

Bryant House Limited - Bryant House

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: Bryant House Limited

Premises audited: Bryant House

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

Dates of audit: Start date: 28 September 2023 End date: 28 September 2023

Proposed changes to current services (if any): The service has built a new dual purpose 17-bed unit for the care of hospital and rest level care residents. This is the first stage in the ongoing site development programme. Stage two will include building a 30-bed care home and 13 serviced apartments that will link to the new 17-bed unit. The original application to HealthCERT was for the addition of 20 beds. There are 17 bedrooms, with the intention to use three rooms (rooms 1-3) for the care of two persons.

However, these rooms not suitable spaces for two hospital level care residents to share. An increase of 17 beds was agreed with the facility owner/general manager for this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 33

Executive summary of the audit

Introduction

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

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

General overview of the audit

Bryant House provides rest home and dementia care services for up to 33 residents. The service has built a 17-bed care home onsite for the care of residents that are assessed as requiring rest home or hospital level care. This is stage one of an ongoing site development programme.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke's Bay (Te Whatu Ora Te Matau a Māui Hawke's Bay).

The audit process included considering a sample of relevant policies and procedures, staff files, observations and interviews with managers and applicable staff, and the general practitioner (GP).

A new full-time care manager (CM) who is a registered nurse (RN) reports to a general manager (GM). The GM is the owner of the facility and oversees business and operations for the entire site, including a co-located small retirement village.

Three areas requiring improvement were identified during the audit process, including staff orientation to the new unit and some aspects of the internal and external environment that are required to be completed prior to occupancy. Five other areas for improvement related to staff performance review, collection of staff ethnicity data, verifying the menu has been reviewed by the dietitian, evaluating the effectiveness of pro re nata medication administration and undertaking an annual review of the infection prevention programme are areas for improvement that can be addressed over time.

Ō tatou motika | Our rights

Not included in the scope of this audit.

Hunga mahi me te hanganga | Workforce and structure

The organisation is governed by the owner/general manager who works with the clinical manager to monitor organisational performance and ensure ongoing compliance. The clinical manager and general manager are appropriately experienced. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined and monitored at planned intervals. There are appropriate clinical governance processes in place.

The service complies with statutory and regulatory reporting obligations.

Recruitment and other human resources policies align with current accepted practice. Education is planned and delivered.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Workforce planning is fair, equitable, and respects input from staff with support from the management team. Bryant House has recruited the staff required to open ten of the beds in the new unit.

Staff are suitably skilled and experienced, and competencies are defined and monitored. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are appropriate policies and processes in place for the medication management and food and nutrition services. These will be utilised in the new unit. Food will be transported from the existing kitchen to the new unit in a hot box.

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

There is a current building warrant of fitness. The new unit is stage one of a two stage site development programme. The building is stand-alone at the moment but is planned to join onto the next building developed in stage two of the site development programme.

The new unit has 17 bedrooms; twelve have a full bathroom ensuite attached. Ceiling hoist tracks are present in each bedroom and ensuite bathroom.

Appropriate heating and ventilation processes are in place.

A Certificate of Public Use inspection has occurred of the new building by local authorities. The environment has been designed for the provision of hospital level care and is culturally appropriate. Furniture and some equipment have been purchased for hospital level care. There are appropriate bathroom and communal recreation areas available for residents. Call bells are present at each bedspace and in the bathrooms.

There are places for the storage of waste and hazardous substances.

A new fire evacuation plan has been lodged with Fire and Emergency New Zealand. Appropriate security processes are in place.

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

The infection control coordinator oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Any significant infection events are reported to the general manager.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified registered nurse leads the programme. The infection control coordinator or clinical manager is involved in procurement and processes related to decontamination of any reusable devices.

Surveillance of health care-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required. Appropriate staff education and policies and procedures are available to guide practice. The infection control programme, policies and infection surveillance activities are relevant to the provision of aged-related residential hospital level care.

The laundry is done on site through a contracted provider.

Processes are in place for the safe management of waste, hazardous substances, cleaning and laundry services.

