

Everil Orr Village Limited Partnership - Everil Orr Living

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:	Everil Orr Village Limited Partnership
Premises audited:	Everil Orr Living
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 June 2023 End date: 20 June 2023
Proposed changes to current services (if any):	Everil Orr Living Care is a brand-new built care facility that will accommodate 86 care suites over three floors.
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 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

Everil Orr Village Limited Partnership (Everil Orr Living Care) is part of Everil Orr Village. Everil Orr Living Care, a newly purpose-built facility, has been developed by Airedale Property Trust (APT) with a separate aged care operator. APT, as of 31 March 2023, took over the management of the care centre and will be providing rest home and age-related hospital level care for up to 86 residents. The care home consists of 68 dual purpose (rest home and hospital) care suites over three floors. Everil Orr Living Care has been built alongside Everil Orr Village on the same property owned by the Methodist Mission.

14 November 2023 - Additional note: The General Manager (GM) has confirmed that at the time of the provisional audit the operator was Airedale Property Trust and currently remains so. The service has requested that the name Airedale Property Trust change to Everil Orr Village Limited Partnership with the aim of this occurring 20 November 2023.

At the time of audit, the building was still under the direction of the project manager for the final stages, with the external and internal finishing near completion. The opening date of Everil Orr Living Care is scheduled for 01 August 2023.

14 November 2023 – Additional note: The GM has confirmed that the building was returned to the provider on the 31 March 2023. All internal and external work has now been completed. The care centre officially opened 01 August 2023 as planned.

This partial provisional audit was conducted against the NS8134:2021 Ngā Paerewa Health and Disability Services Standard. The audit process included a review of documents, observations, interviews with the care home management team, the general manager, the chief executive officer and other staff. A walk through of the care home was included.

Prior to occupancy of residents, the facility will need to show that they have developed a proposed roster and that they have staffing available, that all staff have completed training in Te Tiriti o Waitangi and equity, medication competency, syringe driver competency, infection control and tikanga best practices and chemical and health and safety as applicable. Tag and testing of equipment and water temperatures has occurred. An approved fire evacuation scheme is required, and staff trained accordingly. A verification audit of the food control plan needs to be completed.

14 November 2023 – Additional note: The GM has provided documentation from Te Whatu Ora – Te Toka Tumai Auckland confirming that all corrective actions have been met and signed of as complete on the 27 July 2023.

Ō tatou motika | Our rights

Not applicable to this audit

Hunga mahi me te hanganga | Workforce and structure

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The kitchen is currently awaiting its registration certificate and will then apply for a verification audit. The menu has been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary needs and preferences.

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

The facility has a current building warrant of fitness stipulating certificate for public use with an expiry date of 5 May 2024. The care home has 68 care suites, 18 of which are suitable for double occupancy for a couple. Each care suite on level two and 23 care suites on level 3 have a ceiling hoist. Each care suite has a full ensuite bathroom, adjustable heating and appropriate furnishings. The service has three floors each with a separate dining room and spacious lounges. The final internal and external finishing work is near completion. Furniture, furnishings and resources were all delivered and were on site.

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

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

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

Security arrangements include the use of security cameras.

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

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

Here taratahi | Restraint and seclusion

Not applicable to this audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	6	0	6	0	0	0
Criteria	0	75	0	8	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>APT is a registered charity, along with two other sister trusts, LifeWise and Methodist Mission Northern. It is owned by the Methodist Church, which, in addition to the Everil Orr Village, also supports various social aspects and community organisations/groups.</p> <p>Both the general manager and clinical manager are registered nurses with experience in clinical and management and a background in aged care. The facility manager has experience facilitating several large health services. The management team are familiar with the organisation’s systems and processes and has been involved in staff recruitment and preparing the care suites for opening.</p> <p>The clinical manager is developing a staff roster to support a plan to first occupy the second floor with 29 residents prior to expanding admissions to the first and third floors. There currently is enough care staff employed to potentially support 29 residents; however, further</p>

