

Dementia Specialists Limited - Brooklands

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Dementia Specialists Limited

Premises audited: Brooklands

Services audited: Dementia care

Dates of audit: Start date: 12 October 2022 End date: 12 October 2022

Proposed changes to current services (if any): A renovated building that includes 28 beds for residents requiring dementia level of care was verified as part of this audit. The building had been on site for a different purpose prior to purchase and a complete upgrade of all services including electrical, plumbing, water etc and redesign and refurbishment of all rooms has been completed to ensure the building and site is fit for purpose. The service plans to open the first 18 bed unit with full facilities on the 25 October 2022 with a further 10 beds to be opened on 30 November 2022 depending on the outcome of this audit.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Brooklands Care on Timandra is owned and operated by Dementia Specialists Limited. This partial provisional audit was undertaken to verify a complete renovation of a building and site that will cater for 28 residents requiring dementia level of care.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora. The audit process included the review of policies and procedures, the review of staff files, review of the building, and interviews with management and staff.

The service is managed by an experienced facility nurse manager (registered nurse) and operational lead (non-clinical), both of whom have been appointed into the roles. They both have over 30 years' experience in aged care. They are supported by the director and quality coordinator. The building is in the process of being renovated and refurbished.

This audit has identified 12 shortfalls to be addressed prior to occupancy around the following: medication management; buildings, plant, and equipment that is to be fit for purpose; fire evacuation scheme; emergency systems; orientation of staff to the new

building; call bell system; security of the facility; civil defence equipment; protection from harm when handling waste or hazardous substances; and chemical storage.

Ō tatou motika | Our rights

[Click here to enter text](#)

Hunga mahi me te hanganga | Workforce and structure

Dementia Specialists Limited has one other facility close to this site that offers rest home and dementia level of care.

This new service has a total of 28 bedrooms with the partial provisional audit verifying the facility as being suitable for dementia care once shortfalls have been addressed prior to occupancy.

The service plans to open the first 18 beds with all facilities operational to support residents in place on the 25th October 2022. The remaining 10 bedrooms will be completed and opened on the 30 November 2022 depending on the outcome of this audit.

The service has a documented vision statement, values, and objectives. The transition plan is a working document with actions signed off when completed. The director, operational lead, facility nurse manager and quality coordinator each have extensive experience in their respective roles and in working in aged care.

There is a staffing and rostering policy. Human resources are being managed in accordance with good employment practice. All staff are required to complete an orientation and training as per the training plan. Staff have been employed to work in the 18-bed facility and are completing orientation at the sister site.

Ngā huarahi ki te oranga | Pathways to wellbeing

An activities programme is implemented at the sister site and this is expected to be taken to the new site for implementation. A diversional therapist has been appointed to lead and provide the programme. All meals are to be prepared on site. There are seasonal menus already in place at the sister site which have been reviewed by a dietitian. Cooks have been appointed. All kitchen equipment has been purchased. Residents' food preferences will be able to be accommodated.

Medication policies reflect legislative requirements and guidelines. The facility nurse manager, registered nurse and medication competent healthcare assistants will be required to administer medications. There is a medication room in the facility. An electronic medication system used in the other facility will be installed at the new service.

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

The building holds a current building warrant of fitness. Internal and external areas are currently being completed to ensure they are safe for residents with dementia. There are communal areas such as a lounge and dining area with a part of the lounge able to be closed off if there is a need for a quiet area. All equipment and furnishings are purchased.

Emergency and security services are to be completed. Wiring, plumbing, heating, and emergency services are in place and are yet to be operationalised.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control and prevention coordinator (facility nurse manager) has a job description in place and is responsible for coordinating education and training for staff. The infection control coordinator has completed annual training in the past year.

There is a suite of infection control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility.

