

Dementia Specialists Limited - Brooklands Rest Home

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 BSI Group New Zealand Ltd, 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: Dementia Specialists Limited

Premises audited: Brooklands Rest Home

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

Dates of audit: Start date: 5 April 2024 End date: 5 April 2024

Proposed changes to current services (if any): There are three bedrooms in the dementia unit verified as suitable for dual purpose rooms when the secure door in the dementia wing has been removed and replaced further along the corridor. The total number of dementia unit beds decrease from 16 beds to 13.

The 12 rooms in the rest home is verified as suitable to provide for dual purpose care, this includes room number 10 which is a shared room. Room 8A (previously a couple's room) is suitable for dual purpose for a couple use. The bed numbers remain 30 and dual-purpose beds are now 17.

The service has been verified as suitable to provide hospital (geriatric and medical) level of care.

Total beds occupied across all premises included in the audit on the first day of the audit: 29

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

Brooklands rest home and memory care is an older style building built in the late 1980`s. The building is single level. The facility is currently certified to provide dementia level care for up to 16 residents and rest home level care for up to 14 residents.

A partial provisional audit was undertaken to verify the provider`s preparedness to provide hospital (geriatric and medical) level of care as part of their current services. The owner is knowledgeable around their contractual obligations. There are clear procedures and responsibilities for the safe and smooth transition of residents.

The audit process included a facility tour, a review of the transition plan including equipment requirements, draft roster, documented policies, and processes. The audit verified that three of the 16 rooms (currently part of the dementia unit) are suitable to become dual purpose (rest home and hospital) beds once the secure doors are removed. The dementia beds will decrease to 13. There are 15 rooms (including two double rooms) in the rest home which were verified as suitable and appropriate for providing dual purpose care. The number of dual-purpose beds will be 17. The overall bed numbers remain 30.

Improvements are required around recruitment of registered nurses, completion of staff orientation to hospital level of care, the medication room, level entry through doors for wheelchair access.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The strategic plan includes a mission statement, values, and business objectives. There is transition plan around the safe transition of residents to and within the facility. The clinical services manager oversees the service in the absence of the facility clinical lead.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics suitable for hospital level of care. Healthcare assistants are supported to complete the required qualifications in health and wellbeing. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level and increase in numbers.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. There is a secure medication room. The registered nurses and medication competent healthcare assistants will be responsible for administration of medications. There is an appropriate planned induction plan documented.

All food and baking is prepared and cooked on site. Residents' food preferences and dietary requirements are identified at admission. There are documented guidelines for modified food. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. There is a current food control plan

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

There is a full-time maintenance person that is shared between two facilities. There is preventative maintenance work sheet in place. Hot water tests have been completed. There is a current Building Warrant of Fitness in place.

Spaces within the unit can accommodate family/whānau. The transition plan documents requirements for equipment that is suitable to provide for hospital level of care. All resident rooms are single occupancy except two double rooms. Sufficient numbers of communal bathrooms and toilets are available.

There is a communal lounge and dining room and kitchen off the side of the lounge. The communal area is domestic and home like. There is access to a deck and outdoors with seating and shade.

The approved fire evacuation scheme is current. Staff will receive training around emergency management during the induction period. There is a call bell system. There are security procedures in place. There is space for medical equipment, continence products and PPE storage with shelving

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the management team.

The infection control coordinator is the clinical services lead. Education is provided to staff at induction to the service and is included in the education planner. Antimicrobial data is collated and monitored monthly. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information is used to identify opportunities for improvements.

There is a secure sluice. Laundry is done on site and visual inspection evidence a clear dirty to clean flow. Clean linen is transported in a hygienic way.