	<p>recruitment is required for allied supportive staff. The clinical manager is developing a overall roster to ensure to support resident admissions as they move to the first and third floor (refer to 2.3.1).</p> <p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti, which includes karakia and waiata at each meeting. • commitment to recognising and celebrating tāngata whenua (iwi) through partnership, educational programmes and employment opportunities. • a five-year strategic business plan 2022 – 2027 defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. • appointing an experienced and suitably qualified person to manage the service who confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. • demonstrating leadership and commitment to quality and risk management. • being focused on improving outcomes for Māori and people with disabilities. • board members having completed training in cultural safety, Te Tiriti o Waitangi and equity. <p>The CEO and general manager interviewed stated that the monthly reporting to the board includes key business objectives, and once the care facility opens, will also include clinical components (minutes</p>
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		<p>reviewed). The board meets monthly, with the CEO meeting weekly with the general manager. The board reports annually to the Methodist church.</p> <p>The general manager interviewed confirmed that the service does not currently hold any agreements with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. At the time of audit the care suites were unoccupied.</p> <p>14 November 2023 – Additional note: The service has a Aged-Related Residential Care contract with Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland. Currently the provider has 14 residents. Seven residents are assessed at rest home level and seven residents are assessed at hospital level of care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Recruitment of personnel required to adequately staff Everil Orr Living Care continues to occur along with the development of the proposed roster. At least one staff member on duty has a current first aid certificate and there will be a registered nurse rostered on each shift. The service is to provide care and management for up to 86 residents. The plan is to first occupy the second floor and currently there is enough care staff to potentially support 29 residents; however, further recruitment is required for allied supportive staff.</p> <p>14 November 2023 – Additional note: The GM has provided a copy of the roster identifying that there are two registered nurses on an am shift and one registered nurse on the pm and night shift. The morning shift is supported by three care givers and two care givers on the pm and night shift.</p> <p>Currently the provider has 14 residents. Seven residents are assessed</p>

	<p>at rest home level and seven residents are assessed at hospital level of care. All residents are admitted to the second floor. The GM has confirmed that when the service has a total of 18 residents another floor will be opened. The GM confirmed that the current plan is to open floor three to admissions prior to Christmas.</p> <p>The clinical manager interviewed will cover the service 24/7. An on-call RN roster is available to support after hours on call once the facility becomes occupied. A nurse practitioner is to commence their role and be available end of June 2023.</p> <p>14 November 2023 – Additional note: The GM has confirmed that a nurse practitioner has commenced their role June 2023.</p> <p>A clinical manager, three registered nurses (RNs), and nine healthcare assistants (HCAs) have been employed. The HCAs have completed relevant New Zealand Qualifications Authority (NZQA) level training (seven have completed level four and two are currently working toward level four competency). The three registered nurses and the clinical manager are interRAI trained. Non-clinical staff employed consist of three full time staff who have a dual role of housekeeping and laundry, and a maintenance person. A kitchen manager, diversional therapist and another registered nurse are due to commence their roles on 3 July 2023. Another RN has been offered a contract. The kitchen manager will be responsible for the hiring of kitchen staff.</p> <p>14 November 2023 – Additional note: The GM has confirmed that there are currently seven registered nurses and 13 care givers employed. One kitchen manager, one kitchen assistant, one cook and a diversional therapist have also been employed.</p> <p>Continuing education is planned on a biannual/annual basis. Training days for staff have been confirmed for June and July and will include all</p>
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		<p>mandatory training and competency requirements including Te Tiriti o Waitangi, health equity, and Asian and Pasifika health needs. Training in Te Tiriti o Waitangi and health equity have been provided to the board team members. The training calendar identified that all registered staff and level 4 caregivers have completed the theory component of the medication competency, the practical component of medication administration is due to be completed by 19 July 2023. At the time of audit, there is one staff member with a current syringe driver competency; training for the registered staff including the clinical manager is booked for 18 July 2023</p> <p>14 November 2023 – Additional note: The GM has provided training records showing that all registered nurses and level four caregivers have completed all components of medication management competencies. Four registered nurses have completed syringe driver training with further training booked. Te tiriti o Waitangi and health equity training has occurred for all staff.</p> <p>The organisation is supported by a kaumatua and has access and support from Māori and Pasifika groups within the community.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide</p>	<p>FA</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resource management processes. This includes health professionals employed and contracted. A process was in place to maintain the annual practising certificates for all health professionals. A pharmacy, pharmacist, nurse practitioner/practice, podiatrist and physiotherapist are all contracted to provide services for the residents. Recruitment included a record of ethnicity and police vetting was undertaken and recorded. All orientation and ongoing training are facilitated by a clinical educator/RN who works three days a week and who is familiar with the clinical and quality aspects of the organisation and legislative requirements. Orientation for all staff</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>includes lay out of the facility and emergency planning.</p> <p>The service understands its obligations in recruitment in line with the Ngā Paerewa standard, and actively seeks to recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants. Ethnicity data is recorded and used in line with health information standards. Personal staff records were stored securely, and confidentiality was maintained.</p> <p>Annual appraisals are not yet required to be completed.</p> <p>No incidents involving residents and/or staff have occurred, therefore debriefing and discussion have not been required for individual staff or as a team. There was an understanding of this process by the managers interviewed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori 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 policy for medication management was current and included all aspects of medicine management and meets legislative requirements. There are five medication rooms. Medicine fridges have been ordered for each medication room. The clinical manager stated that no other items will be stored in these fridges. These are to be temperature monitored when stocked with medication.</p> <p>A contract was in place with a pharmaceutical provider for the provision of all required medicines. The contractor will be involved with providing staff training as required. The requirements for medicine reconciliation on admission, and review of medicines by the nurse practitioner (NP) at least three-monthly was included in the care planning framework in place.</p> <p>Robotic packs are to be made up for each individual resident when admitted to the service. An impress system for stock medicines is to be</p>