Here taratahi | Restraint and seclusion

The policy in the service clearly states that restraint is not to be used in the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	10	0	4	0	0	0
Criteria	0	76	0	12	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The company is identified as Dementia Specialists Ltd with one director. The company has owned and operated an existing rest home and dementia unit close to this service since 2016 (referred to as a sister site). The director provides support and oversight of the service and the leadership and management team are made up of the operational lead, the facility nurse manager and input from the quality coordinator. An organisational chart is documented. All of the management team was present at the audit.</p> <p>This partial provisional audit was to verify a complete reconfiguration and refurbishment of a 28-bed dementia home. The facility will provide dementia level of care for up to 28 residents. There are six bedrooms that are able to be used for two residents in each. The first 18 beds and full facilities are ready for occupancy (noting that there are some shortfalls identified at this audit that are to be addressed prior to occupancy). The service plans to open the site and building 25 October 2022. A further 10 beds will be completed and opened on the 30 November 2022. There is currently a waiting list of approximately</p>

		<p>10 people in the community who have been assessed as requiring dementia level of care.</p> <p>The overall vision and values (equity, responsibility, respect, teamwork) are in place across both sites and are ready to be displayed at the new home. The value proposition is documented and states 'we care about you and who you are, your needs, culture, beliefs and lifestyle choices; we listen to you and provide quality services that are affordable and easy to access; our services have a personal touch and are tailored to meet your individual needs'. This statement is already displayed in a visible location. There is a strategic plan (sighted at the audit) that includes goals. The director reviews this monthly with the accountant and six-monthly with the banks and accountant. The strategic plan is relevant to this site. The management team attend the strategic meetings annually. There are management meetings monthly. All staff have been made aware of the vision and values during their induction to the sister service.</p> <p>There is a risk management plan that covers both sites, with a transitional plan in place that is currently being implemented. There is a quality and risk management plan that covers both sites, and this includes goals and key performance indicators. This is operationalised by the management team with the quality coordinator driving the implementation. The transition plan currently being used to drive the facility from building and site to occupation will be fully actualised after occupancy of the building.</p> <p>An experienced facility nurse manager is appointed to this new service. The facility nurse manager (registered nurse) has over 30 years' experience in aged care and has extensive experience in management roles. The facility nurse manager will provide clinical oversight of both facilities once this facility is fully operational. The operational lead is non clinical and works across both sites. They have 30 years' experience in aged care in roles that includes village manager and business manager.</p> <p>Interviews with the operational lead, quality coordinator, facility nurse manager and the director confirmed a commitment to supporting the</p>
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		<p>Ministry of Health's Whāia Te Ao Mārama Māori health strategies. The services facility nurse manager identifies as Māori and provides advice and support to ensure that there is Māori representation and collaboration with other members of the management team in business planning and service development. The director is part of the management team. The quality coordinator has worked previously in a Māori organisation, and the director was the general manager for Whare Aroha Home and Hospital in Rotorua which had a kaupapa Māori base. All signage (eg, way finding signs etc) are bilingual (English and Māori). Three staff recently employed to work in the dementia unit identify as Māori along with the facility nurse manager. The strategic meetings are held with the director and management team and there are discussions around Te Tiriti, health equity and cultural safety.</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>A staff rationale and skill mix policy is in place. The facility nurse manager and operational lead are available at the facility Monday - Friday. A part-time registered nurse has been appointed to work at the facility. The sister facility also has a clinical manager who can provide support if required. The facility nurse manager, clinical manager and registered nurse will be rostered to provide on-call services. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for potentially 18 residents with an additional roster in place for the full 28 residents.</p> <p>An initial roster has been developed for 18 residents. Eleven staff have been employed including two cooks, a diversional therapist, facility nurse manager and seven healthcare assistants (HCAs). This is sufficient to cover the initial roster. There are two HCAs rostered on duty in the morning, two in the afternoon and one overnight. At full capacity, there will be three HCAs on duty in the morning and afternoon and two overnight. The facility nurse manager will also be working on the floor initially while the service is being established.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule that has been</p>

