

# Pacific Coast Village Partnership - Pacific Coast Village Care Centre Te Manaaki

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## 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:** Pacific Coast Village Partnership

**Premises audited:** Pacific Coast Village Care Centre Te Manaaki

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

**Dates of audit:** Start date: 27 April 2023 End date: 27 April 2023

**Proposed changes to current services (if any):** Pacific Coast Care Centre – Te Manaaki is converting an existing building to be a care facility that will accommodate 58 care suites over two floors

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



# Executive summary of the audit

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## 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

Pacific Coast Care Centre – Te Manaaki (Te Manaaki) is part of Generus Living Group. Te Manaaki will be providing rest home, hospital, and palliative up to end-of-life care for up to 58 residents. This facility has been purpose built on the Pacific Coast Village site and was located in close proximity, to all amenities the village offers. The care home consists of 58 care suites over two floors. The ground floor has 20 premier suites, and the upper level comprises of 38 care suites.

The building is still under the direction of the project manager for the final stages. The external and internal finishing was well underway and near completion. The opening date of Te Manaaki is scheduled for 12 June 2023. Full staff cover for 58 residents has been arranged. There is a waiting list of assessed residents to move into the facility once certification processes are completed.

This partial provisional audit was conducted against Ngā paerewa Health and disability services standards. The audit process included the review of documents, observations, interviews with the care home management team, the village manager, the operations manager, the project manager and other staff. A walk through of the care home was included.

Three areas have been identified that need to be resolved. One prior to occupancy in relation to the facility certificate of public use awaiting approval. The other two related to medication management which cannot be verified until the medication system is fully implemented.

## **Ō tatou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan and other assorted documents include the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the senior managers and executives. An experienced aged care nurse has been appointed to the clinical manager role and is well supported by the business and care manager and the village manager. The clinical manager has been involved with the processes and to prepare the care home for opening.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and business model.

The recruitment of staff was based on current good practice. Orientation and training have been provided for existing and new staff. The rosters are developed and include a registered nurse on every shift. All registered nurses and New Zealand Qualifications Authority (NZQA) level four health care assistants have completed first aid training. An ongoing education programme has been developed that is appropriate to the services provided.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The new care home includes two secure rooms for the storage of medication, medication distribution trolleys and a designated refrigerator in both medication rooms. Comprehensive medicine management policies and procedures were in place. Contracts have been signed for pharmacy services and for the use of an electronic medicine management programme.

The existing food control plan for the village and food safety policy will continue to be used. The menu has been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary needs and preferences.

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

The care home has 58 single occupancy rooms, with each room having a ceiling hoist, a full ensuite bathroom, adjustable heating and appropriate furnishings. The service has two floors each with a separate dining room and spacious lounges. The final internal and external finishing work is near completion. Furniture, furnishings and resources were all delivered and were on site.

There are designated areas for safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substance register are already developed and implemented, and the maintenance manager and team manage this area of service provision. Laundry and cleaning equipment and resources are new and are to be managed by trained housekeeping staff.

Appropriate emergency supplies are available, along with reference documents for the use in civil and other emergencies.

A nurse call system has been installed and tested and was accessible in all individual resident care suites and in all service areas.

Security arrangements include the use of security cameras.

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

There is a documented infection prevention and control programme which includes surveillance for infections. The programme is appropriate to the service provided on site. Antimicrobial stewardship and hospital acquired infections will be monitored as part of the surveillance programme. The clinical manager is responsible for the development and implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are to be guided by relevant policies and procedures and supported with regular education.