	<p>used. The pharmacist will maintain the impress system, and staff can order supplies when and if required.</p> <p>An electronic medication system is to be uploaded into the facility electronic database on 7 July 2023. The training calendar identified that all registered staff and level 4 caregivers have completed the theory component of the medication competency, the practical component of medication administration is due to be completed by 19 July 2023. At the time of audit, there is one staff member with a current syringe driver competency; training for the registered staff including the clinical manager is booked for 18 July 2023 (refer to 2.3.4)</p> <p>14 November 2023 – Additional note: The GM has confirmed that the electronic medication system is in place and functional. Medication and syringe driver training has been completed for the RNs and level four care givers have completed their medication competency.</p> <p>Staff interviewed were aware of recording any residents' allergies and sensitivities on the medication records and on the electronic clinical records. The practical component of the medication competencies and evidence of required resident information on medication records cannot be verified until the medication system is fully implemented, and residents are admitted to the facility.</p> <p>There are policies and procedures associated with management of controlled drugs in line with the Medicines Care Guide for Aged Residential Care. Safe storage was available. Fob access is required to access the medication rooms. The registered nurses are to be responsible for this process, checking any controlled drugs and maintaining the required registers. The clinical manger interviewed was fully informed of the responsibilities involved.</p> <p>The contracted nurse practitioners are to be responsible for each</p>
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		<p>resident's individual medicines from admission to discharge. At the time of audit, there is a non-self-administering medication policy. Provision and guidance would be available should this be needed.</p> <p>Residents, including Māori residents and their family/whānau, are to be supported to understand their medications and have access to traditional medicines if this is requested.</p> <p>There are no standing orders.</p> <p>The clinical manager was aware of ensuring residents are fully informed about their current medications, what they are used for, and if there are any known side effects. In addition to this, appropriate support and advice for Māori can be provided in relation to treatment. A chief Māori advisor and a nurse practitioner are available if needed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The nutritional services for this new care facility will be provided by the kitchen team with oversight of the kitchen manager. The food will come up from the main kitchen (located on level two) via the service lift (located in the kitchen) in hot boxes to be served from the satellite kitchens on each floor via the serveries which connect directly to the dining rooms. The six-week menu was reviewed in June 2023 and is in line with recognised nutritional guidelines for older people.</p> <p>Residents will have three menu options at lunch and dinner and the option of a cooked breakfast once a week. The menu supports residents that require a modified and/or textured diet. Each resident will have a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. When a Māori resident is admitted to the service, menu options that are culturally specific to te ao Māori will be made available.</p>