		<p>implemented for staff on the sister site. New staff have already been orientated to dementia care at the sister site. The facility nurse manager delivers training. The orientation programme is specific to the job role and responsibilities. The education programme being implemented currently at the sister site is extensive and includes in-service training, competency assessments for medication, hoist training, and first aid. All staff employed to work at Brooklands Care on Timandra have completed first aid training. Healthcare assistants (HCAs) are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. The service has the following staff with dementia standards; six with level 4, four with level 3, six with level 2 and two with level 0. Staff with dementia standards will be rostered in the new service.</p> <p>In addition to in-service education, the facility nurse manager is interRAI trained. The HCAs have already completed medication competencies, hoist training, first aid, restraint, infection prevention and control and other relevant training.</p> <p>The management team have systems in place to collect and share high-quality Māori health information.</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 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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Four staff files reviewed (the facility nurse manager, two HCA, and one registered nurse) evidenced implementation of the recruitment process, employment contracts, police checking, and orientation programmes currently being undertaken.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is already maintained for all health professionals currently employed in the service i.e. the facility nurse manager, registered nurse, general practitioner, podiatrist, and pharmacy. The certificate confirming that the diversional therapist was appropriately qualified was sighted. There is an appraisal policy. All</p>

		<p>staff who have been employed for over one year will have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. All staff already appointed have been orientated at the sister site to roles, responsibilities, and policies. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Existing and new staff have not yet been orientated to the new facility (link 4.2.3).</p> <p>Information held about staff will be kept secure and confidential at the sister site. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes already set up for the sister site. Following any incident/accident, evidence of debriefing and follow-up action taken will be documented. There is also a focus on wellness for staff through the health and safety programme, described by the director and operational lead.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a diversional therapist (DT) appointed to work 20 hours a week. The DT has already a plan in place for the sister site and this will be brought over to Brooklands Care on Timandra. The weekly programme supports van outings (a seven-seater van already purchased), intellectual activities, arts and crafts, household activities such as folding laundry and setting tables, and singing to music. The programme supports spiritual activities. The facility nurse manager confirmed that the activity programme will be displayed on noticeboards. The facility nurse manager also stated that there is a focus on encouraging residents to continue to engage in the community. Documentation to complete activity assessments and 24-hour activity plans are already in use at the sister site. The facility nurse manager described a range of activities for residents who identify as Māori already in use for residents at the sister site.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management. No residents will be self-administering medication. There were no residents on site in the new facility. The facility nurse manager confirmed that there will not be any standing orders or vaccines stored on site.</p> <p>All HCAs and registered nurses will be able to administer medications and those already employed have been assessed for competency at the sister site. The facility nurse manager stated that staff will complete medication competencies annually.</p> <p>The service will use an electronic medication management system already in use at the other facility. Capability for use is not yet in place. Medications will be robotic packed for regular medication and 'as required' medications (blister packed or in original containers).</p> <p>The facility has one medication room and is expected to be locked. The room requires completion of furnishings including purchase and installation of a medication fridge, equipment to ensure the temperature is as per policy and set up of medications. The facility nurse manager states that any over the counter medication would be added to the prescription. The same processes around administration and management of medication would apply to Māori, with any treatment discussed with the resident at the time. Any alternative treatment would be encouraged eg, mirimiri.</p> <p>The facility nurse manager described being required to check medications on delivery against the medication chart with any discrepancies fed back to the supplying pharmacy. The electronic recording system is set up to record reconciliation.</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</p>	<p>FA</p>	<p>The director was interviewed and confirmed the appointment of two cooks who will cover seven days a week food services. They have both completed food safety certificates. Their role is to set up food services and oversee the on-site kitchen. All meals will be cooked on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level (currently in place at the sister</p>

<p>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>site). There were no recommendations in that review.</p> <p>The Food Control Plan has been registered for Brooklands Care on Timandra with the expiry date set for 25 June 2023. The registration applies for ready to eat meals and snacks. The director has planned for a review of the plan in December 2022.</p> <p>The service is described as being able to provide meals that cater for different ethnicities. A resident nutritional profile is expected to be developed for each resident on admission which identifies dietary requirements and likes and dislikes, and this will be provided to the kitchen staff by the facility nurse manager or registered nurse. The facility nurse manager stated that they will be able to meet the needs of residents who require special diets. Special diets and likes and dislikes will be put on the whiteboard which was ready to go up on the day of audit. Special equipment such as lipped plates and adapted cutlery will be purchased as residents require this.</p> <p>There is a kitchen and large pantry area both of which will be locked. A locked cupboard for chemicals is to be installed. There is a dirty area for washing dishes with its own sink. A second basin for staff to wash their hands is located by the kitchen. The pantry has large storage bins for dry goods. There is a freezer and fridge on site. Cooking facilities include an electric oven with gas hob and a microwave. Stocking of the kitchen and pantry is to be completed. There are stocks of personal protective clothing including hats, aprons, and gloves.</p> <p>There is a kitchen manual, a recipe book and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance at the sister site, and these will be put in place in this facility.</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</p>	<p>PA Low</p>	<p>The building holds a building warrant of fitness which has recently been issued, expiry date 6 May 2023. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment has been recently purchased and will be installed on completion of painting and flooring.</p>