Here taratahi | Restraint and seclusion

Not audited.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	8	0	4	0	0	0
Criteria	0	81	0	4	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>Brooklands Rest Home and Memory Care (hereafter Brooklands) is located in New Plymouth, Taranaki. Brooklands is privately owned and provides rest home and dementia level care for up to 30 residents. On the day of the audit there were 29 residents: 13 residents at rest home level of care and 16 in the dementia unit. One resident in the rest home was funded under Accident Compensation Corporation (ACC). All other residents were under the aged related residential care (ARRC) agreement. This includes two shared rooms, one room occupied by two residents (not related), and one which was occupied by one rest home resident.</p> <p>The provider notified HealthCERT in July 2023 of their intention to decrease dementia beds from 16 to 13. These three bedrooms were verified as suitable for dual-purpose beds (once a secure door is moved). This will be the first phase of the transition plan as current residents in these rooms will move to Brooklands Care on Timandra, the sister facility (dementia only) and there are three residents waiting in the community to be transferred to hospital level of care.</p> <p>The rest home currently has 12 bedrooms (14 beds), including two double rooms which were also verified as dual-purpose rooms as part of this audit. The overall bed numbers remain at 30 with 17 dual-purpose beds</p>

	<p>and 13 dementia beds.</p> <p>There is a phased approach planned to hospital level care when current residents are assessed for a higher level of care or when a room becomes available. There were no current residents in rest home beds waiting for immediate change in level of care.</p> <p>The proposed change will happen as soon as improvements required are implemented and the funder endorses the transition. The funder has completed a visit prior to the audit. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.</p> <p>This audit was completed with an onsite tour of the environment, review of documentation, equipment requirements, staff roster, transition plans and interview with the Owner/director, operations lead, quality coordinator and clinical services manager (CSM) who is a registered nurse. This audit verified Brooklands Rest Home and Memory Care to be suitable to provide home and hospital (geriatric and medical) care upon completion of required improvements prior to occupancy and endorsement from the funder.</p> <p>The owner is an experienced aged care provider since 2016, owns two facilities in close proximity of one another. The owner has managed other aged care services including those facilities providing hospital level care prior to owning these facilities.</p> <p>Brooklands Rest Home and Memory Care has a current strategic plan 2021-2024 in place with clear goals to support their documented vision, mission, and values. The values espouse empathy, responsibility, respect, and teamwork. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā, and the De Hogeweyk care concept.</p> <p>The quality coordinator and operational lead were able to describe the company's quality goals. The service philosophy and strategic plan reflects a resident/whānau-centred approach to all services. There is a current business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully attained. The transition plan includes operational and quality objectives related to the requested services. Policies and procedures (clinical and non-clinical) has been</p>
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	<p>reviewed to ensure all is suitable for hospital level of care.</p> <p>The service has extensive iwi links through management, staff, and the cultural advisor for Health New Zealand Te Whatu Ora - Taranaki. The owner confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There was a meeting held with stakeholders including (but not limited to) residents, family/whānau, iwi representatives, Health New Zealand -Taranaki and Grey Power to ensure the requested change will meet the needs of the community. The owner demonstrated a good knowledge of the ARRC agreement contractual requirements, legislation and regulations pertaining to rest home, hospital, and dementia level of care.</p> <p>The working practices at Brooklands Rest Home and Memory Care are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The management and director have completed the Ministry of Health Foundation in Cultural Competency, and locally provided cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The service also offers to pay for te reo Māori and tikanga education for staff through a local provider.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed during the monthly combined staff/quality meetings. There are weekly management reports, monthly key performance indicator reports; the owner has direct access to the reports.</p> <p>The owner (sole director) communicates daily with the management team and is very involved in both facilities. The facility clinical lead (RN) works Monday to Thursdays (not available of the day of the audit) has managed Brooklands for more than three years. The facility clinical lead is supported by an operations lead with over 30 years aged care management experience, a part time quality coordinator, a clinical services manager (RN) and an experienced care team of healthcare assistants. The facility clinical lead and clinical services manager provide clinical governance oversight.</p>
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		<p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training, and ARC meetings.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The facility clinical lead, activities coordinator, clinical services manager and healthcare assistants hold current first aid certificates.</p> <p>The draft roster reviewed has a first aid trained staff member on duty 24/7. The recently employed RNs will complete this during orientation. The facility clinical lead is available Monday-Thursday. The operations lead is available Monday to Friday and are on call out of hours. An afternoon RN has been recruited for Monday to Friday. The provider is still in the process of recruiting a weekend RN for morning and afternoon shift and one for night shift. There are 16 HCAs that will work across the rest home/hospital and dementia unit. There is a separate roster for dual-purpose and another for the memory care unit.</p> <p>The draft transition roster provide sufficient HCAs for a phased approach for 1-8 residents and then 8-16. All HCAs are employed, and the roster provides flexibility to add staff when there is a change in acuity. The draft roster provides a mix of senior and junior staff. There is an RN rostered 24/7. There will be two morning and two afternoon HCAs allocated to the dual-purpose unit (phased 1-8 hospital level residents).</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. There are already training topics in place that cover increased medical needs. HCAs and current RNs have completed training in code of rights, palliative care, nutrition and hydration, wound management and pressure relieving strategies, pain management, catheter management, falls prevention management, communication with residents with sensory deficits and cognitive impairment, sexuality and intimacy, complaints management, safe food handling, informed consent , infection control, abuse and neglect, health and safety and fire procedures.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual</p>