		<p>In all three dining rooms, furniture was set up on the day of audit. Adequate lighting was available in the dining rooms. All crockery/cutlery was available. The kitchen manager will be responsible for ordering food service equipment. Each dining room has a hot beverage station for residents and whānau.</p> <p>The service is currently in the process of applying for registration and organising a date for a verification audit of their food control plan to occur.</p> <p>14 November 2023 – Additional note: Documentation sighted shows that the service has a food registration certificate which expires 1 August 2024. The service has also had a verification audit of their food control plan on the 8 September 2023 and expires 6 September 2024.</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>There was a current building warrant of fitness stipulating certificate for public use with an expiry date of 5 May 2024. This was displayed at the entrance to the facility. Tagging and testing of the new equipment is due to be completed mid-July.</p> <p>All care suites on floor two and 23 of the 26 care suites on floor three have a ceiling hoist. The ceiling hoist system was fully tested on 5 May 2023, and ceiling hoist training for staff occurred on 13 June 2023. Interviews with the facility manager and maintenance person confirmed that hot water temperatures will be completed and recorded. A plumber is booked for 23 June 2023 to complete a test of all water temperatures. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The general manager, facility manager and clinical manager have had full oversight of the care home and have been working collaboratively with the maintenance manager in readiness for the official opening of the care suites, to ensure all equipment and resources are safely installed and accessible.</p>

	<p>14 November 2023 – Additional note: Test and tagging of the new bought furniture is booked to occur in June 2024. All water temperatures were checked by the external contractor 3 May 2023.</p> <p>There are currently a total of 68 care suites. On floor one there are 19 care suites, and of those 19, 7 care suites are suitable for double occupancy of a couple. On floor two there are 23 care suites, and of those 23, six care suites are suitable for double occupancy of a couple. On floor three there are 26 care suites, and of those 26, five care suites are suitable for double occupancy of a couple. The total occupancy for the facility will be 86.</p> <p>Each of the individual care suites has a kitchenette and ensuite. Safety rails are installed to maximise residents' independence. All care suites have external double-glazed windows for ventilation. There are call points in each lounge and bedroom. The bedroom call bell can accommodate two separate call cords and residents will also have access to pendants. In each ensuite there is a bell cord over the shower and a call bell by the toilet. All light switches are at a height that residents can easily access and along the lower wall are automated sensor lights that can be turned off if requested. Residents will be able to personalise their individual care suites on admission. On each floor there is a main lounge which has a gas heater, a dining room and a smaller lounge. Residents will also have access to the lounges/library, dining areas, outside areas and other amenities, such as the hairdresser located on the downstairs floor.</p> <p>There are a number of storage areas on each floor. Included on floors one, two and three are two nurses' stations, cleaners' rooms (one of the two rooms holds chemicals), sluices which have a laundry chute accessing the main laundry on the first floor, medication rooms, staff toilets, visitors' toilets which include disability access, and a communal shower room. An inventory report was sighted of all the new electrical equipment and consumables that had been ordered.</p> <p>The corridors and main living areas have central air heating and care</p>
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		<p>suites have a heat pump. The heating system in each resident's care suite was able to be controlled from the nurses' station.</p> <p>There are stairwells and two lifts accessing all three floors. The existing smaller lift will be used for delivery of food to the satellite kitchens and delivery of goods to the main kitchen. The main lift will be the main access for residents and visitors and accommodates a bed if required. One wall of the main corridor on each floor has a handrail. There are hand sanitisers in all ensuites, clinical and allied health rooms, guest bathrooms and entry to dining rooms. There is also a static dispenser at the main entrance and at each lift access.</p> <p>There is a spacious dining area and lounge. Tables and chairs (all newly purchased) are comfortable and appropriate for residents to enjoy the dining experience. The dining area is located next to the kitchenette and service area.</p> <p>There is a physiotherapy room with exercise equipment, a chaplain's office, an office for the nurse practitioner, and a large activities room located on the third floor. A hair salon is located on the second floor.</p> <p>Consultation was sought with Māori throughout the renovation of the upstairs floor to ensure the design and environment reflects the identity of Māori. Artwork has been ordered and will be presented throughout for residents and family/whānau to enjoy.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>PA Low</p>	<p>Training for all staff is booked for 21 June 2023 and includes training in fire emergency and the call bell system. An external facilitator will provide emergency training for all staff on 19 July 2023. A fire evacuation scheme is in place and an application was submitted June 2023; the service is currently awaiting approval by Fire and Emergency New Zealand (FENZ). Emergency flip charts were available for staff and are displayed in each nurses' station. A call bell system was installed in</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>each care suite by the bedside, in the lounge and in the ensuite bathrooms. Call bells were also located in all main communal areas.</p> <p>14 November 2023 – Additional note: Training records sighted identified that fire and emergency training for all staff occurred on the 21 June 2023. This training included evacuation chair training, fire evacuation walk through, assembly points and fire evacuation document and planning.</p> <p>The fire evacuation scheme approval letter from the FENZ dated 25 July 2023 was sighted.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. All staff have completed first aid training and certificates were reviewed. Training booked for all staff on 19 July 2023 will include health and safety, moving and handling, chemical safety and incident reporting, and in future will be included in mandatory training for all staff.</p> <p>14 November 2023 – Additional note: Training records sighted identified that Health and safety, moving and handling, chemical safety and incident reporting has been completed for all staff.</p> <p>Closed-circuit television (CCTV) is in operation in main communal areas and corridors, and signage has been installed. The health and safety business partner interviewed confirmed that a health and safety committee is currently being developed and will include designations from all areas.</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>FA</p>	<p>The general manager and clinical manager interviewed were knowledgeable in infection prevention (IP) and antimicrobial stewardship (AMS) and IP as part of the quality and risk management programme. Interviews with board members confirmed that the governance group is</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>fully supportive of and committed to IP and AMS. The general manager, clinical manager and facility manager are experienced and will be supporting the implementation of the IP program when the care home opens for admissions.</p> <p>External expertise is available as required. Training in infection control for all staff is offering on the 5 July 2023. The general manager was consulted with the development of the care home in regards to infection control when APT took over management on the 31 March 2023.</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. 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. 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 IP and AMS programmes are developed for the size and complexity of the services offered and have been signed off by management and are linked already to the quality and risk management system. A review of the programme is planned annually. The IP and AMS policies and procedures required are available for the service commencing. Legislative requirements and references are acknowledged. A pandemic plan is in place.</p> <p>The training calendar evidenced that training for all staff in infection control and tikanga best practices is due to occur 5 July 2023. There are sufficient infection prevention (IP) resources, including personal protective equipment (PPE), which were sighted.</p> <p>14 November 2023 – Additional note: Training records sighted show evidence that staff have completed training in infection control and tikanga best practices.</p> <p>A registered nurse is the infection control co-ordinator who has completed relevant training in infection control and will be supported by the clinical manager.</p> <p>Infection prevention was included in the internal audit schedule</p>

