

Nelson Street Resthome Limited - Nelson Street Resthome Ltd

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:

Legal entity: Nelson Street Resthome Limited

Premises audited: Nelson Street Resthome Ltd

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 March 2024 End date: 14 March 2024

Proposed changes to current services (if any): Ranfurly Manor Limited Nelson Residential Care Centre is proposing to change the name of its legal entity to Nelson Street Rest Home Limited.

Total beds occupied across all premises included in the audit on the first day of the audit: 40

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

Ranfurly Manor Limited - Nelson Residential Care Centre is currently certified to provide rest home level care for up to 49 residents. This partial provisional audit was conducted due to a request that the legal entity name of the facility be changed from Ranfurly Manor Limited to Nelson Street Rest Home Limited. The facility continues to be owned and operated by parent company Promisia HealthCare Ltd. No other changes to its services are planned. The service is managed by a facility manager who is a registered nurse.

At Manatū Hauora's direction, the last (surveillance) audit report has been used. The report from this audit was used to support interviews and documentation reviewed during a virtual partial provisional audit conducted against relevant criteria in Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora Te Pae Hauora o Ruahine o Tararua). Residents and whānau interviewed during the previous surveillance audit stated that care is provided to a high standard.

Improvements required in the provision of first aid certified staff on each duty identified at the last audit have been addressed. No required improvements were identified during this audit.

Ō tātou motika | Our rights

Not applicable to this audit

Hunga mahi me te hanganga | Workforce and structure

Promisia Health and Care will be the governing body for the Nelson Street Rest Home once the name change is approved, and it will be responsible for the services provided. The directors work with the facility's manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

Staff are appointed, orientated, and managed using current good practice. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management policies and procedures reflect current good practice and legislative requirements. Medication is currently being managed electronically and administered by staff competent to do so. Effective medication management processes are already in place. There is a secure room for the storage of medication in the main facility and the temperature of this is monitored.

The food service meets the nutritional needs of the residents with cultural needs catered for. Food is safely managed.

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

The environment is safe and fit for purpose, and a current warrant of fitness was displayed. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflect cultural preferences.

Fire and emergency procedures are documented, and related staff training has been conducted. Emergency supplies were available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards were identified and addressed.

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

Ranfurly Manor Limited - Nelson Residential Care Centre currently ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It is adequately resourced and will not be changed under the auspices of Nelson Street Rest Home. The facility manager coordinates the programme, and they are involved in building and procurement processes. There was a pandemic plan in place which is assessed periodically.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's governance has approved the infection control and pandemic plan. Staff follow good principles and practice around infection control and were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken with follow-up action taken as required. Results were monitored and shared with all staff. Action plans were implemented as and when required.

The environment supports prevention and transmission of infections. Waste and hazardous substances were observed to be well managed. Safe and effective cleaning and laundry services were in place.

Here taratahi | Restraint and seclusion

Not applicable to this audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	12	0	0	0	0	0
Criteria	0	85	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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>	FA	<p>Ranfurlly Manor Limited - Nelson Residential Care Centre (NRCC) was governed by two directors of a private company. The service is now governed by Promisia Health and Care, a publicly listed company with four board members (directors). The directors are proposing a name change to Nelson Street Rest Home, severing its connection to Ranfurlly Manor Limited. The directors assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation.</p> <p>There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported at the surveillance audit by interviews with residents and their whānau, and with staff. The service complies with legislative, contractual, regulatory requirements, and international conventions, by contracting in specialist aged care policy and procedure and by being members of a national body dedicated to aged care. The directors have completed education on Te Tiriti, health equity, and cultural safety.</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction and goals for the</p>

	<p>organisation, with monitoring and reviewing of performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into levels of practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation; this will remain unchanged. A facility manager (FM) who is a registered nurse manages the service. The FM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>External support for Māori and Pasifika is available through a Māori liaison adviser who is employed by the service. This is supported by health plans to include specificities aligned with Te Whare Tapa Whā and Fonofale models of care, as well as health plans to support people from other ethnic backgrounds. Staff currently employed by Nelson Street Rest Home have completed health equity, equality, and diversity and inclusion training in 2023.</p> <p>A sample of functional reports to governance showed adequate information to monitor performance is reported. A monthly report was generated that outlines an overview of occupancy, health and safety, adverse events, infection control and antimicrobial use, internal audit, staffing and staff education, restraint and all other aspects of the quality and risk management plan. Critical and significant events were reported immediately. The management team also evaluates services through meetings with residents and their whānau, and through surveys from residents and whānau. The service already supplies these safeguards to the services being delivered in the facility and will continue to do so.</p> <p>The service holds contracts with Te Whatu Ora Te Pae Hauora O Ruahine o Tararua for aged-related rest home services, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), and adult mental health respite. On the day of the virtual audit, 38 residents were receiving rest home services, one on the LTS-CHC contract, and one on the adult mental health respite contract. No residents were receiving services under the short-term respite contract.</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 mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) with a first aid certified staff member on each shift. The facility adjusts staffing levels to meet the changing needs of residents. At the recent surveillance audit care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>Rosters reviewed showed that staffing for the facility comprises RN cover six days per week and on-call. Caregivers support the RNs: four in the morning, four in the afternoon and three on night shift. Activities staff are available to provide the recreation programme five days per week. Domestic (cleaning and laundry) and food services were conducted by dedicated staff seven days per week.</p> <p>At the recent surveillance audit:</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as medication management, infection control (including management of outbreaks, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service has also embedded cultural values and competency in its training programmes, including information on cultural safety, Te Tiriti o Waitangi, and Māori and Pasifika models of care.</p> <p>All staff who administer medicines are regularly competency assessed to ensure compliance with known best practice and safe procedures in medicine management. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Te Pae Hauora O Ruahine o Tararua. The FM, who is a RN, maintains interRAI competency.</p>
--	-----------	---

		Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Records were kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the NZNC, the NZ Medical Council, and the Pharmacy, Physiotherapy, and Podiatry Boards).</p> <p>The service understood 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. Ethnicity data was recorded and used in line with health information standards. There were currently Māori and Pasifika staff working in the service.</p> <p>There were job descriptions in place for all positions (including for restraint and infection prevention and control) which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All new staff engage in a comprehensive orientation programme tailored for their specific role, which includes being 'buddied' with a peer. At the recent surveillance audit staff interviewed confirmed that the orientation programme prepared them for their role, and they had annual performance reviews.</p> <p>Personnel records were accurate and stored in ways that are secure and confidential. Records contained information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data was recorded and used in accordance with HISO.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori</p>	FA	The medication management policy at Nelson Street Rest Home is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed during the audit. The system described medication prescribing, dispensing, administration, review, and

<p>to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>reconciliation. Administration records were maintained. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was documented.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were at the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine charts.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Self-administration of medication is facilitated and managed safely with appropriate assessments and administration records documented. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders are not used at Nelson Street Rest Home.</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</p>	<p>FA</p>	<p>The food service provided at Nelson Street Rest Home is in line with recognised nutritional guidelines for older people. Each resident had a nutritional assessment on admission to the facility. The health plan in place included cultural values, beliefs, and protocols around food. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this. During Māori Language Week and Waitangi Day, the cook</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>did a 'boil up' and cooked mussel fritters. A hangi was arranged to celebrate Matariki using a 'kai cooker'.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu was reviewed by a qualified dietitian on 13 March 2023 with no recommendations for change made. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 15 September 2025. No areas requiring corrective action were identified. The plan was verified for 18 months.</p> <p>Whānau are welcome to bring culturally specific food for their relatives. The residents and whānau interviewed at the surveillance audit expressed satisfaction with the food options available to them. Residents were noted to be given sufficient time to eat their meals in an unhurried fashion during the audit; those requiring assistance had this provided with dignity.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>At the recent surveillance audit:</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas, these were sighted, and all were in range.</p> <p>The building had a building warrant of fitness which expires on 8 July 2024. While a name change is being proposed for the service there are currently no other plans for further building projects requiring consultation. Nelson Street Rest Home directors were aware of the requirement to co-design and consult with Māori if this was envisaged in the future.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces</p>

		<p>are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. And care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>FA</p>	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 17 January 2017. The scheme requires fire cell evacuation, and this was conducted on 23 January 2024. Staff have been trained and those interviewed knew what to do in an emergency. All RNs and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7. Staff who take residents on outings away from the facility hold first aid certification.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. At the recent surveillance audit residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening, and these</p>

		allow egress from the building should an emergency situation occur. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. At the recent surveillance audit all staff were noted to be wearing uniforms and name badges during the audit.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Nelson Street Rest Home has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists at Nelson Street Rest Home can access IP and AMS expertise through Te Whatu Ora Te Pae Hauora O Ruahine o Tararua. Infection prevention and AMS information is discussed at facility level, at clinical meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control coordinator (ICC) is responsible for overseeing and implementing the IP programme, with reporting lines to the manager. The ICC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support of Te Whatu Ora Te Pae Hauora O Ruahine o Tararua IP clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. Cultural advice is accessible through the Promisia Health and Care Māori liaison adviser employed by the service. Policy and procedure and staff interviews at the recent surveillance audit</p>

		<p>demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment. Individual-use items were discarded after being used.</p> <p>The 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 interview. Staff had been trained in their use.</p> <p>The ICC was aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>At the recent surveillance audit staff at Nelson Residential Care Centre were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Residents and whānau are educated about infection prevention relevant to their needs. Staff who identify as Māori and speak te reo Māori can provide the ICC with infection advice in te reo Māori if needed for Māori accessing services. There were educational resources available in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Nelson Residential Care Centre has a documented AMS programme, appropriate to the size, scope and complexity of the service. The programme has been approved by the governing body and sets out to optimise antimicrobial use whilst minimising harm. Responsible use of antimicrobials is promoted. The AMS programme is overseen by the ICC nurse at facility level. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use at facility level to inform ongoing antimicrobial prescribing in the service.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and</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>analysis that included ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report included a summary of surveillance activities and areas for improvement. The report is shared with the staff, residents, and whānau. Results of the surveillance programme were also reported to the service's directors.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the ICC.</p> <p>There are culturally safe processes for communicating between service providers and people receiving services who develop an HAI.</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>At the recent surveillance audit:</p> <p>A clean and hygienic environment was sighted that supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Nelson Residential Care Centre. Suitable PPE is provided to those handling contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Staff were observed to be using this as part of their duties during the audit.</p> <p>Safe and secure storage areas for chemicals were available; staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Material Data Safety Sheets are available to staff for emergency use. Sluice rooms are available for the disposal of soiled water/waste. Hand-washing facilities and hand sanitisers were readily available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances, cleaning and laundry. The ICC has oversight of facility testing and the monitoring programme for the facility. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including residents' personal clothing. Evidence was sighted of commitment to cultural</p>

		safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to be carrying out their duties safely.
--	--	---

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.

No data to display

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.