## **Here taratahi | Restraint and seclusion**

Not applicable to this audit.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
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| Subsection        | 0                           | 11                  | 0  | 1                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 83                  | 0  | 1                                    | 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) |
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| Subsection        | 0  | 0                            | 0                                      | 0                              | 0                                      |
| Criteria          | 0  | 0                            | 0                                      | 0                              | 0                                      |

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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  |
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| <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>The business plan 2023 – 2024 and other assorted documents included the scope, goals and values of the organisation. There are processes in place to monitor the services provided and report key aspects to the senior managers and executives. An experienced aged care nurse has been recruited to manage the facility and is already well supported by senior registered nurses and the care business manager. The clinical manager was previously employed at another of the organisation’s care homes, is familiar with the organisation’s systems and processes and has been involved in staff recruitment and preparing the care suites for opening.</p> <p>The appointed business and care manager (BCM) is an experienced and qualified nurse practitioner and care business manager. The care centre has a defined framework and governance of clinical policy and procedures which have been implemented. The policies and procedures are based on a contracted quality management system which has control measures and automated escalation of clinical matters as needed.</p> |

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|  | <p>Pacific Coast Village is part of the Generus Living Group. The village is a 50% partnership between Generus Living Group which has a longstanding partnership with Mangatawa Papamoa Blocks Incorporated (MPBI) that was formed on the 27 May 1957 by the Māori Land Court. Generus Living and Mangatawa have already created a unique partnership through the development of the Pacific Coast and Pacific Lakes Villages. The partnership and organisational culture are underpinned by social, cultural and professional diversity. There is commitment to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and employment opportunities. Cultural competencies and the principles of Te Tiriti o Waitangi are embedded throughout the organisation and business model. The new care home is to be called Pacific Coast Village – Te Manaaki.</p> <p>There is a strong management reporting and governance structure in place, that includes monthly written reporting to the director and executive leadership team, where these are tabled and discussed at monthly meetings (minutes reviewed). Monthly reporting is aligned to the key business objectives and clinical metrics. Quality improvement activity is also tabled for discussion and review. The reporting and governance meetings extend to quarterly partnership committee meetings. The leadership team have engaged in ongoing professional development and regulatory body requirements and maintain their skills and competence to perform their roles and responsibilities.</p> <p>The senior care managers within the Generus Living Group are supported and encouraged to work as a peer group across the organisation – building strong relationships and leveraging operational excellence within the wider group.</p> <p>The Generus Living Group director has extensive iwi partnership experience and demonstrates an understanding of kaupapa Māori within the aged care sector. All Pacific Coast Partnership meetings are opened and closed with a karakia. The director presents care seminars to educate and inform residents on the care journey and has sought their feedback to enable alignment with product and service delivery.</p> <p>The care model that has been adopted at Te Manaaki is set to embrace close and regular connections and collaboration with residents, family/whānau, community, the team and wider stakeholder groups. This</p> |
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|  |           | <p>feedback already sought sets the stage for continual improvements and enables the organisation to refine and direct business to the needs of the individual residents (there is a significant resident waiting list for placement in the care home), to ensure the highest quality outcomes for the residents is planned.</p> <p>The service has agreements with Te Whatu Ora Healthcare New Zealand Hauora a Toi Bay of Plenty for provision of rest home, respite, hospital and palliative care services. Provision for 'swing' beds had been confirmed at the time of the audit. The BCM has already established links with the Te Whatu Ora Healthcare New Zealand Hauora a Toi Bay of Plenty portfolio manager for Older Persons Health. The registered nurses have completed palliative care outcome initiative (POI) training. The Needs Assessment Service Coordinators (NASC) have been informed of the planned opening date, along with Aged Concern. Te Manaaki Care Centre has 58 care suites; 20 premier suites on the ground floor and the upper floor comprises of 38 care suites. At the time of the audit the care suites are unoccupied.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a documented rationale for determining staffing levels and skill mixes to provide safe, person and family-centred services. Recruitment of all staff required to adequately staff Te Manaaki, has occurred. The 20 staff employed will provide cover for this 24 hour seven days a week service (24/7). The service is to provide care and management for up to 58 residents. Rosters reviewed verified adequate cover is to be provided.</p> <p>Each staff member has their own individual personal record set up by the operations manager. The operations manager has been actively involved along with the BCM and the clinical manager in the recruitment process.</p> <p>The clinical manager was interviewed and will be responsible for covering of the care centre twenty-four hours a day, seven days a week 24/7. The clinical manager covers the service 24/7 and when the care suites are officially occupied, a senior registered nurse will assist with covering the after-hours for clinical calls. A general practitioner service has been contracted to provide medical cover and services 24/7.</p>                                |

