

Leslie Groves Society of St John's (Roslyn) - Leslie Groves Hospital

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Leslie Groves Society of St John's (Roslyn)

Premises audited: Leslie Groves Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

Dates of audit: Start date: 25 September 2023 End date: 25 September 2023

Proposed changes to current services (if any): Five newly built psychogeriatric bedrooms (an extension to the existing psychogeriatric unit (Taieri) have been verified as suitable for providing specialised hospital services. The psychogeriatric beds across Taieri will increase to 27 beds. The service is planning to open on 1 November 2023. The overall bed numbers will increase to 75.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Leslie Groves Home and Hospital is operated by the St John's Parish (Roslyn) and cares for up to 70 residents requiring hospital level, psychogeriatric and dementia level care.

The purpose of this partial provisional was to verify five newly built psychogeriatric beds as suitable for specialised dementia level of care; therefore, increasing their overall psychogeriatric bed numbers to 27 beds. The audit process included a tour of the newly built extension to Taieri wing; review of documentation; medication management; activities programme; food service; infection control; restraint processes; and interviews with staff and management.

The audit verified that five psychogeriatric beds as part of the extension to Taieri wing are suitable for specialised hospital services. The building will be ready for handover on 12 October 2023. The service is planning to use the rooms from 1 November 2023.

There is an experienced management team. The clinical nurse manager will oversee the clinical operations of the dementia unit and will be supported by an experienced registered nurse.

Two of two findings identified at the previous audit had been addressed.

The corrective actions required by the service are all related to the completion of the internal physical environment to obtain a certificate of public use; fire evacuation scheme approval; completion of a fire drill; and activation of the call bell system.

Ō tatou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Registered nurses and healthcare assistants responsible for administration of medicines completed education and medication competencies at induction and thereafter annually.

The activities programme is suitable for residents at psychogeriatric level of care.

There is an existing kitchen that can cater for modified food and existing dining room. There will be no changes to the current kitchen procedures. The new kitchenette (fluid station) is situated between the two lounges.

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

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

All resident rooms have sliding doors that open to the outdoors. All rooms have been designed for specialised hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells. There are handrails in ensuites. The hallways are wide. All rooms and communal areas allow for safe use of mobility equipment.

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

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

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

The infection control and antimicrobial stewardship programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection control coordinator and clearly defined guidelines. The infection control programme is designed to link

to the quality and risk management system. The programme is reviewed annually. Surveillance data is collated analysed and benchmarked.

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

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

Here taratahi | Restraint and seclusion

There is a restraint policy. The facility is committed to remain restraint free.

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	13	0	2	0	0	0
Criteria	0	87	0	4	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Leslie Groves Hospital is a purpose-built care facility in Dunedin. The facility is across one level and includes a total of 70 beds across three wings. There are 31 hospital level care beds (Redwood), 22 Psychogeriatric beds (Taieri), and 17 dementia care beds (Ferntree). There are no dual-purpose beds. Stage 8 of the renovation and redevelopment plan included the five newly built psychogeriatric beds that is an extension to the existing Taieri wing. The total psychogeriatric bed numbers in Taieri wing will increase to 27. The total bed numbers will increase to 75. The service is planning to use the new extension from 1 November 2023.</p> <p>The purpose of this partial provisional audit was to verify the five newly built psychogeriatric bedrooms and extension as suitable for specialised hospital services. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing for the increase in bed numbers.</p> <p>Leslie Groves Hospital is operated by the Leslie Groves Society of St John's (Roslyn), a charitable trust governed by a Board of Parishioners</p>

		<p>from the Anglican Parish of St John's Roslyn in Dunedin. The service is governed by a team of ten Board members and the culture is underpinned by social, cultural, and professional diversity. There are terms of reference for the Board activities. Board members have expertise in their portfolios. They have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The business plan 2022-2023 has clearly identified their mission, services, and values which link to the strategic direction set by the Board. Identified business goals are documented. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a cultural advisor to the Board.</p> <p>There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. Interview with the general manager and chair of the Board confirmed the Board is committed to supporting the Ministry of Health's Māori health strategies. There are regular Board meetings. A monthly clinical manager and general manager report informs the Board. There is a documented quality and risk management plan for Leslie Groves Hospital that is monitored through the scheduled quality meetings.</p> <p>An experienced general manager (non-clinical) has been in their role for five years and is responsible for the overall leadership of the Leslie Groves Hospital and the nearby Leslie Groves Rest Home. The clinical manager for Leslie Groves Hospital is a registered nurse and been with the organisation for nine years, who holds overall responsibility for clinical governance. The two-unit managers (one for the hospital and one for the psychogeriatric unit) reports to the clinical manager. An external consultant provides oversight of policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa.</p> <p>The management team have completed over eight hours annually of training in relation to managing a hospital and rest home.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the provision of care. There are further rosters available that cover the increase of</p>

