

Banbury Park Limited - Banbury Park

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:	Banbury Park Limited
Premises audited:	Banbury Park
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 April 2023 End date: 4 April 2023

Proposed changes to current services (if any): Banbury Park is a new purpose-built facility in Halswell Christchurch. The facility is across one level and includes a total of 61 dual-purpose (hospital and rest home) studio rooms. Two wings of 20 larger studio rooms (30 sqms) have been verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms. The total bed numbers will be 64. The service is planning to open on 1 May 2023.

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

Banbury Park is a purpose-built care facility within a new village in Christchurch. The facility is across one level and includes a total of 61 dual-purpose (hospital and rest home) studio rooms. Two wings of 20 larger studio rooms have been verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms. The total bed numbers will be 64. The service is planning to open on 1 May 2023.

The purpose of this partial provisional audit was to assess the preparedness of the organisation to open a new care centre. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing hospital and rest home level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

Banbury Park Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Banbury Park has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.

An experienced management team is employed to manage the new service. The facility nurse manager (registered nurse) has many years in managing aged care facilities, including another Qestral facility. A clinical nurse manager has recently been employed to support the facility nurse manager.

The corrective actions required by the service are all related to the completion of the landscaping, fire evacuation approval, orientation, and certificate of public use.

Ō tatou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan and transition plan around the opening of the care centre.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There is an annual education schedule documented and includes all required topics. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. The service is commencing an electronic medication system. There is a secure nurse's station. Registered nurses and senior healthcare assistants responsible for administration of medicines will complete education and medication competencies at induction and thereafter annually.

The new kitchen is situated between the two dining rooms. The kitchen is designed in three parts, one for cooking, one area for dishing and one for clearing up. The commercial kitchen includes pantry, walk-in chiller, and stand-up freezer.

The six-weekly menu has been approved and reviewed by a registered dietitian. A chef and baker have been employed. A food control plan has been registered with Ministry of Primary Industries (MPI).

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

There is a full-time maintenance person and a documented reactive and preventative maintenance programme. The facility is purpose-built across one level and is spacious. All building and plant have been built to comply with legislation. The certificate of public use has yet to be completed.

The care centre is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices, lounge, dining rooms and kitchen. An outdoor deck off the lounge includes louvres. All resident rooms have sliding doors that open to individual decks.

All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells. There are handrails in ensuites, and communal bathrooms. The hallways are wide and include a number of sitting areas for residents to rest. All rooms and communal areas allow for safe use of mobility equipment.

A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. A list of civil defence supplies is available for each wing.

Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme.

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

The IC programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection prevention & control (IP&C) coordinator and clearly defined guidelines. The IP&C coordinator is a registered nurse with previous experience and IC qualification. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually. The IC committee is to include staff from across the different areas and will meet bimonthly and also report to the monthly quality committee meeting. There is a pandemic plan and a good supply of personal protective equipment (PPE).

Chemicals are stored securely throughout the facility. Staff will receive training and education to ensure safe and appropriate handling of waste and hazardous substances at induction and as part of the annual training programme.

There is a dedicated laundry for the safe management of dirty and clean laundry. There are documented cleaning and laundry services policies and procedures and appropriate monitoring systems in place to evaluate the effectiveness of these services.

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	9	0	3	0	0	0
Criteria	0	80	0	5	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>	<p>FA</p>	<p>Banbury Park is a purpose-built care facility within a new village in Christchurch. The facility is across one level and includes a total of 61 dual-purpose (hospital and rest home) care suites across four wings. Two wings of 20 larger care suites have been verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms. The total bed numbers will be 64. The service is planning to open on 1 May 2023.</p> <p>The purpose of this partial provisional audit was to assess the preparedness of the organisation to open a new care centre. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing hospital and rest home level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.</p> <p>Banbury Park Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Banbury Park has set a number of quality goals around the opening of the</p>