Here taratahi | Restraint and seclusion

Not included in the scope of 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	7	0	4	1	0	0
Criteria	0	77	0	6	2	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>Bryant House is governed by the owner/GM of the service. The owner/GM assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. A senior staff member has provided meaningful Māori input into the quality and risk programme until recently. A member of the board of trustees of another local aged-related residential care (ARRC) facility meets with the GM regularly providing advice, support, input into clinical governance and feedback on cultural discussions occurring within their facility. The GM advises there is a group of local ARRC facilities who are establishing a formalised support network.</p> <p>The purpose, values, direction, scope and goals for the organisation are documented and include goals related to the site development programme and the addition of ARRC hospital level care is included.</p>

	<p>Monitoring and reviewing performance occurs at planned intervals via the quality and risk programme. The GM advised Bryant House has been restraint free since 2007. The GM and CM stated the intention of maintaining a restraint-free environment.</p> <p>There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. This has been developed by an external consultant, who has consulted with Māori representatives during the development of policies and processes. The management team stated a commitment to quality and risk management and there are effective processes to communicate relevant issues to the GM, who also attends the monthly quality meetings. Positive outcomes for Māori and people with disabilities are part of quality and risk activities.</p> <p>The service complies with statutory and regulatory reporting obligations. Section 31 notifications are reported to have been made in relation to a pressure injury and the change in clinical manager. A COVID-19 outbreak in August 2023 was reported to the local public health service.</p> <p>The owner/GM manager and new 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 Te Matau a Māui Hawke's Bay for aged residential care (ARC) in rest home and dementia care, Long Term</p> <p>Support-Chronic Health Conditions (LTS-CHC), restoration in aged residential care, mental health in ARCC, respite, and day care. Thirty-three (33) residents were receiving services on the day of audit. Sixteen (16) residents were receiving rest home services, including 14 under ARRC, one under mental health in ARRC and one under LTS-CHC. Seventeen residents were receiving services under the dementia contract.</p>
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		<p>Partial provisional:</p> <p>The 17 beds in the new building are suitable for either hospital or rest home ARCC level care, although the service is planning that these will be used for hospital level care residents. There was no evidence of infrastructural, physical, or other barriers to equitable service delivery for Māori, Pasifika, and tāngata whaikaha. The new bedrooms have ceiling-mounted hoists in every bedroom. These go into the bathrooms where the rooms have a full ensuite. This will improve services for tāngata whaikaha.</p> <p>A new clinical manager was appointed in July 2023, and is a registered nurse with a current annual practising certificate (APC) and a diploma in gerontology (1998), an extensive ARRC management experience in rest home, hospital, and dementia services levels of care. The GM has been liaising with the local Te Whatu Ora portfolio manager about providing hospital level ARRC care. The GM advised there are residents ready to be admitted to Bryant House at hospital level care once certification is granted.</p> <p>Residents and their whānau participate in service delivery during the planning, implementation and monitoring of care and progress. These processes will continue for residents in the new unit. The management team have an open-door policy for residents and their whānau.</p> <p>There is a documented plan to guide the preopening and opening processes. Refer to 2.3 in relation to the staffing plan. A blessing will occur prior to opening.</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>The CM and the RN interviewed advised the facility adjusts staffing levels to meet the changing needs of residents. A review of the current roster showed there were sufficient staff on duty in the rest home and secure dementia unit. A diversional therapist's work oversees the existing activities programme which is carried out with the help of health care assistants and three long-standing volunteers. The GM advised the long-standing volunteers are well known to the management team and have undergone suitability vetting. The volunteers will be included in the orientation programme for the new unit.</p> <p>There is currently at least one staff member on duty with a current first aid certificate and medication competency. There is currently 24 hours a day, seven days a week (24/7) RN coverage for the facility through rostered on-site shifts and on-call hours. The clinical manager works five days a week and this includes Saturdays and Sundays.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements to meet Ngā Paerewa and the ARCC contract requirements, and records of attendance/completion are maintained. Education includes mandatory training topics, such as infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of emergencies and civil defence response, fire drills, the aging process, manual handling and safe transfer, Te Tiriti o Waitangi and tikanga practices, and cultural competency. There are videos available for staff that includes current Māori health information. A product representative was on site during the audit training staff on the new hoist that can be used in the event a resident falls and is unable to be assisted up from the floor.</p> <p>Two permanent registered nurses and two casual RNs maintain interRAI competency.</p>