<p>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>resident numbers. The service has employed sufficient staff to date to cover the initial increase of beds in the psychogeriatric unit.</p> <p>There is a full-time unit manager of Taieri wing that works Monday to Fridays, has been in the role since June 2023 and was previously the unit manager for two years in Ferntree (dementia unit). The clinical manager works full time (Monday to Friday). There is a four week on-call roster. On-call cover is to be shared between the clinical manager, two-unit managers and one RN.</p> <p>There are five new RNs employed since the last audit, which increases the RN numbers to 18. There are sufficient RN numbers to ensure 24/7 RN cover of the roster across the service since 1 August 2023. In addition to the clinical manager, there is a RN on each shift in Taieri wing as required by the ARHSS D17.3 and D17.4. The previous finding (2.3.1) related to RN shortage on the roster has been addressed.</p> <p>The initial draft roster reviewed includes a registered nurse 0700- 1530 and five healthcare assistants (HCAs) 0700- 1500. On the afternoon shift, a registered nurse is rostered 1500 – 2315, along with five HCAs 1500 – 2300. On night shift there is a registered nurse and two HCAs. A further HCA is added to morning and afternoon shift if numbers or acuity demands. All RNs and a number of senior HCAs have current medication competencies. Healthcare assistants, RNs and activities team members have a current first aid certificate, with at least one person on each shift with a valid current first aid certificate.</p> <p>The service has an experienced activity coordinator (diversional therapist) for Taieri wing, and they work Monday to Fridays 10am-6pm. There is a process in place to communicate changing in staffing levels to family/whānau.</p> <p>There is an annual education and training schedule documented and implemented. The education and training schedule lists compulsory training and competencies which includes cultural awareness training and a Māori cultural competency, which also addresses inequities. The general manager described how they support staff to learn te reo Māori. The Māori health plan includes objectives around establishing an environment that supports cultural safe care through learning and support. There is role specific training for staff. External training opportunities are available for registered nurses and HCAs. Extensive training around</p>
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		<p>dementia care has been provided and include managing of challenging behaviour and deescalating strategies as part of restraint training, Educational Dementia Immersive Experience (EDIE) and walking in another's shoes.</p> <p>All HCAs are encouraged and supported to complete Health & Wellbeing level 3 and 4 (through Careerforce). The facility is in the process to upskill three of their staff to be assessors.</p> <p>There are a total of 54 HCAs working across the service. The HCAs are encouraged to undertake aged care education (Careerforce). Currently all HCAs have either completed a level three or level 4 New Zealand qualification Authority (NZQA) unit standards. There are nine recently employed HCAs to work across the dementia and psychogeriatric unit that still have to be enrolled to complete the relevant dementia standards to satisfy the ARHSS clause D17.11 and ARRC and clause E4.5.f. There are a further 25 HCAs within the workforce that have completed the dementia standards and works either in the dementia unit or psychogeriatric unit.</p> <p>All HCAs allocated to work across the dementia unit, psychogeriatric and hospital completed cultural training as part of their original induction. There is a competency assessment policy. Competencies that are required to be completed by staff at induction include: medication; Medimap (electronic medication system); safe moving and handling; infection prevention and control; hand hygiene; cultural competency; and restraint. Staff induction also includes palliative care/Te Ara Whakapiri training. Registered nurses complete syringe driver training.</p> <p>Six RNs are currently interRAI competent and a schedule of others to be enrolled.</p> <p>Signage supporting the employee assistance programme (EAP) is posted in the staff room. All staff complete code of conduct training to ensure a positive supportive workplace. Staff feedback is sought through annual staff surveys.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service</p>