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|  |           | <p>Seven registered nurses (RNs), one enrolled nurse, and seven healthcare assistants (HCAs) have been employed. The HCAs have completed relevant New Zealand Qualifications Authority (NZQA) level training externally (five have completed level four and two have completed level three). Non-clinical staff employed consist of one laundry assistant full time, two fulltime housekeepers (one has an executive role) and one full time activities coordinator. The activities coordinator will be encouraged to complete level four diversional therapist training; however, this position will be fully overseen by a national diversional therapist. A Career force assessor for the organisation was available. Five registered nurses of seven, including the clinical manager, have interRAI competency qualifications. Staff have completed relevant competencies, and dementia communication strategies were discussed at the training day held 20 April 2023 (refer to 2.4).</p> <p>All senior staff including the clinical manager have completed first aid training. The roster reviewed has the first aider documented on the roster for each shift.</p> <p>The management team are committed to ensuring ongoing education is provided to all staff. The staff training plan was reviewed. Training on the Te Tiriti o Waitangi and health equity has been provided to the executive team and senior staff. A Māori health advisor was available, contactable and had equity expertise experience to share when and if required.</p> <p>The clinical manager reported open communication will be encouraged and promoted with sharing of any relevant information about residents as needed, depending on the situation. This includes quality information and any analysis of any outcomes (eg, maintaining ethnicity data and any Māori health advisor input if needed). The organisation has Māori health advisors available.</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>FA</p> | <p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resource management processes. This includes health professionals employed and contracted. A process was in place to maintain the annual practising certificates for all health</p>   |

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| <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>professionals involved in this service and a record is to be maintained annually. A pharmacy, pharmacist, general practitioner practice, podiatrist, and physiotherapist are all contracted to provide services for residents. Recruitment included a record of ethnicity and police vetting undertaken and recorded. A checklist was sighted in the records reviewed.</p> <p>A total of twenty staff, excluding management staff, have been employed in readiness for this service to be fully operational. The operations manager interviewed was assisted by the clinical manager and BCM for the recruitment process.</p> <p>Orientation has been completed for each staff member using an orientation pack for each discipline/role. Each covered the essential components for this aged care service. Staff interviewed stated that the orientation prepared them well for their roles. A training day was provided on the 20 April 2023 for clinical and non-clinical staff. Staff who had been employed in the village setting previously, were well informed about the organisation's practices.</p> <p>Ethnicity data for all staff employed was recorded in accordance with the Health Information Standards Organisation (HISO) requirements. Personal staff records were stored securely, and confidentiality was maintained. Staff previously employed for Pacific Coast Village have had annual appraisals completed and records were sighted. A process has been developed to ensure all staff who have been employed for Te Manaaki have an appraisal completed at three months, six months and annually.</p> <p>No incidents involving residents and/or staff have occurred therefore debriefing and discussion have not been required for individual staff. There was an understanding of this process by the managers interviewed.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori</p>  | <p>FA</p> | <p>The policy for medication management was current and included all aspects of medicine management and meets legislative requirements. There are two medication rooms, one located on each of the two floors of the care home. Medicine fridges were available for each medication room. The clinical manager stated that no other items will be stored in</p>   |