	<p>facility and these also link to the organisation’s business plan.</p> <p>The Governance Board consists of seven Board members, three who are on the executive management team. One Board member identifies as Māori and oversees the Māori Health governance for the group. All Board members and the senior management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The Board meets six-weekly and the executive team report to the Board. A weekly and monthly reporting structure informs the senior executive team and Board.</p> <p>The executive management team (chief operating officer, clinical operations manager, project manager, technology development manager and chief financial officer) are responsible for the overall leadership of the organisation. The clinical operations manager for the organisation is a registered nurse, who holds overall responsibility for clinical governance. The four facility nurse managers across the organisation (including the facility nurse manager at Banbury Park) report to the clinical operations manager. They also provide input into policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa.</p> <p>There is a documented quality and risk management plan for Banbury Park that will be monitored through the scheduled quality meetings.</p> <p>The Banbury Park business plan (2023/2024) has clearly identified their mission, services, and values which link to the strategic direction of Qestral Ltd. Identified business goals are documented. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The facility nurse manager (registered nurse) has been in the role at another Qestral facility before commencing at Banbury. They have a background in management of aged care and other healthcare facilities.</p> <p>A clinical nurse manager has been recently appointed to support the facility nurse manager. The management team have completed over eight hours annually of training in relation to managing a hospital and rest home.</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>FA</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the initial opening of the facility. There are further rosters available that cover the increase of resident numbers. The service has employed sufficient staff to date to cover the initial roster of the care home. The facility nurse manager advised they will be interviewing for more staff as they progress with occupancy.</p> <p>The facility nurse manager and clinical nurse manager work full time (Monday to Friday). On-call cover is to be shared between them. There are five RNs employed to date and three are interRAI trained.</p> <p>The initial draft roster reviewed includes a registered nurse 0700- 1530 and three healthcare assistants (HCAs) 0700- 1500. On the afternoon shift, a registered nurse is rostered 1500 – 2315, along with two HCAs 1500 – 2300 and one HCA 1500 – 2130. On night shift there is a registered nurse and healthcare assistant. A further HCA is added to each shift as numbers increase.</p> <p>The service has employed an experienced activity coordinator (diversional therapist in training).</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training and competencies which includes cultural awareness training and a Māori cultural competency which also addresses inequities. There are role specific training modules and quizzes on the Spritely online learning platform developed for staff. External training opportunities are available for registered nurses and HCAs.</p> <p>All HCAs are encouraged and supported to complete Health & Wellbeing level 3 and 4 (through Careerforce). There is support from an assessor. The organisation also has an approved Nursing Council Competence Assessment Programme (CAP) training programme.</p> <p>Information supporting the employee assistance programme (EAP) is provided to staff on employment. All staff complete code of conduct training to ensure a positive supportive workplace.</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>PA Low</p>	<p>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training package, documented job descriptions, new employee package, employee handbook and resources. Individual HR files are kept for each staff member. The service validates professional qualifications as part of the employment process. The service has a contract with Third Age Health to provide medical services. A nurse practitioner (NP) will visit twice weekly initially and more frequently as resident numbers increase. The NP will be available on call afterhours.</p> <p>There is a contracted physiotherapist confirmed and a contract is in place with a local pharmacy.</p> <p>There are currently 20 staff employed including sufficient staff to cover the roster for the initial opening of the facility. There are 10 healthcare assistants currently employed. The majority have completed Careerforce qualifications. There are five RNs employed to date, three are interRAI trained. The first activity coordinator has been employed (in the process of completing diversional therapy training). A chef and baker have commenced employment and they will job share in the short-term. Two cleaners have been employed and one will float between laundry and cleaning initially on opening.</p> <p>A register of practising certificates is maintained. There is an appraisal policy. Three-month appraisals are scheduled to be completed following induction.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. A week's orientation has been planned for staff 17-21 April, prior to admitting residents. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include: medication; Medimap (electronic medication system); safe moving and handling; infection prevention and control; hand hygiene; cultural competency; and restraint. Staff induction also includes for the clinical team palliative care/Te Ara Whakapiri training.</p> <p>The service demonstrates that the orientation programme supports RNs</p>

		<p>and HCAs to provide a culturally safe environment to Māori.</p> <p>There is a personnel file policy. Ethnicity data is identified during the employment application stage.</p> <p>The service has policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use blister packs and an electronic medication management system. The service has negotiated a contract with a local pharmacy. There is a spacious secure treatment room off the centralised nurses' station. Management advised that only those deemed competent, will be responsible for administration. Registered nurses and senior HCAs will be responsible for medication management. Registered nurses will receive training around syringe driver use with two-yearly competencies (if not already completed and current). Training around the electronic medication system and competencies are to be completed at orientation (link 2.4.4). The medication room includes locked cupboards, a hand basin, and a secure keypad entrance. There is a medication fridge and controlled drug safe purchased for the treatment room but not yet installed (link 4.1.1). Two medication trolleys have been purchased for each side of the facility.</p> <p>The medication management policy includes management of self-administration. There are competencies to be completed and reviewed on a three-monthly basis for any residents wishing to self-administer medications. There are locked drawers available in each resident room.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system. Medication errors will be collated as part of the quality and risk management programme. There will be no standing orders.</p> <p>The medication room can be temperature controlled.</p> <p>Residents and relatives will be informed about changing medications and</p>