<p>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>validates professional qualifications as part of the employment process. The service has a current contract with a GP to provide medical services. A GP continues with the current arrangement of twice weekly visits. The GP is available on call afterhours. There is a contracted physiotherapist, and a contract is in place with a local pharmacy. The service has recruited five RNs and nine HCAs since the last audit.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>The service validates professional qualifications as part of the employment process. A register of practising certificates is maintained. The appraisal schedule was up to date for all staff been employed for more than 12 months.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Five new staff (four HCAs and one RN) files reviewed evidence initial orientation of staff are completed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service has commenced gathering the data and reporting at a Board level.</p> <p>The service has policies related to a debriefing process following staff incidents. There are staff well-being support programmes in place to support staff in safe return to work and rehabilitation following incidents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>Five files were reviewed. The service completes an interRAI reassessment when a resident's needs change to consider if the resident requires a change in level of care. Residents' family/whānau are involved in the evaluation of care. Care plans are evaluated six-monthly or earlier when health care needs change. Care plan evaluations document resident progression towards meeting goals. The RN progress notes are consistent with policy requirements within the sample of all five files.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>There is an updated (August 2023) common approved abbreviation list and 'frailty abbreviation list' as part of the suite of clinical policies. Staff orientation self-directed learning package include guideline for the writing of progress notes. Progress notes and internal audits reviewed evidence healthcare assistants only use unapproved abbreviations within their progress notes. Progress notes reflect the true care journey of the resident. Quality meetings and corrective actions reviewed confirmed the service had now addressed the findings at the previous audit (3.2.5) related to progress notes and the use of unapproved abbreviations.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is conducted by a group of three diversional therapists (DT) and two activities coordinators over seven days a week. There is a full-time activities coordinator (a qualified diversional therapist) that facilitates activities in the Taieri unit Monday to Friday. The activities calendar reviewed provides for activities Monday to Fridays to 6 pm. The DT holds a current first aid certificate. The activities coordinator advised plenty of resources are available for staff to deliver the activities over weekend. Leslie Groves' activity programme is augmented by the implementation of a "magic table" Tovertofel. The 'magic table' has a range of programmes for different levels of ability. There is also a Tovertofel in the Taieri extension.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events. The activities programme will be extended to include the new extension to Taieri wing. The activities coordinator advised a monthly calendar and monthly newsletter is emailed to family. A copy of the programme which has the daily activities are displayed and includes individual and group activities. Activities are designed to be flexible and meaningful. Example of activities meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. The activities programme includes entertainers, church services and van outings.</p> <p>Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated. Participation in Māori language week, Matariki, and Māori phrases are incorporated into the activities planner, and culturally focused activities are planned for. There are links with local schools.</p>

		<p>The Diversional Therapy - Quality of Life Policy reflects the importance of residents, family/whānau, and the extended whānau, as applicable, to support wellbeing. Behaviours that challenge is assessed when this occurs and include triggers and personal strategies to de-escalate or divert. There is documentation policy related to activities that include a social and cultural profile to be completed within 24 hours of admission and include the residents past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and is reviewed six-monthly. A resident attendance list will be maintained for activities, entertainment, and outings.</p> <p>There is an opportunity to provide feedback on activities at the monthly meetings and through annual surveys. The last survey was completed in 2022.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management processes in place will not change but will be extended to include the new extension to Taieri wing. The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guidelines. There is a lockable medication trolley. Electronic tablets are available for medication administration.</p> <p>The existing medication room in Taieri wing is currently being refurbished, and it is secure. All the medications are stored securely in Redwood wing till the refurbishments are completed. The clinical manager advised that the temperatures will be monitored prior to placing medication stock in the room. The medication room includes cupboards that still need locks to be fitted (link 4.1.1). There is a hand basin, and a secure lockable entrance and plenty of bench space. Management advise that the key entry will be changed to keypad entry. The medication room can be temperature controlled. There is a medication fridge and controlled drug safe in place but not in use till the completion of refurbishment.</p> <p>Management advised that only those deemed competent, are responsible for administration. Registered nurses and senior HCAs are responsible for medication management. Registered nurses receive training around syringe driver use with two-yearly competencies (if not already completed</p>