		<p>competencies for restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling and these have been completed.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently ten staff members have attained an NZQA level 3 or above qualification. Of the sixteen HCAs, all have attained the required dementia standards, except two (IQNs).</p> <p>The clinical services manager and RNs complete the same competencies as other care staff, as well as an interRAI assessment competency. The clinical services manager and RN for afternoons have a syringe driver competency. There are two RNs currently interRAI trained.</p> <p>The current GP/NP service is available after hours and is supportive of the change. There visits to the provider will be according to the contract and include regular visits when required. There is a physiotherapist contract in place to meet the needs of hospital level residents and to assist with transfer plans. Podiatry services are in place on a contract. The pharmacy will continue to supply medications and will provide assistance with the audit of control medication registers.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. There are resources available for staff to access for their cultural training. Staff/quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. There is an employment assistance programme in place.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of completed staff orientations, and annual appraisals were sighted. Current practising certificates are maintained.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Individual files are kept for each staff member</p>

<p>needs of Māori. 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>on an electronic platform. The service validates professional qualifications as part of the employment process.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. Orientation has been planned for staff prior to admitting hospital level residents. Newly employed RNs will complete competencies including syringe driver, medication competencies at this time. The newly appointed RNs will complete interRAI training when next available. Competencies that are required to be completed by staff at induction includes: medication; Medimap (electronic medication system); safe moving and handling; infection prevention and control; hand hygiene; cultural competency; and restraint. Staff induction also includes palliative care. All staff except the recently employed RNs have first aid certificates, a review of the roster evidenced there is a first aid person on the roster for all shifts. The existing staff are yet to complete an induction related to policies and procedures related to hospital level of care and equipment training.</p> <p>The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information supporting health equity and cultural safe care is available. The service support staff to learn te reo.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service promotes a diverse workforce.</p> <p>The service has implemented policies related to a debriefing process following incidents. There are staff well-being support programmes in place.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their</p>	<p>PA Low</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who currently administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The facility clinical lead, clinical services manager, and afternoon RN (weekdays) have completed syringe driver training. All other RNs are required to complete syringe driver and medication</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>competencies as part of their orientation.</p> <p>Staff were observed to be safely administering medications. The service currently uses robotic rolls for regular medication and blister packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>There is one medication room. Medications were appropriately stored in the facility medication room and locked trolley. Visual inspection of the medication room evidenced clutter with archived files and continence products. There is appropriate shelving, but not a bench to ensure safe preparation of medication. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. There is a handbasin situated directly outside the medication room with flowing soap and handtowels.</p> <p>All medications are checked in fortnightly from the pharmacy. All eyedrops and ointments have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, have been reviewed and prescribed by the GP or NP.</p> <p>The service utilise an electronic medication system. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. Medimap medication audits are completed monthly to ensure medication charts meets legislative requirements. There were no residents self-administering medications; however, there are policies and procedures in place should a resident wish to administer their medications. There are no vaccines are kept on site and no standing orders are used.</p> <p>The clinical services manager described updating residents and relatives of medication changes, including the reason for changing medications and side effects. There is a documented process in place for working in partnership with any potential Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There is a wound trolley with wound care products.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a qualified chef and overseen by a food services lead. All meals and baking are prepared and cooked onsite. A visual inspection of the kitchen was completed, and the food services lead interviewed. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires 25 June 2024. The four weekly menus has been approved and reviewed by a registered dietitian in November 2023. There is a process and guidelines to puree food and prepare modified food. The food services lead have understanding of the International Dysphagia Diet Standardisation Initiative (IDDSI). Food is plated and served directly to residents in the adjacent dining room and delivered to the dementia unit dining room. The dining room in the current rest home area is of adequate space to accommodate hospital level residents.</p> <p>There are kitchen hands on a morning shift and afternoon shift. The chef receives resident dietary profiles electronically via the resident management system and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature before serving to residents. The internal audit schedule includes a food service audit. The servery area is secure, is fully functional with all appliances and dishwasher tested for compliance. Dishes are washed in the servery. Chemicals are stored safely.</p> <p>Special equipment such as 'lipped plates' are available; however, built-up spoons, insulated lids for tray services, and beaker cups will be purchased as part of the transition plan. Snacks are available 24/7.</p> <p>Family are provided with opportunities to provide feedback on the meal service through family meetings and annual surveys. The food services lead stated they are involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is</p>