<p>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>Hot water temperatures will be monitored at 45 degrees Celsius or below. There are temperature limiting valves to moderate temperatures.</p> <p>The new building is a spacious facility that caters for 28 residents. There is a reception area, kitchen, communal areas such as lounge, dining areas and visitor toilets. There is a 'sun porch' at the end of the lounge which can be separated from the main lounge by doors. There are storage rooms, a sluice room that is operational and a linen cupboard. Each bedroom has its own hand basin. There is a laundry room with a designated dirty and clean area with separate doors to access and exit each area. Equipment and furnishings are ready to be put into the rooms.</p> <p>There are six double rooms. The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids. The outdoor area is currently being developed as a secure area with paving and gardens. Residents will have access to designed external areas that have shade. There are handrails that will be put in place throughout the facility including in hallways, bathrooms, and communal toilets.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. The new build is completed and fully furnished and ready for occupancy.</p> <p>The facility nurse manager has had input into the design of the environment to ensure that they reflect the aspirations and identity of Māori.</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</p>	<p>PA Low</p>	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. All staff employed have a current first aid certificate.</p>

<p>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>A review of staff files for staff who will transition to the new facility when opened confirmed that staff have completed induction that includes health and safety and emergency preparedness at the sister site. However, they have not yet been orientated to the new facility. The location of the main emergency control panel is in place but has yet to be activated.</p> <p>The new building has alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies will meet civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets including ensuites, and communal areas and is already activated.</p> <p>The fire evacuation plan has been submitted to the New Zealand Fire Service. Emergency equipment including egress, sprinkler systems, smoke detectors have been installed. The doors of the building can be locked, and security is relevant to the needs of the residents with staff planning to check on security of the building prior to dusk. Locking devices are already in place.</p> <p>The indoor and external environments are not yet secure for residents with dementia.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The annual infection prevention and control (IPC) plan is developed by the facility nurse manager with input from specialists as required. The programme related to infection prevention aligns with the strategic document and clearly defines all components of an antimicrobial stewardship programme. The organisational management team understand their responsibilities for delivering the infection control programme with the responsibilities, roles and expectations related to antimicrobial stewardship defined. The infection control programme is appropriate for the size and complexity</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>of the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The facility nurse manager currently provides oversight and monitoring of the IPC programme at the sister site and they are able to access advice and support from the regional hub, Public Health, and other services as required. The IPC coordinator (facility nurse manager) currently reports monthly with this escalated to the director for review and discussion. The same process will be put in place at this site.</p> <p>There are clear channels documented related to management of an outbreak.</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>There are a suite of infection prevention and control policies and procedures available to staff including outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. There are cleaning procedures related to reusable items including eyewear and cleaning of equipment and touch screens between use. The infection control programme is reviewed annually. The facility nurse manager has approved the policies and the infection control plan. The infection control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The IPC coordinator is the facility nurse manager who has already commenced in the new facility. The IPC coordinator has a signed job description that outlines the role and responsibilities of the role. The quality coordinator supports the IPC coordinator from a quality perspective. The IPC team currently meets monthly with this expected to be put in place at the new facility. Meeting minutes will be available to all staff. The IPC coordinator described their function as logging each individual infection with results and analysis of the data collated each month.</p> <p>The IPC coordinator described utilising the training, system, Ministry of Health (MOH) site and other resources available to them. The IPC coordinator has completed an IPC course which included</p>