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| <p>to access appropriate medication and blood products.<br/>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>these fridges. These are to be temperature monitored when stocked with medication, and forms and clipboards sighted were to be used to record the daily temperatures.</p> <p>A contract was in place with a pharmaceutical provider for the provision of all required medicines. The contractor will be involved with providing staff training as required. The requirements for medicine reconciliation on admission, and review of medicines by the GP at least three monthly was included in the care planning framework in place.</p> <p>Medicines have been ordered from the contracted pharmacy in readiness for the opening of the facility. Blister packs are to be made up for each individual resident when admitted to the service. An impress system, for stock medicines is to be used. The pharmacist will maintain the impress system, and staff can order supplies when and if required.</p> <p>An electronic medication system is to be implemented when residents are admitted to the service. Staff who have completed the relevant medication competency, will be able to administer medicines accordingly. All registered nurses and NZQA level 4 HCAs have completed the required medicine competencies, and this was verified. The registered nurses will be accountable and responsible for medication management. The NZQA level 4 HCAs can check medication as needed. Staff interviewed were aware of recording any resident allergies and sensitivities on the medication records and on the electronic clinical records. This cannot be verified until the medication system is fully implemented, and residents are admitted to the facility.</p> <p>There are policies and procedures associated with management of controlled drugs in line with the Medicines Care Guide for Aged Residential Care. Safe storage was available. Fob access is required to access the medication room and cupboards. The registered nurses are to be responsible for this process, checking any controlled drugs and maintaining the required registers. The clinical manager interviewed was fully informed of the responsibilities involved.</p> <p>The contracted general practitioners are to be responsible for each resident's individual medicines from admission to discharge. There is a non-self-administering medication policy presently. Provision and guidance would be available should this be needed.</p> <p>Residents, including Māori residents and their family/whānau, are to be</p> |
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|  |           | <p>supported to understand their medications and have access to traditional medicines if this is requested.</p> <p>There are no standing orders.</p> <p>The clinical manager was fully informed about ensuring residents are fully informed about their current medications and what they are used for and if there are any known side effects. In addition to this appropriate support and advice for Māori can be provided in relation to treatment. A chief Māori advisor and a nurse practitioner are available if needed.</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 food services for the care home are to be provided on-site by chefs, with the support of kitchen assistants. Food will come up from the main village kitchen via the ‘dumb waiters’ in hot boxes. The food will be served directly from the serveries on each floor, in the dining rooms. The menus reviewed 1 April 2023 are in line with recognised nutritional guidelines for older people. The menu plans are checked by a qualified dietitian, follow seasonal patterns and are planned in five-week cycles.</p> <p>Each day the plan reviewed states that there will be two main meals and if able, residents have the option of two meats and vegetables to choose from, to maintain their independence. The registered nurses as part of the admission process complete dietary profiles with all residents and document any likes, dislikes, cultural preferences, allergies and/or any sensitivities to food. These are to be highlighted and a copy given to the kitchen staff. Morning and afternoon tea are also provided.</p> <p>The food control programme includes all aspects of food procurement, production, preparation, storage, transportation, delivery or any disposal, and ensures compliance with current legislation and guidelines. An approved food safety plan was reviewed dated 28 March 2023 and is valid for eighteen months.</p> <p>The dining room furniture had been purchased and was stored in the dining room to set up on the day of the audit. Adequate lighting was available in the dining room. All food service equipment including crockery/cutlery has been delivered and boxes of supplies were sighted. These will be unpacked once the kitchen has been cleaned appropriately. The kitchen staff (all of whom have completed food safety</p> |

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|  |               | <p>recognised training) are to be totally responsible for the food service and care staff are to be available solely for the residents who may require assistance with their meals.</p> <p>When a Māori resident is admitted to this service the service provider understands to respect and support cultural beliefs, values and protocols around food. Menu options will be made available to meet the needs of Māori residents and their whānau.</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>All checks/inspections have been completed but the service provider was awaiting the certificate of public use (CPU). Once received this is to be displayed at the entrance to the care home. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme in place managed by the maintenance manager and supported by and the team of 24 staff. The clinical manager has full oversight of the care home and has been working collaboratively with the maintenance manager in readiness for the official opening of the home, to ensure all equipment and resources are safely installed and accessible.</p> <p>There is a significant number of storage areas (8 in total) for the care home to utilise. An inventory report was sighted of all new electrical equipment dated 20 April 2023. The pressure mattresses for each bed were tagged 19 April 2023 following electrical safety checking. All individual care suites have a ceiling hoist installed. The ceiling hoist system was fully tested 24 April 2023. The records for the hot water monitoring performed monthly were sighted for the whole care home. The last hot water check was performed 24 April 2023. The care home was centrally heated and gas fires were observed in both lounges. Heat pumps were also available in some of the service areas. The heating system in the individual resident's individual care suites was able to be personally controlled.</p> <p>There are fifty-eight care suites available. Two care suites were fully set up to view. All furniture was available on site, for each room to be fully furnished and set up prior to occupancy. Residents will be able to personalise their individual room on admission. All care suites have</p> |