		<p>their side effects. All over the counter vitamins, supplements or alternative therapies will be reviewed, and prescribed by the nurse practitioner.</p> <p>The clinical nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place.</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 new kitchen is situated between the two dining rooms. The kitchen is designed in three parts; one for cooking, one area for dishing and one for clearing up. The commercial kitchen includes pantry, walk-in chiller, and stand-up freezer. There are two doors from the kitchen that open up to the two dining rooms. It is intended that the cook will dish meals and pass to HCAs at the door of the kitchen to serve to residents in the dining rooms.</p> <p>It was observed that the computer area for the kitchen staff was on the bench next to the sink and this could potentially be a hazard. There are two fridge drawers under a bench that would be used for refrigerated stock currently in use; it was unclear how these would shelve bottles such as open milk bottles and this should be reviewed (link 4.1.1).</p> <p>The six-weekly menu has been approved and reviewed by a registered dietitian. A chef and baker have been employed and further kitchen staff will be employed as resident numbers increase. The chef and baker have completed food safety. A food control plan has been registered with MPI.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. The resident annual satisfaction survey template includes food service.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Equipment has been purchased for the new dining rooms/kitchens. There is a hot box available to keep meals warm for residents eating in their rooms.</p> <p>The management team stated, the chef will be involved in the activities theme months, particularly during cultural theme months and celebrations.</p>

		<p>The menu can be substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The facility is purpose-built across one level and is spacious. All building and plant have been built to comply with legislation. The certificate of public use has yet to be completed.</p> <p>The care centre is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices, lounge, dining rooms and kitchen. An outdoor deck off the lounge includes louvres. All resident rooms have sliding doors that open to individual decks. Advised that the ground around the decks will be levelled off to be one level. There is a secure nurse's office next to the lounge that also includes the clinical nurse manager's office. There is a large, shared lounge with two separate entrances.</p> <p>The grounds include spacious gardens; however, some landscaping and pathing still needs to be completed. Areas of the village still being built are fenced off.</p> <p>There are 61 dual-purpose (hospital and rest home) studio units. Six of the rooms have ceiling hoists. Two wings of 20 larger studio rooms have been verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include a number of sitting areas for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets. There is adequate space in each new wing for storage of mobility equipment. There is plenty space for medical equipment, continence products and personal protective equipment storage with shelving.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells. There are communal toilets in the foyer area and off the lounge. All</p>

		<p>bathrooms including ensuites, include sensor lights.</p> <p>The building is nearly fully furnished. The service has purchased all new equipment for the facility. All rooms will have electric hi/lo beds. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme. There is a full-time maintenance person. Reactive and preventative maintenance is in place. Hot water tests have not been completed in resident areas. Essential contractors/tradespeople are available as required.</p> <p>Spaces within the wings can accommodate family, cultural and religious rituals, including visits by extended family. There are other meeting rooms available for whānau/family meetings.</p> <p>There are centralised heating and ventilation system throughout the facility which can be individually set in resident rooms.</p> <p>One of the architects involved in the designs of the buildings is part of Tuahiwi. The architect has awards for his cultural input into design.</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>PA Low</p>	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. A list of civil defence supplies is available for each wing. There is emergency water stored in a 5,000 litre tank.</p> <p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme.</p> <p>Key staff are required to hold a first aid certificate. All registered nurses that do not have a current CPR certificate on induction will complete this during the orientation week (link 2.4.4).</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building.</p>

		<p>The facility has a generator in the event of a power failure.</p> <p>The service has purchased a van and there is a transportation policy.</p> <p>The call bell system links to staff cell phones. Call bells are available in all resident areas, (i.e. bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is a security policy in place. There is an automated sliding door entrance to the foyer. This is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Qestral's business plan and objectives of the quality and risk management plan.</p> <p>Banbury has as part of their management team, personnel with expertise in IPC and AMS. There is an infection control committee scheduled to meet bimonthly.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the organisation's clinical operations manager through the online reporting platform. On opening, monthly collation of data will be collected by the infection control nurse, trends are to be analysed and an agenda item at bimonthly infection control meetings. Internal benchmarking occurs across the organisation and the clinical operations manager provides reports to the Board.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse, the organisations clinical operations manager, the nurse practitioner, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, the nurse practitioner, wound nurse, and Te Whatu Ora Health New Zealand - Waitaha Canterbury when required.</p> <p>The clinical manager will initially be the infection control nurse and has completed training for the role. There is a documented IPC role description.</p>

		<p>There are adequate resources to implement the infection control programme at Banbury Park.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection control coordinator (IC) is supported by the facility nurse manager and clinical operations manager.</p> <p>There are outbreak kits and supplies of personal protective equipment available.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually by Qestral head office in consultation with infection control coordinators. Policies are available to staff on the electronic library.</p> <p>Policies include aseptic techniques through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities; however, at the time of the audit, the flowing soap, paper towels and hand sanitisers were not yet fully installed in all the areas (link 4.1.2).</p> <p>There are policies and procedures in place around reusable and single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The IPC policies acknowledge the importance of providing information around infection control for Māori residents in te reo and encourage culturally safe practices. Handwashing and sneeze etiquette posters can be accessed in te reo.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation when required. The service included the checking that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies will be completed in the week of orientation and the</p>

