

# Oceania Care Company Limited - St Johns Wood

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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:** Oceania Care Company Limited

**Premises audited:** St Johns Wood

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

**Dates of audit:** Start date: 6 June 2023 End date: 6 June 2023

**Proposed changes to current services (if any):** All but four upstairs independent service apartments have been renovated into a total of 23 care suites. This includes 18 care suites, 3 care suite studios and 2 dual purpose room care suites suitable for dual purpose rest home and hospital level care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 56**



# 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

St Johns Wood Rest Home and Village currently provides rest home and hospital level care for up to 61 residents in the care centre. This service is operated by Oceania Healthcare Limited and managed by a business care manager (BCM) and an acting clinical manager. There were 56 residents in the facility on the day of audit.

This partial provisional audit was conducted against NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard and has been undertaken to establish the level of preparedness of Oceania St Johns Wood Rest Home and Village to offer dual care services, rest home and hospital, following the renovation and reconfiguration of the upstairs independent serviced apartments into care suites.

The audit process included the review of documents, observations on site, interviews with the care home management team, the regional operations manager and staff. A walk through of the care home was also included.

There are no areas identified that need to be resolved.

## **Ō tatou motika | Our rights**

Not applicable to this audit

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

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at St Johns Wood Rest Home and Village. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

Proposed staffing levels and skill mix of care and support staff meet the cultural and clinical needs of residents. Proposed rosters show that care and support staff will be increased to support residents in the new care suites as admissions occur. Recruitment to fill the proposed roster has commenced, and new staff have been and are currently being appointed in RN and HCA roles. Advertising remains open for recruitment of registered nurses. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. A systemic approach to identify and deliver ongoing learning to support safe and equitable service delivery was evident.

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

There is a medicine management system in place. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system for prescribing, dispensing, and administration of medications. Policies and procedures describe medication management and align with accepted guidelines.

The food service meets the nutritional needs of the residents with special cultural needs catered for, including foods relevant to te ao Māori. Food is safely managed.

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

The facility meets the needs of residents and was clean and maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and meet the needs of people with disabilities., External areas have shade and seating provided. Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced. The infection control coordinator is a registered nurse (RN) who is involved in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

## **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)
Subsection	0	12	0	0	0	0	0
Criteria	0	85	0	0	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

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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
<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 governing body of Oceania will continue to assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to</p>

	<p>information (eg, information in other languages for the Code of Rights, complaints and infection prevention and control).</p> <p>As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of young people with disabilities are reflected in organisational documents, most recently with the release of a 'Person with a Disability' policy in September 2022.</p> <p>Oceania has a strategic plan which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (eg, adverse events, complaints) are aggregated and corrective actions (at facility and organisation level as applicable) implemented. Changes are made to business and/or the strategic plans as required.</p> <p>The BCM and acting clinical manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Lakes (Te Whatu Ora Lakes), for aged residential care (ARRC), long-term chronic conditions (LTCH) and respite care. Fifty-six (56) residents were receiving services; fourteen (14) residents were receiving hospital level care and 42 residents were receiving rest home level care. At the time of audit, no residents were residing in the new renovated upstairs care suites.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. The morning and afternoon shift is currently supported by two registered nurses. The night shift is supported by one RN. All seven RNs, including the acting clinical manager, are first aid and interRAI trained, medication competent and have an up-to-date syringe driver competency. There is an after-hours on call RN rotating roster. The acting clinical manager is on site Monday to Friday.</p> <p>Proposed rosters show that care staff will be increased to support residents in the new care suites as admissions occur. Recruitment to fill the proposed roster has commenced, and new staff have been and are currently being appointed in RN and HCA roles. Advertising remains open for recruitment of registered nurses.</p> <p>The service employs an activities team; domestic (cleaning and laundry), and food services are carried out by dedicated support staff seven days per week. Support staff also includes a receptionist, administrator, and maintenance staff. The proposed roster shows that allied support staff will be increased to support residents in the new care suites as admissions occur.</p> <p>Continuing education is planned on a biennial or annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Lakes. Records reviewed demonstrated completion of the required training and competency assessments. No additional training/competencies are required for the new area as facility already provides both hospital and rest home level of care.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Orientation and induction programmes are fully utilised and additional time is provided as required.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p> <p>Ethnicity data is recorded and used in line with health information standards. All staff information held on record is relevant, secure and confidential.</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>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are</p>

		<p>checked daily, and medication room temperatures are monitored weekly. Medications were stored securely in accordance with requirements. All staff who administer medicines are competent to perform the function they manage.</p> <p>Controlled drugs were stored securely in accordance with requirements. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used. There were three residents self-administering medication at the time of audit. Appropriate policy and procedures were in place to ensure this is managed in an appropriate manner. The medication policy describes use of over-the-counter medications and traditional Māori medications. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>A new medication trolley and tablet have been purchased and are stored securely, including appropriate storage for controlled medication in a dedicated locked medication room on the same floor as the new care suites. A refrigerator is already in place. Fridge and room temperatures are being currently recorded. Required medical equipment and consumables have been purchased and were observed in the medication room. Hand washing facilities were available.</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 service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian and is next due to be reviewed on 31 March 2024. Recommendations by the dietitian have been implemented.</p> <p>The facility operates with an approved safety plan and registration which expires 28 March 2024. An audit of the food control plan took place on 11 January 2022 by an external provider and is next due 11 July 2023. Identified recommendations have been implemented and are now closed.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture</p>