		<p>antimicrobial stewardship, standard precautions, and outbreak management in the last year. Staff education around IP and C has already started for those employed. Staff education includes standard precautions, isolation procedures, hand washing competencies, and donning and doffing personal protective equipment (PPE).</p> <p>There is a documented pandemic plan which is available for all staff. All staff are required to be double vaccinated for Covid 19. Visitors are being asked to be double vaccinated or restrictions to visiting will be implemented around Covid, depending on MoH regulations and directions. PPE is ordered through the MoH portal with sufficient stock on site to open the facility.</p> <p>The refurbishment of the building has had input from the IPC coordinator. The service is planning to provide educational resources that are 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>The infection control programme is documented in a suite of policies. This includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The facility nurse manager stated that GPs implement AMS by requesting diagnosis evidence (eg, mid-stream urine) if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility and will be evaluated through the monthly reporting programme and benchmarking with other facilities.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Infection monitoring is the responsibility of the IPC coordinator. All infections are expected to be entered into the electronic database, which generates a monthly analysis of the data. There is an end of month analysis currently at the sister site with any trends identified and corrective actions for infection events above the target of key performance indicators. There are expected to be monthly comparisons of data between the two sites once this facility is occupied. Outcomes would be discussed at the infection control team</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>meeting. The service plans to collate ethnicity data along with IPC data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>PA Low</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available. Personal protective equipment including gloves, aprons and eyewear is ordered and will be available for staff throughout the facility. A sluice is located opposite the laundry and this is fully equipped. There is a locked cleaner's cupboard to be put in place. There is a clearly documented process to transport waste/incontinence/soiled linen from the rooms.</p> <p>Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p> <p>There are laundry and cleaning policies and procedures. Laundry services are to be completed on site. There is a defined dirty to clean flow in the laundry. The laundry is equipped with a commercial washing machine in the dirty area and dryer situated in the clean area room. The room is yet to be secured. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to residents' rooms and linen cupboards situated around the facility.</p> <p>The cleaner's trolley is purchased, however, chemicals are not yet put in place. Staff records confirmed that staff who will be transferred to the facility from the sister site have completed orientation around chemical safety.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The policy clearly states that restraint will not be used in the facility. All managers and the quality coordinator interviewed were adamant that restraint would not be used in the facility. The site will be secure</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>to meet the needs of residents with dementia. The facility nurse manager provides oversight of the service to ensure that restraint is not used</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	The medication room is set up with a storage unit and door. The fridge, medications and shelving along with a lock for the door are yet to be installed. A trolley is purchased and on site ready for use. A medication fridge and equipment to ensure the temperature is as per policy and set up of medications is yet to be put in place.	(i). The room requires completion of furnishings including purchase and installation of a medication fridge, equipment to ensure the temperature is as per policy, shelving and set up of medications. (ii). The medication room is not yet able to be locked. (iii). Wi-Fi and equipment for the medication management system is not yet completed.	(i). Complete the setup of the medication room. (ii). Ensure the medication room is secure. (iii). Install Wi-Fi and equipment for the medication management. Prior to occupancy day
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The</p>	PA Low	The buildings are decorated to include people’s cultures. Residents will be encouraged to decorate their own bedrooms. Wiring, water, and plumbing are in place; however, these are not yet	(i). Electrical, plumbing and water services are yet operationalised. (ii). A third of the rooms are almost ready for occupancy on the 25 October 2022 with essential services to be	(i). Operationalise electrical, plumbing and water services and systems. (ii). Complete the flooring, wall coverings, painting and decorating in the 18-bed facility.

