

Heritage Lifecare (BPA) Limited - Flaxmore Care 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Flaxmore Care Home

Services audited: Dementia care

Dates of audit: Start date: 15 December 2022 End date: 15 December 2022

Proposed changes to current services (if any): Reconfiguration to add Rest Home level care to the services provided. The service provider seeks to convert 12 of the current Dementia level care beds to Rest Home level beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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 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

Flaxmore Lifecare is owned by Heritage Lifecare (BPA) Limited and provides dementia level care currently for up to 47 residents. The service is managed by a Care Home Manager (CHM) who is supported by a part-time experienced registered nurse.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Service Standards and the provider's contract with Te Whatu Ora Nelson Marlborough. The audit process included review of policies and procedures, review of resident and staff records, observations and interviews with family, staff, the contracted GP and management. The regional manager for HLL was present at this audit.

The purpose of this partial provisional audit was to establish the preparedness of the provider to reconfigure the certified services provided at Flaxmore Lifecare by adding rest home level care to the services provided. The service proposes to convert 12 of the current 47 total beds to rest home level beds. On the day of the audit there were 26 residents total in the dementia service.

This audit identified two areas requiring improvement. The two areas relate to further care staff to be employed and an environmental finding to ensure the ongoing renovations to the rest home area, are fully completed prior to occupancy.

Ō tatou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The governing body and management team are responsible for delivering safe and appropriate care/services.

The purpose, values, direction, scope and objectives for Flaxmore Lifecare are documented. Objectives are reviewed during business planning processes annually. Performance is monitored and reviewed by the care home manager. There is a transitional plan for the proposed rest home service developed and being implemented.

The regional manager present at the audit was interviewed and stated that Heritage Lifecare Limited as an organisation, is fully committed to maintaining leadership and ensuring the quality and risk management system improves outcomes. Currently there are no barriers identified to achieve equitable service delivery for Māori and to meet the needs of people with disabilities however this is to be further reviewed by HLL. Family input is sought with surveys completed annually. The care home manager is well qualified and experienced in business management to manage this service and is well supported by the senior registered nurse and the regional manager.

There are two staff on duty at night and more during the morning and afternoon shifts. The CHM and RN are on call as is the contracted general practitioner. An additional three care staff are to be employed if approval is given for the configuration to occur.

Staff are provided with a detailed orientation and ongoing education programme relevant to the facility and level of care provided.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medicines are safely managed and administered by staff who are competent to do so.

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

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

The facility meets the needs of residents and was warm and clean. Some refurbishment and maintenance is ongoing. There is a current building warrant of fitness. Clinical equipment has current performance and clinical calibration. External areas provide seating and shade. Staff are fully trained in emergency procedures, use of emergency equipment and supplies and fire safety principles. Staff and families understood emergency and security arrangements for this secure dementia service.

Call bells are available in all service areas and individual residents' rooms. Renovations are not yet completed for the rest home area. Three rooms are fully completed in readiness providing adequate space, modern furnishings and furniture and comfortable beds. There are adequate bathroom and toilet amenities provided throughout the proposed 12 bed rest home service. Vinyl flooring has replaced the carpeted areas for accessible cleaning and for infection prevention purposes.

Each service has their own entrance within the facility. The rest home service will be separate from dementia service. Contractors/visitors sign in and out of the facility.

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

The RN and CHM at this home ensure the safety of residents and staff through planned infection and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection prevention control registered nurse leads the programme.

The infection prevention nurse is involved in the procurement process, any facility changes and has been overseeing the renovation of the proposed rest home care setting.

Staff demonstrated good principles and practice around infection prevention. Staff and families were familiar with the pandemic/infectious disease response plan and processes in place on the day of the audit.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The total environment including the proposed rest home area supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry and cleaning processes in place.

