation.</p>	<p>The reviewed fire evacuation plan has not yet been approved by FENZ.</p>	<p>Provide evidence of an approved fire evacuation plan.</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>	<p>PA Low</p>	<p>All staff are trained to respond to emergency and security situations. Each RN, the lead HCAs and any staff responsible for resident safety are first aid certificated. This includes the three lifestyle assistants who will be designated to residents in the apartment building. Trial fire evacuations have not occurred. These are scheduled for January 2024.</p>	<p>Staff have not attended fire evacuation from the new building.</p>	<p>Provide proof that trial fire evacuations from the new building have occurred.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.