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|   |           | <p>external windows for ventilation.</p> <p>Appropriate flooring was installed throughout the care home. There is a deck outside the main lounge on the upper level of the care home, which has appropriate and safe barriers in place.</p> <p>Each individual care suite has an ensuite. Safety rails are installed to maximise residents' independence. Additional staff shower/toilets/locker room facilities are available on both levels of the care home. Visitor toilets are also accessible on both levels of the home.</p> <p>There are two spacious dining areas, one on each level of the care home. Table and chairs (all newly purchased) are comfortable and appropriate for residents to enjoy the dining experience. Each dining area is located next to the kitchenette and service area provided.</p> <p>Consultation was sought with Māori health advisory input throughout the total journey of this new build, to ensure the design and environment would reflect the identity of Māori. There are paintings and other works of art installed throughout the facility and the Mangatawa Gallery on the ground floor of the complex for residents and families/whānau to enjoy.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>The fire evacuation plan for the care home was approved by Fire Service New Zealand 17 April 2023. A fire drill was held on 24 April 2023. These drills are required six monthly and have been added to the training programme. Fire emergency training was provided by the contracted service provider for fire safety, and a questionnaire was completed by all existing staff and recently employed staff for the care home at the training day held on 20 April 2023. Staff interviewed confirmed their awareness of the emergency procedures. An evacuation folder has been prepared in readiness. Emergency flip charts were available for staff and are displayed in public areas. All registered nurses and NZQA level 4 health care assistants have completed first aid training and certificates were reviewed. Training also included basic adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency alternative resources of amenities are available including water, a barbecue, emergency power and lighting, a gas cylinder and a generator. Torches, blankets, continence supplies</p>  |

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|  |    | <p>and emergency foods are readily available. There is a power back-up system for the call bell system which will activate for 48 hours after a power failure occurs. A call bell system was installed in each care suite by the bedside and in the ensuite bathrooms, as sighted. Safety for residents is paramount and has been fully considered throughout this new build aged residential care facility.</p> <p>Close circuit television (CCTV) is in operation internally and externally and signage was installed. An electronic signing in and out of the facility for visitors and contractors has been installed in readiness as a health and safety measure. The hazard register was reviewed, and a health and safety committee has been developed at the training day with assigned responsibilities. The clinical manager had already implemented weekly reporting to the BCM throughout this project. Short term plans were commenced to address any issues identified and were signed off as completed and verified with the project manager and/or BCM. Staff interviewed wore name badges for identification purposes.</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> | FA | <p>The business care manager and clinical manager interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and have included IP as part for the quality and risk management programme. There was a commitment in the policy and business plan reviewed that governance fully supported and was committed to ensuring any relevant issues are dealt with efficiently in relation to IP and AMS. Both the BCM and the clinical manager are experienced and have developed both the IP and AMS programmes for implementation when the care home is operating fully.</p> <p>Expertise is accessible for guidance for both programmes if required. The programmes were discussed at the staff training day on the 20 April 2023. The clinical manager was consulted through all stages of the care home project as needed from an infection prevention perspective. Any issues identified were reported and dealt with accordingly. Strategies are in place in the event of an IP outbreak or pandemic occurring.</p>   |
| Subsection 5.2: The infection prevention programme and   | FA | The IP and AMS programmes are developed for the size and complexity   |