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		<p>Partial Provisional</p> <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24/7. The policy has been updated to reflect the staffing requirements for hospital level care. Bryant House has recruited three new permanent registered nurses (RNs) and three casual RNs, in addition to the clinical manager and the RN currently working in the rest home and dementia unit. Additional health care assistants (HCAs) have been recruited sufficient to open the first 10 out of the 17 beds in the new unit. The management team advise they can cover the RN roster 24/7 and the roster template was sighted, although plan to open five beds at a time to ensure residents are transitioned into the care home appropriately. One caregiver will be rostered each shift for up to five residents in the new unit. The clinical manager has yet to ensure there will be staff with current medication competency and a first aid certification on duty at all times in the new hospital unit. This is included in the area for improvement raised in criterion 2.4.4. At least one RN has male catheterisation competency, one RN has syringe driver competency, and the CM has plans to ensure all RNs attain clinical competencies relevant to the provision of hospital level care services.</p> <p>A new activities facilitator has been offered a position for four hours each weekday to provide activities within the new unit. A new cook has been employed in the main kitchen to assist with the food and beverage service, starting early October 2023. As the occupancy in the new hospital unit increases, the GM stated that a permanent cleaner will be employed. Initially the cleaning and laundry services will be covered by existing staff working a longer workday.</p> <p>The usual Bryant House general practitioner (GP) is on leave. The relief GP was interviewed and advised the usual and relief GP are experienced across the ARCC sector and provide hospital level care in other facilities that they provide GP services to. The GP is aware of the ARCC contract requirements for hospital level care and confirmed they will continue to provide Bryant House with GP services for existing and new residents.</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>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes staff completing an application, referee checks, interviews, and police vetting. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions are in place, including separate job descriptions for the infection control and restraint coordinator. An RN takes responsibility for the infection control and the clinical manager is responsible for the restraint portfolio.</p> <p>Staff are provided with the opportunity to debrief on significant events. For example, following Cyclone Gabrielle. Support was provided to staff that had difficulties with accessing food and other essential items.</p> <p>Records are kept confirming that all employed and contracted registered health professionals have proof of current annual practising certificates.</p> <p>Staff ethnicity data is no longer being collected and staff were overdue annual performance appraisals. These are areas requiring improvement.</p> <p>Partial provisional audit:</p> <p>There is a role-specific organisation orientation programme which staff are required to complete within three months of employment. New staff are buddied with senior staff. Staff have yet to be orientated to the new 17 bed unit. This is required prior to occupancy. (Refer also criteria 3.4, 4.1.1 and 4.2)</p>
<p>Subsection 3.4: My medication</p>	<p>PA Low</p>	<p>The medication management policy at Bryant House was current and in line with the Medicines Care Guide for Residential Aged Care. A safe</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>system for medicine management using an electronic system was observed on the day of audit. However, there is inconsistent evaluation of the outcome of residents following the administration of pro re nata medications and this is an area requiring improvement.</p> <p>All staff who administer medicines are competent to perform the function they manage.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>Standing orders are not used at Bryant House as per the RN interviewed.</p> <p>Partial provisional:</p> <p>In the new unit there is a designated safe for the storage of controlled drugs (CD). This is located within a locked cupboard. There is a new CD register available. A refrigerator for storage of medications has yet to be purchased. This is included in the area for improvement raised in criterion 4.1.1. The existing medication management policy and electronic medicine management systems will be used. The service has purchased the electronic devices required and a new medication trolley.</p> <p>One of the new RNs has current syringe driver competency. The CM advises all RNs will be required to complete this training. There are existing arrangements with the local community hospice service for the provision of approved syringe pumps and associated support as and when required for patient use.</p>
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		<p>The need to ensure there is a staff member on duty at all times in the new unit with a current medication competency is included in the area for improvement raised in criterion 2.4.4.</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>PA Low</p>	<p>There is a winter and summer menu in place. The winter menu was in use. This was reported to have been reviewed by the dietitian in 2022; however, records were not available to verify this. This is an area requiring improvement.</p> <p>An up-to-date food control plan is in place with an expiry of 20 July 2024. The last verification audit was undertaken by the Napier City Council (NCC) on 17 May 2022. Corrective actions were identified and promptly responded to. The plan was verified for 18 months. However, due to local emergency response events in the region NCC are overdue some verification audits. A date has been established for the next verification audit to occur at Bryant House on 27 October 2023 and an email confirmation of this from the NCC regulatory administrator was sighted. Due to the circumstances, this is not raised as an area requiring improvement. Processes are in place to monitor that food service practices align with the food control plan.</p> <p>Each resident has a nutritional assessment on admission to the facility. This details individual dietary needs and a copy is present in the kitchen for staff reference. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this.</p> <p>Partial provisional audit:</p>