		<p>substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.</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>PA Low</p>	<p>The facility is built across one level in the late 1980`s. There is a building warrant of fitness expiring on 27 November 2025. The service has all equipment for the facility in place or storage. There is an equipment list for clinical and pressure relieving equipment to be purchased. The maintenance schedule includes checking of equipment. All equipment has been checked as part of the current maintenance schedule in November 2023 and new electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. There are environmental audits and building compliance audits, which has been completed as part of the internal audit programme. There is a full-time maintenance person that shared his time between the two facilities. Reactive and preventative maintenance is in place. Hot water tests have been completed in all resident areas. Essential contractors/tradespeople are available as required.</p> <p>The facility is homelike with a ramp to the front of the main door. There is a lip on the outside of the door that does not provide safe wheelchair access. When entering the main door there is a reception area for visitor sign in. There is a central nurse` station overlooking the main entrance. There is secure access to the kitchen from the main area. Within the main area is a domestic type of lounge and dining room with furniture suitable for all levels of care. The transition plan documented evidence lazy boys and electric beds purchased and in storage to ensure smooth transition of residents in a phased approach.</p> <p>There is currently a 16-bed dementia unit. When entering through the main area, the secure dementia unit is off to the right past the kitchen, dining room and lounge. The first three rooms (room 12,12A and 14) were requested to be verified as dual-purpose rooms. These rooms were verified as spacious enough to provide care for rest home and hospital level residents. The residents will have access to a communal shower (large enough for a shower chair) and mobility toilet in the rest home/hospital wing (accessible past the kitchen, lounge, and dining room. There is a small toilet next to room 14, spacious enough for a mobility</p>