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| <p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br/> Te Tiriti: The infection prevention programme is culturally safe.<br/> Communication about the programme is easy to access and navigate and messages are clear and relevant.<br/> 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>of the services offered and have been signed off by management and are linked already to the quality and risk management system. A review of the programme is planned annually. The IP and AMS policies and procedures required are fully developed in readiness for the service commencing. Legislative requirements and references are acknowledged.</p> <p>Infection prevention and control training was provided to existing and new staff at the training day 20 April 2023.</p> <p>The clinical manager is currently the IP coordinator and has completed relevant training in IP and AMS. The experienced clinical manager is fully informed of the requirements for aged residential care settings. Infection prevention was included in the internal audit schedule reviewed. When the service opens and residents are admitted, the clinical manager will have access to the clinical records.</p> <p>The BCM and clinical manager provided the pandemic outbreak plan available. There were adequate supplies of personal protective equipment (PPE) and a specific space and storage has been allocated. Check lists of resources are developed in readiness to ensure adequate supplies are maintained. Signage was available when needed.</p> <p>Disposable resources for infection prevention such as dressing packs, dressings, catheter packs have been purchased. There was no provision for sterilising of instruments as all are to be disposable. Processes are documented for cleansing of reusable medical devices after use. The processes include the recommendation of the manufacturer and best practice standards. Any single use medical devices are not to be reused as per the policy sighted. Infection prevention signage eg, hand hygiene protocol was available in te reo.</p> <p>Advice was sought from an IP perspective throughout all stages of the planning and building of this new facility. Tikanga best practices are known to all staff and were covered at the training day 20 April 2023.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>   | <p>FA</p> | <p>The antimicrobial stewardship programme documents national guidelines provided by an independent quality consultant that is based on best practice. They are personalised to, and appropriate for use in</p>   |

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| <p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>this care home.</p> <p>Responsible use of antimicrobials is to be promoted. The effectiveness of the AMS programme is to be evaluated by monitoring antimicrobial use and identifying areas for improvement. The developed programme reviewed was appropriate for the size and nature of this aged residential care service. The clinical manager stated that access will be available to resident clinical records and laboratory results as needed. A contracted laboratory service has been arranged to cover the care home.</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>The surveillance programmes already developed includes surveillance of health care-associated infections (HAIs). The surveillance programme reviewed is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection prevention and control programme. Surveillance will be undertaken monthly by the clinical manager and results shared with staff. The BCM has already approached local age-related services in the region for benchmarking to occur once the service is in full operation.</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> | FA | <p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial organisms. Housekeeping staff are available to provide the cleaning and laundry services. The laundry is well designed to meet all requirements. Commercial washers and drying machines have been purchased. A laundry shut system was installed with minimal handling of soiled linen required. Adequate supplies of linen are readily available. The housekeeping staff have received appropriate training in preparedness for their roles.</p> <p>Staff have documented policies and procedures for the management of waste and infectious and hazardous substances to follow. Storage for chemicals is labelled and appropriate. Maternal data sheets are available for staff. The designated cleaning and waste rooms are locked</p> |

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|  |  | <p>when not in use.</p> <p>The clinical manager and BCM have had input into the building and environment throughout the project.</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 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 environment is inclusive of peoples' cultures and supports cultural practices.</p> | PA Low            | <p>The building, plant and all equipment is fit for purpose for a new build care home. All equipment and required checks were verified during the audit. Full consultation was sought throughout this project to ensure the environment fully supports cultural practices. The project manager interviewed stated that all inspections have been performed but the certificate of public use (CPU) was not available at the time of the audit.</p> | <p>All the legislative checks/inspections have been performed by the appropriate agencies. The service provider and project manager interviewed are awaiting the certificate of public use to be fully signed off.</p> | <p>Ensure the certificate of public use is approved and displayed appropriately.</p> <p>Prior to occupancy days</p> |

## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.