		<p>The existing menu and processes to identify individual residents' dietary needs, portion size, allergies, intolerance and preferences will be used in the new unit. There are a range of nutritional supplements available. The food service has a copy of the international dysphagia diet standards (IDDSI) and guide for texture modification.</p> <p>The CM advised that if enteral feeding was required by residents, equipment and staff training would be sought from applicable local service providers.</p> <p>Food will be transported from the main kitchen to the new unit. A hot box is on site for this purpose, as sighted.</p> <p>An additional staff member has been employed to work in the kitchen (refer to subsection 2.3).</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 Moderate</p>	<p>The new unit is nearing completion. A Certificate of Public Use has yet to be issued. Other activities still to be included/completed include electrical test and tagging of the new beds, numbering of the rooms to align with call bell location data, installing signage alerting to the use of security cameras, assembling pandemic and civil defence response equipment, purchasing a refrigerator for the storage of medications, completion of the installation of fire protection panels, and installing hazardous substances signage. Landscaping is still occurring. There are a range of hazards in the external environment, and outdoor furniture is yet to be put in place. These aspects are required prior to occupancy.</p> <p>The existing building has a warrant of fitness issued on 1 October 2022.</p> <p>The GM advised the design of stages one and two of this building project were approved by local authorities prior to Ngā Paerewa being implemented and a requirement to co-design with Māori introduced. The GM is aware of the new requirements of the standard for future</p>

		<p>developments. A range of artwork has been purchased for display. This was not sighted; however, the GM advises that this is culturally appropriate and inclusive.</p> <p>The internal environment was comfortable and accessible. Spaces are appropriate to the levels of care being provided for rest and recreation purposes. The doors are extra wide for ease of residents' use. Residents' rooms allow space for the use of mobility aids and moving and handling equipment in the dual purpose (rest home or hospital) rooms. Rooms can be personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Underfloor heating is provided in the facility which can be adjusted depending on seasonality and the outside temperature. All rooms are single occupancy.</p> <p>The rooms 1-3 are not a suitable size for dual occupancy at hospital level care.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed.</p> <p>There is an existing fire evacuation plan that was approved by the New Zealand Fire Service (NZFS) on 23 November 2009. The last fire evacuation drill occurred in April 2023.</p> <p>Partial provisional:</p> <p>A new fire evacuation plan has been lodged with Fire and Emergency</p>

		<p>New Zealand and confirmation of this was sighted. Fire evacuation procedure information has yet to be displayed for staff and residents. Staff have yet to be trained in fire, security and emergency responses for the new unit. This is scheduled to occur as part of the orientation programme to the new unit. The clinical manager is yet to ensure there is a staff member on duty at all times with a current medication competency (links with subsection 3.4) and a first aid certificate. These are included in the area for improvement raised in criterion 2.4.4 and required prior to occupancy.</p> <p>Adequate food and water supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Call bells to alert staff to residents requiring assistance have been installed. The rooms have yet to be numbered correspondingly. This is included in the area for improvement raised in criterion 4.1.1. The GM advised a small generator has been purchased and stored offsite.</p> <p>The service has yet to ensure there is a staff member rostered on duty at all times with a current first aid certificate. This is included in the area for improvement raised in criterion 2.4.4.</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 infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes are led by the clinical manager. Infection prevention and control (IPC) and AMS policies and procedures have been developed by an external consultant with infection control specialists' input and localised for Bryant House. These are appropriate for the service setting including provision of hospital level aged residential care.</p> <p>The IPC programme and policies and procedures link to the quality improvement system and are reviewed and reported on at the monthly quality meeting which is attended by the GM. The GM confirmed being fully supportive of the IPC and AMS programme and that there are</p>