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	10	0	2	0	0	0
Criteria	0	82	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Flaxmore Lifecare provides an aged related residential dementia care service. The facility has been owned by Heritage Lifecare (BPA) Limited for four years. The care home manager (CHM) has been in this role for two years. Education reviewed evidenced a completed Master of business Management specialising in finance and the CHM has business management experience. Heritage Lifecare has an annual overarching business plan, followed by all service providers in the organisation. The care home manager is responsible for the business planning and setting annual objectives for this facility. The CHM is responsible for ensuring the day to day needs of residents are being met, staffing/human resource management, maintenance and quality and risk activities.</p> <p>The CHM is supported by a senior registered nurse (RN) part-time who also works as a clinical nurse specialist – gerontology) at Te Whatu Ora Nelson Marlborough. The RN has been covering for the last 15 months, as no registered nurse was available to cover this service. Section 31 notifications were sighted and had been previously sent through to HealthCERT and acknowledged. The appointment of the RN ensured</p>

		<p>this service remained open for the district. The RN has a current annual practising certificate and is interRAI competent. A clinical nurse manager has been appointed and is commencing on the 4 January 2023. The RN will continue to work part time at this facility ensuring appropriate clinical cover appropriate for this 24 bed facility and to meet the requirements of the contract.</p> <p>The CHM and the RN confirmed knowledge of the sector, regulatory and reporting requirements. The care home manager reports monthly to Heritage head office on all aspects of service delivery and reports were reviewed.</p> <p>Policies and procedures are developed, reviewed and updated by the Heritage Lifecare quality team. The documents have current referencing including those related to equity and outcomes for Māori. The CHM advised cultural support and advice for Māori residents would be accessed in the event this was needed.</p> <p>The regional manager interviewed, provided certificates of four Heritage Lifecare (BPA) Ltd.'s (HLL) governance team who have completed the Ministry of Health (MoH) 'Compliance with Te Tiriti o Waitangi requirements in Ngā Paerewa Health and Disability Service Standard NZ8134:2001'. Three completed this course and one other completed the 'Foundation Course on Cultural Competency' with Mauriora (Health Education Research) in 2022. The design of the facility ensures equity with residents who identify as having a disability. The environment is appropriate to those with a disability and is purpose built. Signage is appropriately displayed throughout this facility. There is Māori representation on the governance team.</p> <p>The service has a contract with Te Whatu Ora Nelson Marlborough for dementia level care including respite care. The total beds are 47 and on the day of the audit 26 residents were receiving care. The portfolio manager for this district has been working closely with this provider, due to the RN shortage and the low bed state for dementia care services. This is the reason for this reconfiguration to increase and maintain sustainability and to continue to provide ongoing continuum of care for these residents in the dementia care service.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented process for determining staffing levels and skill mixes to provide clinical and safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. On the day of audit 10 staff have diagnosed as having COVID 19 and 10 residents. Despite this adequate staff cover is in place. Cleaning and laundry are completed by the care staff over the 24 hours when resident care has been completed and some staff have specific dual roles of care and domestic duties. The administrator interviewed is the gateway to the facility and is managing all calls and visitors to the home during the outbreak.</p> <p>The CHM is on duty Monday to Friday. The RN and senior healthcare assistants cover the shifts. The RN is on call and the general practitioner (GP) interviewed is on-call 24/7 for this facility. There is also a nurse practitioner available to this service. All interRAI assessments are up to date. Currently one activities coordinator is employed and has been at this facility for one year and is enrolled to commence the diversional therapy course Level 4. An additional activities coordinator is commencing 15 January 2023. There is a first aider on all shifts. Six of 36 total staff are enrolled to complete the first aid course in 2023.</p> <p>Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, oriented and managed using current good practice.; A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff interviewed reported feeling well supported and safe in the workplace, including at the cultural level.</p> <p>Continuing education is planned both annually and bi-annually depending on the topic. Mandatory training requirements are identified, and relevant competencies have been fully completed by all staff. Staff education is recorded on the individual staff records reviewed. Topics relevant to the Nga Paerewa standards have been included in the competency calendar reviewed. Staff who administer medicines have completed medicine competencies. Food management training was last provided 18 January 2021. There is a range of initiatives that provides staff with support and a positive work environment.</p> <p>Reconfiguration: The CHM was interviewed. The RN will cover this area</p>