	<p>walker and shower chair. There is a risk management plan that includes (but not limited to) maintaining resident's dignity and respect. Updated policies include the '4A5 Guidelines to Privacy and Dignity policy' and policy '6B1 Hygiene and Grooming policy' guides staff when transferring residents on a wheelchair or shower commode. Guidance includes the use of a shower cape that covers the body and the equipment. The policies states ` Resident is appropriately covered and dry when moving through common areas` and `Ensuring Residents are appropriately covered, warm and dry whilst moving between showers and rooms which includes through common areas and ` Moving Resident through common areas at appropriate times i.e. when it is quite and avoiding mealtimes and when activities have commenced` and `Moving Resident through common areas at appropriate times i.e. when it is quiet and avoiding meal times and when activities have commenced`.</p> <p>There were 14 beds (including two double rooms) in the rest home that were verified as suitable for dual purpose use.</p> <p>There are 10 resident rooms (room 1,2,3,4,5,6,7,8,9,11) in the rest home that is standard size and spacious enough to provide for sufficient manoeuvring of mobility equipment and two caregivers. The corridor provides for enough space for movement of equipment and residents movement.</p> <p>There is a communal shared lounge and dining room currently used by rest home residents with easy access from either side of the building. There is a transition plan to mitigate to ensure the dining room and layout allows for easy navigation and supervision of residents the consideration of the rearrangement of furniture to minimise congestion and allow for wheelchair access.</p> <p>Room 10 (double room) is more spacious and is currently shared by two residents. There are privacy curtains and two call bells. Furniture is arranged for safe movement. The room is verified to be suitable for rest home and hospital care.</p> <p>Room 8A (double room) is the same size as room 10 previously occupied by a couple. Room 8A is spacious and provides sufficient space to be shared. The room was verified as suitable to provide rest home or hospital home level of care for two residents. The call bell allows for a split call bell and privacy curtains can be installed.</p>
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	<p>There are two communal showers and two toilets that are sufficient for the number of residents in the wing. There are privacy locks on all the doors to ensure privacy. The showers are able to accommodate shower /tilt chairs. Flowing soap, hand gel dispensers and paper towels are installed in all areas. Taps are of traditional appearance and are easy for residents to use.</p> <p>There is a kitchen adjacent to an open plan main dining room/lounge. The homely environment supports the provider's model of care.</p> <p>There is a nurses` station near dining room/main lounge where staff can sit and provide for ease of supervision over the lounge areas. There are handrails in the corridor and toilets and showers to promote independence.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Door openings are wide enough and allow care to be provided and for the safe use and manoeuvring of mobility aids. The flooring is a mix of carpet and vinyl and provide for easy cleaning. All rooms have appropriate seating, wardrobe, and soft furnishings in place. Lazyboys and electric beds are in storage and will be use as residents transition to hospital level of care. There are appropriate heating within the rooms that can be individually dialled when required. There is appropriate lighting and a light above the bed. Rooms are light and windows have a security latch and stay on the inside. Rooms have appropriate call bells and plug in for sensor mats.</p> <p>There is adequate space in for storage of linen and continence products. There is space for medical equipment, hoists and personal protective equipment, storage with shelving.</p> <p>The external areas and gardens are well maintained and access by ramp. There is a deck area around the building. There are external lights. Seating and shade is available.</p> <p>The director is aware that consultation and co-design of the environments will take place in consultation with Māori, to ensure that they reflect the aspirations of Māori.</p>
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<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 emergency management policy outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>An approved fire evacuation plan was in place (dated 29 September 2017) on the day of the audit. There is no adjustments required to the fire scheme. A fire drill was last completed on 27 March 2024. There is a storeroom with civil defence supplies and outbreak kits and a first aid kits at the nurse station. There are processes documented in the policy to ensure the supplies are regularly checked. There is emergency water stored in 25 litre bottles in excess of 500 litres. Supplies are checked for expiry dates at regular intervals.</p> <p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme. The transition plan documented purchase for evacuation slings to be placed under mattresses on hospital level beds.</p> <p>Key staff are required to hold a first aid certificate. There is a first aider on the draft roster on each shift. All current staff hold first aid certificates, new RNs will complete first aid training on induction, this will occur during the orientation week.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The facility has access to a generator in the event of a power failure.</p> <p>There is a van onsite, and the provider also uses external contractors for residents` transfers. There is a policy that guides the transfer of residents.</p> <p>The call bell system is audible through the facility. Staff can summon one another in case of assistance required or emergency. Call bells are available in all resident areas, (i.e. bedrooms, showers, communal toilets, dining rooms).</p> <p>There is a security policy in place. The front door is accessible through an intercom system. There is CCTV in the building. Staff are easily identifiable with visitors sign in when entering the building.</p>
<p>Subsection 5.1: Governance</p>	<p>FA</p>	<p>The facility clinical lead (registered nurse) at Brooklands Care on Timandra (nearby sister facility) oversees infection control and prevention</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>across the service, with support from the quality coordinator. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subject to annual review by the management team, and infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. Infection control is part of the strategic and quality plans. The director receives reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand– Taranaki. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an infection control programme that includes a pandemic and outbreak management plan. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP and NP, laboratory, and Health New Zealand - Taranaki infection control nurse specialist should this be required. There are sufficient quantities of PPE available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff. The infection control programme is reviewed annually and is sufficient to provide care of hospital level residents.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their</p>

		<p>internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through meetings, and emails. Posters regarding good infection control practice were displayed in English, and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the operations lead. The management team and director would liaise with their iwi contacts should the design of any new building or significant change be proposed to the existing facility. Meetings have been held with iwi representatives and the wider community during the consultation phase of the proposed reconfiguration of beds.</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</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

appropriate to the needs, size, and scope of our services.		
<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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Brooklands infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, compared, and benchmarked with another similar external facility.</p> <p>Infection control surveillance is discussed at staff/quality, management meetings and is reported to the director. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Benchmarking is completed by the infection control coordinator and quality coordinator. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand-Taranaki for any community concerns.</p> <p>There has been two norovirus outbreaks (July 2023 and January 2024) and one Covid-19 in June 2023 since the last audit. The facility followed their pandemic and outbreak plan, outbreak meetings document lessons learned. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and families/whānau were kept informed by phone or email. Visiting was restricted. All communications documented between Health New Zealand- Taranaki, the Public Health team, residents, and relatives were performed in a culturally sensitive manner.</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</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. There is a sluice room with sanitiser in the dementia wing. There is a policy '7E2 'guidelines for handling and disposal of waste' that include transport of covered urinals and commode pans through the</p>