		<p>processes in place to report on significant infection events in a timely manner.</p> <p>Expertise and advice are sought following a defined process with Te Whatu Ora Te Matau a Māui Hawke's Bay infection control officers and experts from the local public health unit accessed when required. A documented pathway within the clinical quality report supports reporting of progress, issues, and significant events to the general manager who is also one of the two owners. A senior RN is responsible for facilitating the infection prevention and control and antimicrobial stewardship programme.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. An outbreak of COVID-19 occurred in August 2023 that involved 11 residents and five staff in the secure dementia unit. The outbreak was contained in this unit. Advice and support were obtained from Te Whatu Ora Te Matau a Māui Hawke's Bay infection prevention staff.</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>PA Low</p>	<p>The infection control coordinator (ICC) role is undertaken by a senior registered nurse. The ICC is responsible for overseeing and implementing the IPC programme at the service level with reporting lines to the CM. The ICC role, responsibilities and reporting requirements are defined in the IPC resource nurse's job description.</p> <p>There has been input into IP practices to ensure culturally safe practice in IP, thus acknowledging the spirit of Te Tiriti. The CM detailed where resources would be accessed in te reo if needed.</p> <p>The IPC programme implemented is clearly defined and documented, however has not been reviewed annually. This is an area requiring</p>

	<p>improvement. The policies and procedures were developed by a suitably qualified external consultant and comply with relevant legislation and accepted best practice and reflect the requirements of IPC standards, including appropriate referencing. The IPC policy developer also has input into other related clinical policies that impact on health care-associated infection (HAI) risks. The clinical manager is involved with product evaluation and selection, and a board member from another ARRC facility was involved with reviewing the building plans for appropriateness and function, including IP aspects. Both advised they have IP knowledge.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. Sufficient IPC resources including PPE were sighted. The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff have been provided with training on policies through education/training during orientation, at shift handover and at staff meetings. Staff advised residents and their family/whānau are educated about relevant IPC issues and this includes influenza vaccination and COVID-19 interventions. Additional staff education/training has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, including urinary tract infection prevention, as verified in a short-term care plan sighted.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused, with the exception of respiratory equipment which is 'single resident' use. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Staff were observed following appropriate IPC practices such as</p>
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		<p>appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The ICC reported that residents who identify as Māori would be consulted on IPC requirements as needed.</p> <p>Partial Provisional:</p> <p>The existing policies and procedures are appropriate to hospital level care services and will be used in the new unit under the oversight of the existing ICC/RN.</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 owner/general manager. 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 the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes information on antimicrobials used. There were examples in individual residents' files demonstrating follow-up of laboratory results and communication with the prescriber to ensure the resident is on an appropriately sensitive antimicrobial(s).</p> <p>Partial provisional:</p> <p>The existing antimicrobial stewardship programme is appropriate for</p>

		hospital level care. The ICC advised the same programme will be implemented in the new unit.
<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>Surveillance of HAIs is appropriate for the size and complexity of the service and is in line with priorities defined in the IPC programme and includes ethnicity data.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory tract, soft tissue, skin, gastroenteritis, and eye infections. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff in the staff meetings.</p> <p>Infection prevention audits were completed, including cleaning and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Records of monthly analysis sighted confirmed the total number of infections and comparison with the previous data.</p> <p>The ICC monitors the infection events recorded. Any new infections are discussed at shift handovers so that early interventions can be implemented as required.</p> <p>Residents were advised of any infections identified and family/whānau, where required, in a culturally safe manner. This was confirmed in progress notes sampled. A COVID-19 infection outbreak was reported in August 2023 (refer to subsection 5.1). The outbreak was managed effectively with appropriate notification completed.</p> <p>Partial provisional audit:</p>

		<p>The existing surveillance programme is appropriate to hospital level care. Overall monthly infection summaries are currently occurring per level of care (rest home and dementia level of care). Processes are in place to enable hospital level care data to be reported on separately, as well as included in the overall facility wide surveillance data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling as demonstrated in applicable sampled staff files.</p> <p>All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the applicable areas. Cleaning products were in labelled bottles and stored securely. There was sufficient PPE available which included masks, gloves, face shields and aprons.</p> <p>The ICC and CM have oversight of the facility in relation to infection prevention and control. There are cleaning policies and procedures to guide staff. Laundry is washed and dried on site. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Partial provisional audit:</p> <p>The existing cleaning and laundry policies and cleaning schedule will be implemented in the new unit.</p> <p>Laundry will be processed in the on-site laundry that will now operate for extended hours. Linen supplies for use in the new unit have been purchased.</p>