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		<p>of service delivery as well as the dementia care service. Additional care staff are to be employed to cover the rest home service. Staff will require orientation to this facility.</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>	<p>FA</p>	<p>Human resource management policies and procedures are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented for staff. Police vetting occurs. There are applicable position descriptions and current individual employment contracts. Records of professional qualification are on file and annual practising certificates (APCs) are checked annually for all health professionals including the GP, contacted podiatrist, dietitians and other health professionals.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least three days orientation/induction including where they are allocated to work with a 'buddy'. Additional time is provided as required. A checklist is required to be completed relevant to each role along with the generic facility wide checklist and health and safety checklist. Annual appraisals are completed for all staff by the CHM. The CNM will completed these when in this role.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this has occurred for applicable staff. All staff information on file is relevant, secure and retained in a confidential manner.</p> <p>Staff ethnicity is being collated and staffing is relevant to the ethnicity of residents.</p> <p>Staff advised they have been provided with a high level of support in relation to the COVID-19 pandemic with the input from the RN. Outbreak management processes are in place, on the day of the audit. The outbreak policy was available and was reviewed. The audit was being performed in the vacant rest home service allocated space. No contact was made with residents in the dementia care service at the time of the audit and minimal staff contact.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There is a medication management policy and procedure in place to ensure medications are managed and administered safely and in line with legislation, standards and guidelines including the new Ngā Paerewa Standard. There are stringent requirements related to many aspects of the management and administration of medications, that staff must adhere to. There is an annual competency programme which ensures all staff involved in medication administration are competent to do so. Medication administration competency forms were sighted. The RN has this responsibility to ensure the competencies are completed.</p> <p>The medication round was not observed due to the service being in lock down at the time of this audit. An HCA interviewed had a clear understanding of the role and responsibilities related to each stage of medicine management. Each staff member has an individualised log on and password to access the electronic system utilised. The GP and the contracted pharmacist check and review the medicines regularly and the date reviewed is recorded on the system. Reconciliation occurs on entry to the service or when residents are transferred from another service provider.</p> <p>Medicines are stored in a locked medication trolley inside the medication room. The controlled drug register was reviewed. Checks of controlled drugs are completed each week, and this was verified. Medications are supplied to the facility from a contracted pharmacy in blister packs for respite care residents and medication rolls for the long-term care residents every three weeks.</p> <p>Due to the nature of this service no residents self-administer medicines. Processes are in place in readiness should a rest home level care resident choose to self-administer their medicines. No standing orders are in place. Ten resident medication records were reviewed. Allergies and sensitivities if known were recorded. Families assisted with this information as required if possible. Appropriate support, advice and treatment for Māori is considered and cultural advisors are available from head office should this be required.</p> <p>Reconfiguration: A medication lockable trolley will be used for the rest home service. This will be stored in the nurse's station.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The purpose of the 'Nutrition and Hydration Policy' reviewed is to provide guidance to staff to ensure the nutritional and hydration needs of residents are consistently met. The RN completes a full assessment with the assistance of family on all food preferences, dietary needs, intolerances, allergies and cultural preferences of each individual resident on admission. A copy is provided to the kitchen staff. The cook has a job description. The CHM oversees the running of the kitchen. The CHM confirmed that snacks are available to cover the 24 hours seven days a week.</p> <p>There are two residents that identify as Māori and any special requests are catered for. There is one cook and kitchen hands employed in the kitchen. A kitchen hand covers the cook's days off weekly.</p> <p>Food was stored and the kitchen was clean. Records of temperature monitoring of food, fridges and freezers are maintained and documented. A registered dietitian (current annual practising certificate dated 31 May 2023) is available on a referral basis if required. The kitchen has keypad access as the door open into the dementia service from one side.</p> <p>The kitchen complies with current food safety legislation and guidelines. There is an approved food control plan for the service which expires 20 June 2023. Residents were not able to be interviewed but family interviewed, and surveys reviewed indicated satisfaction with the food service.</p> <p>Reconfiguration: The rest home has a designated lounge/dining room. The kitchen is located near the dining room. Assessments will be completed on all residents on admission in relation to nutritional needs. Choices will be made available for residents. No changes will be required to meet the requirements of this subsection.