		<p>requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to Māori.</p> <p>The new care suites are supported by a dining room and satellite kitchen on the same floor. Meals will be delivered from the downstairs main kitchen via a mobile bain marie. A hot box has been purchased to support residents who wish to have their meals in their rooms.</p> <p>The dining room furniture had been purchased and was set up in the dining room on the day of audit. Adequate lighting was available in the dining room.</p> <p>Observations in the downstairs dining room confirmed that residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>FA</p>	<p>There was a current building warrant of fitness stipulating certificate for public use to acknowledge the reconfiguration of the upstairs floor with an expiry date of 1 July 2023. This was displayed at the entrance to the facility. Tagging and testing of equipment was last completed in March 2023. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The BCM and acting clinical manager have had full oversight of the care home and have been working collaboratively with the maintenance manager in readiness for the official opening of the upstairs care suites, to ensure all equipment and resources are safely installed and accessible.</p> <p>The facility is certified to provide rest home and hospital level of care. There are currently 61 Rooms located on the downstairs floor.</p> <p>Of those 61 rooms, 22 are dual purpose care suites (suitable for rest home and hospital level care however nine of those 22 care suites can</p>

	<p>accommodate, if required, double occupancy on the ground floor up to a total maximum of 70 residents), and one room is a dedicated rest home only. The remaining 38 rooms are being used as single occupancy rest home/ Hospital level rooms.</p> <p>With the introduction of the upstairs 23 care suites, there are 18 care suites, three care studios and two dual purpose rooms (two bedrooms in one of these).</p> <p>The 18 care suites can accommodate double occupancy, however a maximum of 4 of these suites can be occupied by a couple at any one time – up to a maximum occupancy for the entire facility of 98.</p> <p>Each of the upstairs individual care suites have an ensuite. Safety rails are installed to maximise residents' independence. There is a kitchenette in each lounge or studio. All care suites have external windows for ventilation with the majority of the care suites also having access to an outside deck. There are call points in each lounge and bedroom. The bedroom call bell can accommodate two separate call cords and residents will also have access to pendants. In each ensuite there is a bell cord over the shower and a call bell by the toilet. All light switches are at a height that residents can easily access. All care suite bedrooms have a ceiling hoist which were fully tested on 2 March 2023. Residents will be able to personalise their individual care suites on admission. Along with the main lounge and dining room there is a smaller lounge. Residents will also have access to the lounges/library, dining areas, outside areas and other amenities, such as the hairdresser located on the downstairs floor.</p> <p>There are a number of storage areas for the upstairs care suites to utilise. Included on the same floor is a cleaners' room, sluice, medication room, and staff toilet. An inventory report was sighted of all the new electrical equipment and consumables that had been ordered.</p> <p>The upstairs floor corridors/main living areas and care suites have either a heat pump and/or wall heaters. The heating system in each resident's</p>
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		<p>care suite was able to be personally controlled.</p> <p>There are three stairwells and two lifts accessing the upstairs floor. The existing smaller lift will be used for cleaning and laundry access. The new lift which has been added accommodates a bed if required. This lift will be the main access for residents and visitors and for delivery of food services. One wall of the main corridor has a handrail and there is regular access to hand sanitisers.</p> <p>Located on the upstairs floor are four independent serviced apartments that are occupied. The service intends to renovate these apartments into care suites as the current residents require an increase in support. The BCM interviewed confirmed that the residents in the independent serviced apartments are independent and do not require a supporting package of care.</p> <p>There is a spacious dining area and lounge. Tables and chairs (all newly purchased) are comfortable and appropriate for residents to enjoy the dining experience. The dining area is located next to the kitchenette and service area.</p> <p>Consultation was sought with Māori throughout the renovation of the upstairs floor to ensure the design and environment would reflect the identify of Māori. There are paintings and other works of art installed throughout for residents and family/whānau to enjoy. Signage for all areas of the upstairs floor has been ordered and will include bilingual signage.</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>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency.</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region have been updated to meet the increased number of residents.</p> <p>An upgraded fire alarm system has been implemented throughout the facility. Residents have attended a meeting to discuss the updated fire system and what to do in the event of a fire. A fire evacuation trial was last completed on 1 June 2023. The fire evacuation plan for the new care suites and upstairs area was approved on 2 June 2023.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Cameras monitor the main areas and signage was evident. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy) who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.</p> <p>The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. St Johns Wood Rest Home has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise as required. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board collects data on infections and antibiotic use and has added</p>

		<p>ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at St Johns Wood Rest Home and the wider Oceania group.</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 infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Policies and processes ensure that reusable and shared equipment is decontaminated using best practice guidelines. Single use items are discarded after being used. There was ample stock of personal protective equipment and outbreak kits sighted throughout the environment.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Education resources in te reo Māori were available. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. The facility has had one COVID-19 outbreak in April 2023, since the last audit.</p> <p>A sluice and separate cleaners' room have been included in the new build. Appropriate supporting resources and supplies were observed at time of audit. The pandemic plan has been updated to include the reconfiguration of the upstairs floor.</p> <p>Advice was sought from an IP perspective throughout all stages of the planning and reconfiguration of the build.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identifies areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IPC programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff. Ethnicity data is recorded.</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>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. A sluice and separate cleaners' room have been included in the new build. Appropriate supporting resources and supplies were observed at time of audit. The pandemic plan has been updated to include the reconfiguration of the upstairs floor.</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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances; laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## 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.

No data to display
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End of the report.