		<p>Care staff will undertake environment cleaning of areas occupied or in use as per existing policies. The GM advised that as the occupancy increases a designated cleaner for the new unit will be employed.</p> <p>There is a designated area for the storage of chemicals and hazardous substances. Signage alerting of this has yet to be installed. This is included in the area for improvement raised in criterion 4.1.1.</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 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	<p>There is a role-specific orientation programme that new staff are required to complete within three months of employment at Bryant House. This includes the current facility, key policies and procedures, incident/accident reporting, complaints management, infection prevention and control, restraint elimination, challenging behaviours, individual resident care needs and fire and emergency procedures.</p> <p>The clinical manager has developed an orientation for staff related to the new unit and this includes topics such as the new fire evacuation plan, disaster</p>	<p>Staff have yet to complete orientation to the new unit for topics including the updated site fire evacuation plan, disaster/emergency response, the call bell system, security, use of the bedroom ceiling hoist, use of the air mattresses, ensuring applicable staff have a current medication competency, that staff have completed the cultural competency, and that there will be at least one staff member on the roster at all times with a current first aid certificate.</p>	<p>Ensure all staff are provided with a comprehensive orientation to the new unit including the updated site fire evacuation plan, disaster/emergency response, the call bell system, security, use of the bedroom ceiling hoist, use of the air mattresses.</p> <p>Ensure there is at least one staff member on duty at all times with a current medicine competency and first aid certificate.</p> <p>Prior to occupancy days</p>

		response, the call bell system, use of the ceiling hoist and air mattresses, ensuring applicable staff have a medication competency, that all staff have completed the cultural competency, and that there will be at least one staff member on the roster at all times with a current first aid certificate. The orientation programme for the new unit is yet to commence.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	The GM and clinical manager advise most applicable staff are overdue annual performance reviews as other activities, including resident care, recruitment activities and the site development project, have required additional time. The management team advised any performance issues are followed up with applicable staff.	Staff are overdue annual performance reviews.	<p>Ensure all staff have performance reviews at the interval identified in policy.</p> <p>180 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards</p>	PA Low	Information held about health care and support workers is accurate, relevant, secure, and confidential. Staff ethnicity data is no longer being collected. The processes put in place in 2022 to verbally ask for this information during recruitment is no longer occurring as verified with the GM and CM.	Staff ethnicity data is no longer being collected.	<p>Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>180 days</p>

<p>Organisation (HISO) requirements.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. Vaccines are not stored on site. A controlled drugs register is maintained and weekly and six-monthly checks have occurred. Twelve resident medication charts were reviewed.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart and was current for all residents.</p> <p>Pro re nata medications are administered. However, the effectiveness is infrequently documented as assessed.</p>	<p>Only seven out of 20 pro re nata medications administered had a documented assessment of efficacy. The clinical manager noted this was identified as an issue in the most recent medication-related audit.</p>	<p>Evaluate the effectiveness of pro re nata medications and document the assessment.</p> <p>180 days</p>

<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>At the last surveillance audit, the audit of the menu was in the process of being reviewed by the dietitian. However, records were not available to demonstrate the results of this review as verified via interview with the GM and CM and observation of documents available in the kitchen.</p>	<p>Records were not available to demonstrate the menu has been reviewed by a dietitian.</p>	<p>Ensure records are available to demonstrate that menus are reviewed by an appropriately qualified dietitian and any recommendations actioned.</p> <p>180 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 environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>Partial provisional:</p> <p>The new 17-bedroom unit is designed primarily for the provision of hospital level care, although may also be used for rest home level care. Twelve of the 17 bedrooms have a full bathroom ensuite. There is a large bathroom with toilet and a shower area large enough for a shower trolley and hoist use if required. There is another toilet in the unit. Grab rails are present in the toilet and shower areas and in the corridor areas. The doors are 1.2 metres wide. Each room has windows that can open to a safe distance and underfloor central heating is in place.</p> <p>There are ceiling-mounted hoists in each bedroom that can extend into the bathroom ensuite for applicable rooms. The ceiling hoists have been certified by the installer.</p>	<ol style="list-style-type: none"> 1. The beds have yet to have electrical test and tagging completed. 2. Signage has not yet been installed alerting security cameras are in use. 3. A refrigerator for the storage of medication has yet to be purchased. 4. The bedrooms and bathrooms are yet to be numbered for staff reference to align with the call bell activation and display panels. 5. A Certificate of Public Use for the new unit has yet to be issued by the Napier City Council. 6. Fire protection panelling is in the process of being installed at the two big entrances to the living and dining room area. 7. Fire evacuation information has yet to be displayed for staff and residents. 8. Supplies for use in an 	<ol style="list-style-type: none"> 1. Complete test and tagging of the electric beds. 2. Install signage alerting that security cameras are in use. 3. Purchase a refrigerator for the storage of medications. 4. Number the bedrooms and bathrooms to correspond with details displayed on the call bell display panel. 5. Obtain a Certificate of Public Use from NCC. 6. Complete the installation of fire protection panels in the two remaining areas. 7. Display fire evacuation procedures for staff and residents. 8. Have outbreak and civil defence emergency equipment readily available in the new