</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>PA Low</p>	<p>The environment in the dementia service was comfortable and accessible, promoting independence and safe mobility inside and some outdoors areas. The gardens were well maintained with appropriate seating and shade areas provided.</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>There is a current building warrant of fitness which expires 5 July 2023. All clinical equipment has current performance monitoring/calibration. This was completed February 2022. The testing and tagging of electrical equipment verified was completed 10 February 2022.</p> <p>There are handrails in the hallways and in the toilets and shower areas for resident safety. Electric heating is available in the dementia service. The dementia service now has a separate entrance for visitors and residents to access this unit.</p> <p>Maintenance in the dementia service has been ongoing. There is a facility vehicle (van) for resident outings, which has a current registration and warrant of fitness. There are adequate toilets and showers available for this 35-bed unit all in close-proximity, to the resident's rooms. All residents have their own individual rooms with an external window and natural light. There are no shared rooms. The occupancy on the day of the audit is 26 residents.</p> <p>Personalised equipment was available for residents with any disabilities to meet their needs. Spaces were culturally inclusive and suited the needs, including recreational and dining needs of the resident group.</p> <p>Renovation of the existing facility including painting and completion of the bathroom areas are still a work in progress. Furniture for the lounge/dining area and bedrooms and curtains have been ordered for the planned reconfiguration.</p> <p>Reconfiguration: No structural changes are required for this reconfiguration. Vinyl flooring has replaced the carpeted areas throughout the designated rest home service. Ceiling heaters are installed in all individual resident rooms with temperature monitoring available. A large capacity heat pump was visible in the lounge/dining area and in the sunroom. The entrance and administration office remains unchanged, and this will stay as the main entrance to the facility and rest home service. A nurses' station is available for the rest home service and is currently being set up appropriately. There are now three shared toilets and two bathrooms/two toilets in the rest home. There is a separate visitor/staff bathroom. There is a large sunroom which opens to the outside garden area. Access to outside gardens is also via the lounge/dining area which has large ranch-slider doors in place. All individual rooms are of a good size with a wardrobe and cupboard, vanity</p>
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		<p>unit, mirror and hand towel units. Large-framed prints are available for the wall decorations. There is adequate space for residents to walk freely around the rest home. The building is not new however, consideration had been sought to meet the needs and aspirations of Māori. Consultation for artwork for the walls throughout the rest home have been chosen appropriately to meet the needs of residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Plans and polices are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency, meet the National Emergency Management Policy recommendations for this region. This includes water, food supplies, extra blankets, lighting, a BBQ and gas bottle and other consumables.</p> <p>Staff interviewed and from the records reviewed have been trained and understand what to do in an emergency. There is always a staff member on duty with a first aid certificate.</p> <p>There is a fire evacuation plan that has been approved by the Fire and Emergency New Zealand (FENZ) in place dated 8 September 2006. The care home manager and regional manager stated that no changes are required to this plan for the reconfiguration as no structural changes have been made to the building or rest home area. The last fire drill and training was held on the 6 December 2022 and the evacuation report was sighted.</p> <p>Appropriate security plans are in place. The dementia service is a secure unit. Staff ensure the facility is locked and checks are made regularly. The rest home entrance will be through the main entrance with direct access to the rest home area. The door between the rest home lounge and the dementia service is now locked and has key-pad access. Rest home level residents will have adequate space inside and outside to mobilise freely.</p> <p>A call system is installed throughout the facility in all residents' rooms and in service areas.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported monthly to head office. The CHM confirmed that the RN keeps management well informed, and information is readily available at any time.</p> <p>The CHM reported there is prompt reporting of any new concerns. Management at organisational level are committed to both programmes and this is reflected in the policies reviewed. The RN discussed the IP activities occurring on site as detailed in this programme.</p> <p>The general practitioner interviewed provides the initial support and advice. The CHM and RN had advised the portfolio manager and staff at Te Whatu Ora Nelson Marlborough of the current COVID 19 outbreak. The RN is experienced in IP and knows to seek advice where clinically indicated from the hospital experts or laboratory staff as needed.</p> <p>The CHM advised there are multiple methods in place to communicate with staff of any changes in COVID-19 related risks and the management strategy.</p> <p>Reconfiguration: All IP strategies are in place as per the programme reviewed for this facility. The audit was managed effectively in line with practice for an infectious outbreak (COVID-19) with 10 staff and 10 residents affected today. Signing in and out of the facility and the audit was performed in the designated rest home area of the facility only. Appropriate personal protective resources were provided.