		<p>and current). Training around the electronic medication system and competencies are completed at orientation.</p> <p>The medication management policy includes management of self-administration. There will be no self-medicating residents within the psychogeriatric unit.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system. Medication errors are collated as part of the quality and risk management programme. There are no standing orders.</p> <p>Residents and relatives are informed about changing medications and their side effects. All over the counter vitamins, supplements or alternative therapies are reviewed, and prescribed by the general practitioner.</p> <p>The clinical manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There is a full operational commercial kitchen that currently provides services to 70 residents. Food services are provided by an external contractor. The chef manager confirmed the kitchen will be able to manage the increase numbers in residents and modified diets. There is a dining room in the existing Taieri wing that can accommodate the increased number of residents. There is enough space to provide for increase of residents and their equipment. All residents will eat under supervision in the dining room.</p> <p>The four-weekly menu has been approved and reviewed by a registered dietitian. A food control plan has been registered with MPI (expires 30 April 2024).</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. The resident annual satisfaction survey template includes food service. Food in the fridge and freezers were covered and dated. The external contractor conducts audits as part of their food safety programme. Food is transported to each unit via hot boxes. Staff record the temperature of hot and cold dishes prior to serving. Additional nutritious snacks are available over 24hours each day. Special equipment such as 'lipped plates' and built-up spoons are</p>

		<p>available as needs required. Breakfast is made in the main kitchenette in the existing Taieri wing. The fluid station between the two lounges of the new Taieri wing (small kitchenette) has a working bench, a dish drawer and fridge installed. The boiling water system have safety features. Cutlery has been purchased for the fluid station/kitchenette in the new extension.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>The management team stated, the chef will be involved in the activities theme months, particularly during cultural theme months and celebrations. The menu can be substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The entrance to Taieri is through the main entrance. Following the internal corridor, there are further two existing entrances with keypad entry; one through the existing Taieri entrance and one through Redwood wing. The entrance at Redwood wing is boarded off and the keypad entry still needs to be activated. There are construction boarding at room 62 and 50 as part of construction.</p> <p>The new extension to an existing 22 bed- Taieri wing is nearly fully furnished and the newly built included five ensuited bedrooms, two lounges, an office and small fluid station (kitchenette) and sluice. The psychogeriatric beds in Taieri wing will increase to 27 beds. The certificate of public use has yet to be completed. The new space can accommodate family, cultural and religious rituals, including visits by extended family. There are other meeting rooms within the existing Taieri wing available for whānau/family meetings.</p> <p>There is access to four secure garden areas for residents in psychogeriatric unit. One courtyard is newly built and has completed raised gardens and there is safe access to the outdoors. Seating and shade is available. The outside is secure.</p>

	<p>All rooms have been designed for specialised hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells, handrails, handbasin, heater and shower. Toilet seats are coloured.</p> <p>Residents' rooms are spacious, door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family/whānau to socialise with the resident. Flooring in the rooms had not yet been fully laid. The general manager advised heating provided within the rooms can be individually set within the room. The radiator heating was still to be installed. Rooms have big windows and a slider that allow for ample light and ventilation. There is safe access to a courtyard with seating and shade.</p> <p>There are two spacious lounges in the new wing. There are quiet, low stimulus areas that provide privacy when required, including individual rooms. Flooring is not yet fully completed in communal areas. Flooring that was laid in the new build was non-slip and met infection control requirements. Window furnishings, electric hi/lo beds and furniture had been purchased and ready to be installed in the rooms, kitchenette, office, and communal areas.</p> <p>There are also access to three other internal courtyards in existing Taieri wing. The manager advised that the ground around the egress from one lounge will be levelled off to be one level. There is a nurse's office next to the big lounge/dining area in the existing Taieri wing. There is enough IT equipment for staff to use to write notes. The new wing accommodates the unit manager's office, with easy oversight over the two lounges.</p> <p>Existing visitor toilet facilities are available in existing Taieri unit. There are two disability toilets off the dining room/ near nurses' station in the existing wing.</p> <p>There is safe access to all communal areas. The corridors are wide but not all handrails had been installed. The lighting in hallways and communal areas were in the process to be installed. Dimming switches were available. The general manager explained low glare lights to be used and motion sensors in each room are to be installed.</p> <p>The new wing has three storage cupboards and shelving to provide plenty of space for continence products and personal protective equipment (PPE) storage. There is an equipment bay with adequate space in each</p>
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		<p>new wing for storage of mobility equipment. First aid supplies and civil defence equipment is available in the current existing Taieri wing.</p> <p>There are handrails in ensuites. Flowing soap, handtowels and alcolgel are still being installed. The facility has easy clean lino flooring surfaces in ensuites. Polyflor vinal is to be installed in all the communal areas and rooms.</p> <p>The maintenance schedule includes checking of equipment. The current number of lifting equipment, scales and medical equipment is sufficient to accommodate an increase in residents. All electrical equipment were checked as part of the annual maintenance and verification checks. There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme. There is a full-time maintenance person. Reactive and preventative maintenance is in place. Hot water tests have not been completed in resident areas. Essential contractors/tradespeople are available as required.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Staff completed their induction. A fire drill is scheduled for 16 October 2023, prior to opening.</p> <p>A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. A list of civil defence supplies is available for each wing. There is sufficient water supplies and alternative cooking facilities in event of a disaster to accommodate an increase in bed numbers. Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Key staff are required to hold a first aid certificate. All registered nurses have a current CPR certificate. Smoke alarms, sprinkler system and exit signs were installed. The facility has access to a backup generator available in the event of a power failure.</p> <p>There is a van available and there is a policy that guide transportation of residents.</p> <p>Call bells are available in all resident areas, but not yet operational in the</p>