		<p>proposed orientation includes personal protective equipment (PPE) and hand hygiene competencies. Residents and families/whānau will be kept informed and updated on infection matters in emails, and newsletters.</p> <p>The infection control nurse and clinical operations manager had input into the new build and procurement of good quality consumables, including PPE and wound dressing products.</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>There is an antimicrobials stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The policy is appropriate for the size, scope, and complexity of the service. Compliance on antibiotic and antimicrobial use is to be evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes for rest home and hospital residents. Monthly monitoring templates on the online platform include signs and symptoms and antibiotics prescribed.</p> <p>Bimonthly infection control committee meetings are to be used as an avenue to discuss antibiotic prescribing. Prophylactic use of antibiotics is not considered to be appropriate.</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>	FA	<p>There is a documented surveillance programme that is an integral part of the infection control programme and describes the responsibilities around surveillance.</p> <p>Monthly infection data is to be collected for all infections based on signs, symptoms, and definition of infection. Infections are to be entered into the electronic infection register. All infections are to be reported on a monthly infection summary. This data is to be monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Qestral facilities. Infection control surveillance is to be discussed at the bimonthly infection control committee meeting which is to be commenced on opening.</p> <p>Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are scheduled to be completed, with corrective action templates for areas of improvement.</p>

		<p>Visitors are requested to sign in through a screening process and health declaration at reception. Ethnicity data is to be collected on the electronic 'surveillance form submissions' and analysed by Qestral. The data is used to inform future strategic planning and service delivery and reporting through to the Board. This is in place at other Qestral sites.</p> <p>There are documented processes in place to isolate infectious residents when required. There is an outbreak management and Covid-19 policy.</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>There is a waste disposal policy. Management of waste and hazardous substances is covered during induction of new staff and is included as part of the annual training plan.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. There is enough PPE and equipment available such as aprons, eyewear, gloves, and masks. These will be stored within the medical equipment store in each wing.</p> <p>The proposed draft roster evidences cleaning, and laundry services will be provided across seven days.</p> <p>Cleaning products are dispensed from an in-line system. There is a designated locked storeroom for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys have been purchased. Waste bins are available for transport of hazardous waste and can be transported to and from the facility using a separate entrance next to the laundry.</p> <p>There are laundry policies and procedures. There is a laundry situated in one wing with two doors access (one entry, one exit to demonstrate a dirty to clean flow). There is a sluice, two commercial washing machines and two commercial dryers. There is also a separate clean laundry/folding and storage of clean linen area. The room has keypad entry. Covered linen trolleys have been purchased. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule, with oversight from the infection control nurse.</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 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	An induction week for new staff has been planned. This will include training courses based around policies and procedures and competencies/quizzes. All staff will complete a fire drill, and specific equipment training during these weeks. Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling; infection prevention and control; hand hygiene; and restraint.	The induction week scheduled has yet to occur. During this week all staff will complete required inductions packages, competencies, and orientation to new equipment.	<p>Ensure staff commencing on opening complete the facility induction and competencies.</p> <p>Prior to occupancy days</p>
<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 handover of the new wing to the owners is planned for 12 December 2022. The certificate of public use (CPU) is yet to be obtained. The treatment room is not yet fully furnished. There were two areas in the new kitchen that require reviewing.	<p>(i) The certificate of public use (CPU) is yet to be obtained.</p> <p>(ii) In the treatment room, the medication fridge and safe are yet to be installed.</p>	<p>(i). Ensure the CPU is obtained.</p> <p>(ii). Ensure the medication fridge and safe are in</p>

environment is inclusive of peoples' cultures and supports cultural practices.			<p>(iii) In the new kitchen, it was observed that the computer area for the kitchen staff was on the bench next to the sink and this could potentially be a hazard.</p> <p>(iv) There are two fridge drawers under a bench that would be used for refrigerated stock currently in use; it was unclear how these would shelve bottles such as open milk bottles and this should be reviewed.</p>	<p>place.</p> <p>(iii) Review the placement of the computer and plugs to remove a potential hazard.</p> <p>(iv) Ensure there is adequate fridge space.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The building is complete. There are spacious gardens and some landscaping still needed to be completed.	Landscaping is in the process of being completed.	<p>Ensure landscaping is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. Smoke alarms, sprinkler system and exit signs are in place in the building.	A fire evacuation plan is documented and has been lodged for approval with the New Zealand Fire Service.	<p>Ensure the fire evacuation scheme is approved.</p> <p>60 days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified</p>	PA Low	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in emergency management and a fire drill is to be completed for all staff commencing at the induction prior to	Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.	Ensure a fire drill and emergency management training is completed for new staff prior to opening.

emergency and security situations. This shall include fire safety and emergency procedures.		opening.		Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.