<p>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>communal area and secure dementia entrance to the sluice room; disposal of waste will occur in the toilets before transfer, the policy states ' Urinals and bed pans/commode will be transported to the sluice room on a dedicated trolley with shelves and doors and returned the same way'.</p> <p>The clinical services managers are confident that staff were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p> <p>Cleaning chemicals are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There are separate cleaning staff.</p> <p>All laundry is managed on site by a housekeeper seven days a week. There is a process of transfer dirty laundry to the laundry in the service area (basement). Clean laundry is transferred to the facility in clean covered linen trolleys. There is a clean folding area in the laundry and a basket system for personal clothing. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. The linen stock is sufficient, and the transition plan has made allowance for purchases as required. All equipment are on lease and regularly serviced by the manufacturer. Cleaning and laundry services are monitored through the internal auditing system. There are a separate area for hanging and access to the outdoors.</p>
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a draft roster in place with sufficient numbers of already employed HCAs. There is a morning and afternoon RN employed to cover Monday to Friday. The weekend morning, afternoon and night RNs are still being recruited. Interviews are in the process. There is a process in place to share staff with the sister facility should this be required in an event of short notice absences.</p>	<p>Registered nurses are yet to be employed to cover weekend shifts.</p>	<p>Ensure the roster provide for 24/7 RN coverage.</p> <p>Prior to occupancy 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>	PA Low	<p>There is a comprehensive induction programme in place to ensure safe clinical and cultural care. The induction process includes site specific induction in relation to fire and evacuation procedures, health and safety and security procedures, infection control, introduction to cultural awareness, and required competencies. All current staff</p>	<p>Staff already employed are yet to complete an introduction to the reviewed policies and procedures, new equipment and emergency/fire procedures related to hospital level care.</p>	<p>Ensure all currently employed staff complete orientation to the reviewed policies and procedures, new equipment and emergency/fire procedures related to hospital level care</p>

		are to complete an introduction to the new reviewed policies and procedures, new equipment and emergency/fire procedures related to hospital level care.		Prior to occupancy 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	<p>The services utilise an electronic medication system. There is a pharmacy contract in place. All current staff have medication administration competencies. There are equipment in place to ensure medications can be crushed where required. There are safe storage for supplements and ward stock. There is a medication room in the proposed dual-purpose area where all medications will be stored. The medication room is compact but can allow for two people to safely check medications. There is sufficient lighting within the room. There is appropriate shelving; however, the room was cluttered with continence products and archived files. There is a process in place for medication that has expired or not in use to be safely return to the pharmacy.</p>	<p>(i). The medication room was cluttered with files and continence products.</p> <p>(ii). There is currently no bench space to prepare medications safely.</p>	<p>(i). Ensure the medication room is de- cluttered from non-medication items.</p> <p>(ii). Ensure bench space is available for preparation of medications.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Internal hallways showers and toilets have handrails to promote independence. The rooms, shower and toilets provide for adequate space for the manoeuvring of mobility and transfer equipment. There is access to the deck and outdoors. The main door entrance and door at the end of the rest home wing between room 1 and 2 has a lip that does not promote easy wheelchair access.</p> <p>Rooms 12,12 A and 14 A are still part of the</p>	<p>(i). The main door entrance and door at the end of the rest home wing between room 1 and 2 has a lip that does not provide easy wheelchair access.</p> <p>(ii). Rooms 12,12 A and 14 A are still part of the secure dementia unit.</p>	<p>(i). Ensure all doors that lead to the outdoors provide safe wheelchair access.</p> <p>(ii). Ensure the secure dementia door is moved so rooms 12, 12A, and 14A are no longer part of the dementia unit.</p>

		dementia unit and were verified as suitable to swing to rest home/hospital level of care following removal of the secure door.		Prior to occupancy days
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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 audit.

No data to display

End of the report.