		new wing (i.e. bedrooms, ensuite toilet/showers, communal toilets, dining rooms). There is a security policy in place. There is an automated door entrance to the main foyer. This is locked afterhours.
<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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Leslie Groves business plan and objectives of the quality and risk management plan.</p> <p>Leslie Groves Hospital has access to expertise in IPC and AMS. There is an infection control committee scheduled to meet monthly. There is a documented pathway for reporting IPC and AMS issues to the general manager and the Board. Monthly collation of data is collected by the infection control nurse, trends are analysed and an agenda item at monthly infection control meetings. Benchmarking occurs.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse, general practitioner, Te Whatu Ora- Southern and the public health team.</p> <p>The unit manager of Taieri wing is the infection control nurse and has completed training for the role. There is a documented IPC role description.</p> <p>There are adequate resources to implement the infection control programme at Leslie Groves.</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,</p>	FA	<p>The designated infection control coordinator (IC) is the unit manager of Taieri wing. There are outbreak kits and supplies of personal protective equipment available.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually by an external quality consultant.</p> <p>Policies include aseptic techniques through handwashing, sterile single</p>

<p>and scope of our services.</p>		<p>use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities; however, at the time of the audit, the flowing soap, paper towels and hand sanitisers were not yet fully installed in all the areas (link 4.1.1).</p> <p>There are policies and procedures in place around reusable and single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The IPC policies acknowledge the importance of providing information around infection control for Māori residents in te reo Māori and encourage culturally safe practices. Handwashing and sneeze etiquette posters can be accessed in te reo Māori.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation when required. The service included the checking that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies are completed at orientation and include personal protective equipment (PPE) and hand hygiene competencies. Residents and families/whānau will be kept informed and updated on infection matters in emails, and newsletters.</p> <p>The infection control nurse had input into the new build and procurement of good quality consumables, including PPE and wound dressing products.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>There is an antimicrobials stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The policy is appropriate for the size, scope, and complexity of the service. Compliance on antibiotic and antimicrobial use is evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes for residents. Monthly monitoring templates on the online resident management platform include signs,</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>symptoms, and antibiotics prescribed.</p> <p>Monthly infection control committee meetings are to be used as an avenue to discuss antibiotic prescribing. Prophylactic use of antibiotics is not considered to be appropriate.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>There is a documented surveillance programme that is an integral part of the infection control programme and describes the responsibilities around surveillance.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic infection register. All infections are reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other aged care organisations. Infection control surveillance is discussed at the monthly infection control committee meeting which will continue on the current schedule.</p> <p>Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are extended to include the new area and is scheduled to be completed, with corrective action templates for areas of improvement.</p> <p>Visitors are requested to sign in through a screening process and health declaration at reception. Ethnicity data is collected on the electronic form and analysed by Leslie Groves. The data is used to inform future strategic planning and service delivery and reporting through to the Board. This is already in place for the wider facility.</p> <p>There are documented processes in place to isolate infectious residents when required. There is an outbreak management and Covid-19 policy. There was an outbreak of Norovirus in May 2023 in Redwood (hospital wing), which was notified and managed appropriately. Debrief meetings were held. Residents, family/whanau and staff were well informed throughout the outbreak.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There is a waste disposal policy. Management of waste and hazardous substances is covered during induction of new staff and is included as part of the annual training plan.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. There is enough PPE and equipment available such as aprons, eyewear, gloves, and masks. These are within the medical equipment store in each wing. The cleaning is outsourced to cleaning contractors and provided across seven days.</p> <p>Cleaning products are dispensed from an in-line system. There is a designated locked storeroom for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys have been purchased for the new wing. Waste bins are available for transport of hazardous waste and can be transported to and from the facility using a separate entrance. Staff completed chemical training.</p> <p>There are laundry policies and procedures. There is an existing laundry situated in the service area and demonstrate a dirty to clean flow. Laundry processes will remain unchanged. The laundry is operational seven days a week.</p> <p>There is a new sluice with sanitizer. There are handwashing facilities within the sluice with plenty of stainless-steel bench. The room has keypad entry. Laundry processes will remain unchanged.</p> <p>There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule, with oversight from the infection control nurse.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>There is a restraint policy that describes the process of restraint approval. The policy describes alternative interventions, the assessment and authorisation process, types of equipment approved, training required and monitoring processes. The clinical manager confirmed leadership is committed to keep the facility restraint free. New staff have completed training in the management of challenging behaviour as part of orientation and scheduled annually. Restraint competencies are completed for new staff at orientation. If restraint were to be utilised, restraint data would be</p>