environment is inclusive of peoples' cultures and supports cultural practices.		fully operational.	operationalised. Final completion will include flooring, wall coverings, painting and decorating.	Prior to occupancy day
<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>The external area is currently being paved with a circular pathway being put in place. Gardens and grassed areas are yet to be completed. A ramp has not yet been built. The last 10 bedrooms are yet to be completed. The director has stopped work (mostly) to this unit to focus on the 18-bed facility and the last 10 bedrooms will require completion of flooring, painting etc.</p>	<p>(i). The 10-bed area has yet to be completed.</p> <p>(ii). Landscaping and development of seating and shade for outdoor areas is not yet completed.</p> <p>(iii). The ramp off the back deck to the garden is not yet built.</p> <p>(iv). Handrails are not yet in place eg, in hallways.</p>	<p>(i). Ensure the 10 bedrooms are operational upon opening of the 18-bed facility.</p> <p>(ii). Complete landscaping of the outdoor area along with adequate paving and outdoor shade and seating.</p> <p>(iii). Build the ramp off the back deck to the garden.</p> <p>(iv). Install hand railings in relevant areas.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.1.4</p> <p>There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>	PA Low	<p>There are four communal toilets and three communal showers. These are yet to be fully completed.</p>	<p>Air extraction venting and the final completion in some areas of wall surfaces is still in the process of being completed.</p>	<p>Complete installation of extraction venting and the final completion in some areas of wall surfaces.</p> <p>Prior to occupancy day</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	A fire evacuation scheme has not yet been approved but has been submitted to the Fire Security Services. This has been verbally approved by the NZ Fire Service; however documentation to confirm this is yet to be sent to the facility.	A fire evacuation plan has not yet been approved in writing.	<p>Ensure there is an approved fire evacuation plan in place.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	Emergency policies are in place. Emergency systems are in place but not yet fully operational.	Emergency systems are in place but not yet fully operational.	<p>Operationalise emergency systems.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Staff have not yet been orientated to the new building. There is a plan in place to orientate staff to the new building and this will include training around emergencies and security relevant to this site.	Staff have not yet received appropriate information, training, and equipment to respond to identified emergency and security situations, including, fire safety and emergency procedures relevant to Brooklands Care on Timandra. A fire drill is yet to be completed.	<p>Ensure that staff receive appropriate information, training, and equipment to respond to identified emergency and security situations including fire safety and emergency procedures. Ensure a fire drill is completed.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	A call bell system has been put in place and is ready to be operationalised. The six double rooms do not all have a call bell at the head of each bed. There is one call bell in each double room which is sufficient in the case of a staff	The call bell system is not yet operational	<p>Ensure the call bell system is operational.</p> <p>Prior to occupancy day</p>

		member needing help.		
<p>Criterion 4.2.6</p> <p>Service providers shall identify and implement appropriate security arrangements relevant to the people using services and the setting, including appropriate identification.</p>	PA Low	<p>There are fences around the property; however, these are not high enough to ensure that residents are safe. Plans are in place to address these issues and work is in progress.</p> <p>There are plans to complete the last 10 bedrooms after the 18-bed facility has been occupied. There is a door that will be locked to prevent residents moving into the building site from the 18-bed area; however, this is not currently locked. Fencing has not yet been put in place to prevent residents from being able to access the external areas while building is completed.</p>	<p>(i). The facility is not yet secured to cater for residents with dementia. This should include internal locks, secure fencing and gates, and a gate to the driveway.</p> <p>(ii). Access to the 10-bed building site is not yet secure and plans to prevent dust and noise for residents are not yet actualised.</p>	<p>(i). Secure the facility (internally and externally) to ensure safety for residents with dementia. (ii). Secure the 10-bed site to ensure that residents occupying the 18-bed facility will not be able to access this. This will include ensuring that there are mechanisms to stop residents being affected by dust and noise.</p> <p>Prior to occupancy day</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	PA Low	<p>There are policies and procedures to describe civil defence management. Civil defence equipment is not all on site.</p>	<p>Civil defence equipment is not all on site.</p>	<p>Ensure that civil defence equipment is on site and is accessible to staff and managers.</p> <p>Prior to occupancy day</p>
<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from</p>	PA Low	<p>The facility nurse manager is aware of the need for personal protective equipment to be put in place along with material safety sheets. This is not yet in the</p>	<p>Personal protective equipment and material safety sheets are not yet in place in the facility.</p>	<p>Ensure that personal protective equipment and material safety sheets is in place in the facility.</p>

harm when handling waste or hazardous substances.		facility.		Prior to occupancy day
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	PA Low	There is a cleaner's trolley purchased and a room for storing chemicals. The room is not yet locked.	The chemical storage area is not secured.	<p>Ensure the chemical storage area is secured.</p> <p>Prior to occupancy day</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.