		<p>Three hoist attachments have been purchased to date and can be used in any applicable room.</p> <p>The floors are a combination of carpet, vinyl floor and non-slip flooring in bathroom areas. There is a kitchen which has a stove top and oven. A sanitiser was in the process of being installed. The kitchen has a view of the open plan living and dining room, and entrance is via swipe card.</p> <p>New electric beds have been purchased, which are slightly wider than standard single beds. These beds have yet to have electrical test and tagging completed.</p> <p>Security cameras are present monitoring entrance areas and communal areas. External signage has yet to be installed communicating this. There is a screen where images can be reviewed in real time. The management team have access to images remotely. Images are stored for a designated period of time.</p> <p>There is a staff office area with viewing glass into the open plan</p>	<p>outbreak of civil defence emergency (with the exception of food and water) have yet to be assembled for the new unit.</p> <p>9. Signage alerting to location and storage of hazardous substances has not yet been installed.</p>	<p>unit.</p> <p>9. Install signage alerting to where hazardous substances are stored.</p> <p>Prior to occupancy days</p>
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		<p>lounge and dining area. Medications will be stored in this area. A refrigerator for the storage of medication has yet to be purchased (Refer subsection 3.4).</p> <p>Call bells are present in each bedspace and bathroom area. These were functioning when tested. The bedrooms and bathrooms are yet to have numbering installed outside each room to identify the applicable room for the call bell display.</p> <p>The Napier City Council (NCC) has undertaken the final inspection of the building, and five aspects require completion before the Certificate of Public Use will be issued. The GM advised work was in progress to address these issues. The Certificate of Public Use is required prior to occupancy.</p> <p>Fire protection panelling is in the process of being installed at two entrances to the lounge and dining area. Contractors were on site working on this on the day of audit. Fire emergency evacuation information has yet to be displayed for staff and residents in the unit.</p>		
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		<p>Supplies for use in an outbreak of civil defence emergency, with the exception of food and water, have yet to be assembled for the new unit. There are appropriate water supplies available.</p> <p>The service has purchased one air mattress and has sitting scales and clinical equipment and consumables available appropriate for hospital level care. The GM has liaised with the air mattress provider and stated additional air mattresses will be obtained as and when required by residents. Other appropriate furniture has been purchased and ready for placement once the building spring clean (currently in process by the contractors) is completed.</p> <p>There is an area for the storage of hazardous substances. Signage alerting to this has not yet been installed.</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</p>	<p>PA</p> <p>Moderate</p>	<p>Landscaping is in the process of being completed for the new unit. There remains a number of environmental hazards that need to be addressed. Outside furniture has yet to be placed in areas for</p>	<p>Landscaping is in the process of being completed for the new unit. There are a number of external environmental hazards that need to be addressed. Outside furniture has yet to be installed.</p>	<p>Complete landscaping and ensure hazardous elements are removed and appropriate furniture made available for resident and whānau use.</p>

independence.		residents' and whānau use.		Prior to occupancy days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	<p>There is an infection control programme that is appropriate to the service setting including hospital level care services. The GM confirmed that the plan has their approval, and relevant issues are linked to the quality and risk programme. The annual audit/review of the IP programme has not occurred.</p>	<p>The annual audit/review of the IP programme has not occurred as scheduled in early 2023.</p>	<p>Ensure the infection programme is reviewed at least annually and records retained.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.