</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</p>	<p>FA</p>	<p>The IP and AMS programmes are appropriate to the size of the service and have been approved by head office HLL. Both systems are reported on monthly to management. The review includes an assessment of the infection prevention data, training, infection prevention and control audits, policies and procedures. All policies are current.</p> <p>The role of the infection prevention nurse (IPN) is undertaken by the RN who liaises with the CHM and care staff. The IPN has access to external specialist advice from the GP, microbiologist with the contracted laboratory service, hospital infection prevention team as needed. A</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>documented role description including roles and responsibilities, is in place.</p> <p>Staff are made aware of any current acute infections during the daily handovers between each shift. There are processes in place to isolate infectious residents as required. Single use items are used for procedures and no equipment is sterilised onsite. Flaxmore Lifecare provides relevant training for all staff. There were adequate supplies of personal protective equipment (PPE) and hand sanitiser dispensers throughout the facility. Hand washing audits have been completed and this was verified. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>The outbreak management plan reviewed was being implemented on the day of the audit for an outbreak of COVID 19. Information and resources to support staff with managing COVID-19 was up to date. Testing was in place on the day of the audit. If required educational resources in te reo Māori would be accessed if required. The two Māori residents in this home fully understood English. The IP nurse has access to information as required.</p> <p>Configuration: The RN has been involved with the renovation of the 12-bed rest home service from the beginning, ensuring all infection prevention resources are in place and that adequate supplies are available in readiness for approval of this service.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship programme uses national guidelines and organisation wide policies and procedures. They are personalised and appropriate for use at this facility. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection prevention programme. It is relevant for the residents being care for at Flaxmore Lifecare. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff during staff meetings (sighted in minutes 27 October 2022 and 29 November 2022) and at handover, as well as the CHM and head office. There is organisational (HLL) data benchmarking in place. This information is reported back to the facility staff monthly.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for facility equipment indicated frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought through the family satisfaction survey and internal audit processes. Families were complimentary on the cleanliness of the facility. The cleaning is currently carried out by care staff on all shifts.</p> <p>Staff follow documented policies and processes for the management of waste, infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Company representatives provided ongoing education on products and material data sheets were available. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning trollies which are stored when not in use in a locked area.</p> <p>Laundry is undertaken onsite and is monitored for effectiveness. Staff involved have completed relevant training and carry out duties safely.</p> <p>Reconfiguration: Environment responsibilities for staff will not be changed with the new service. Cleaning and laundry responsibilities will be maintained as usual on a daily basis.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The current roster system for the last four weeks was reviewed. The RN works part-time and is very experienced in dementia level care and is interRAI competent. Four healthcare assistants are rostered on the morning and afternoon shifts and three healthcare assistants on the night duty for this dementia care service. Additional care staff are to be employed to cover the 12-bed rest home level care unit, which is separately located within the facility. All staff currently are competent in dementia level care. Staff interviewed stated that education is provided on an ongoing basis. All staff have completed the relevant dementia care training through an external provider as recorded.</p>	<p>Further care staff are to be recruited to ensure adequate cover for the reconfiguration of a 12-bed rest home service. Staff employed will only work in this area of service delivery. This unit is currently empty and is being fully renovated at the time of audit.</p>	<p>to ensure additional care staff are employed and orientated prior to occupancy.</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>	<p>PA Low</p>	<p>Three rooms were set up completely for the audit and meet all requirements. These rooms sighted are fully decorated, comfortable and modern in design. The interior decorating for the remainder of the rest home area is work in progress, on the day of the audit. Painting and bathroom interiors are not yet completed in readiness for this designated rest home area. The interior decorating of the individual rooms including the bathrooms requires completion prior to opening this area of service for rest home level care residents. Furniture and curtains/blinds are on order for the lounge, dining area and bedrooms.</p>	<p>The interior decorating for the rest home area including painting, completion of the bathrooms and furniture for the bedrooms, lounge and dining areas is yet to be completed.</p>	<p>To ensure all planned interior decorating and furnishings are in place prior to occupancy.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.