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		collated, analysed, and benchmarked with all other quality data, which is then included in reports to the manager and to the Board.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The handover of the new wing to the owners is planned for 12 October 2022.</p> <p>The internal of the building was not yet fully completed.</p>	<p>(i) The CPU certificate is still to be issued.</p> <p>(ii) The existing medication room in Taieri was in the process of refurbishment and not yet fully complete.</p> <p>(iii) The flooring was not fully installed in the rooms, kitchenette, and communal areas.</p> <p>(iv) Heating was not yet fully installed.</p> <p>(v) Handrails in the corridors need to be installed</p>	<p>(i) Ensure the CPU is obtained.</p> <p>(ii) – (vi) Ensure communal areas and resident rooms are fully furnished.</p> <p>(vii-viii) Ensure Redwood entrance is keypad activated when the construction board is removed.</p> <p>(viii) Ensure construction boarding at existing room 62 and 50 are removed for safe passage.</p> <p>(ix) Ensure water</p>

			<p>(vi) Lighting and heating still need to be installed</p> <p>(vii) One entrance from Redwood that is boarded off is not completed and keypad activated</p> <p>(viii) There is construction boarding at existing room 62 and 50 that obstruct safe passage.</p> <p>(ix) Monitoring of water temperatures in residents' areas are yet to be completed.</p> <p>(x) Egress is not yet fully completed and levelled.</p> <p>(xi) Flowing soap, handtowels and alcogel are still being installed.</p>	<p>temperatures to resident areas are monitored and below 45 degrees.</p> <p>(x) Ensure safe egress as part of the fire evacuation plan.</p> <p>(xi) Flowing soap, handtowels and alcogel to be installed.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	The general manager interviewed confirmed the fire evacuation plan has been lodged for approval with the New Zealand Fire Service.	A fire evacuation plan is documented and has been lodged for approval with the New Zealand Fire Service.	<p>Ensure the fire evacuation scheme is approved.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security</p>	PA Low	Staff have completed their induction. Appropriate training, information, and equipment for responding to emergencies was provided at induction and is part of the annual training programme. A fire drill is	A fire drill training is to be completed for staff to include the new extension.	Ensure a fire drill training is completed for staff prior to opening.

situations. This shall include fire safety and emergency procedures.		scheduled for 16 October 2023, prior to opening.		Prior to occupancy days
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	There is an existing call bell system that is extended to include the new rooms, ensuite and communal areas. The call bells in the new wing were not yet operational.	The call bells and motion sensors were not yet operational.	<p>Ensure the call bells system is activated and operational.</p> <p>Prior to occupancy 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.