		<p>reviewed. Both the IPC and clinical manager will have access to the residents' clinical records.</p> <p>Disposable resources for infection prevention, such as dressing packs, dressings, and catheter packs, have been ordered. There is provision for sterilising of urinal equipment. Processes are documented for cleansing of reusable medical devices after use. Single use medical devices are not to be reused.</p> <p>Infection prevention signage includes hand hygiene protocol that is also available in te reo Māori.</p> <p>Advice was sought from an IP perspective throughout all stages of the planning and building of this new facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme documents national guidelines. Responsible use of antimicrobials is to be promoted. The effectiveness of the AMS programme is to be evaluated by monitoring antimicrobial use and identifying areas for improvement. The developed programme reviewed was appropriate for the size and nature of this aged residential care service. The clinical manager stated that access will be available to residents' clinical records and laboratory results as needed.</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>	FA	<p>The surveillance programmes already developed, include surveillance of healthcare-associated infections (HAIs). The surveillance programme reviewed is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection prevention and control programme, including cultural aspects. Surveillance of healthcare-associated infections will include ethnicity data. Surveillance will be undertaken monthly by the clinical manager and results shared with staff</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>and board members.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>PA Low</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial organisms. Housekeeping staff are available to provide the cleaning and laundry services. The laundry situated on floor one is designed to meet all requirements. Commercial washers and drying machines have been installed. A laundry chute system is installed thus allowing for minimal handling of soiled linen required from the sluice on each floor, which then has direct access to the laundry room. Adequate supplies of linen are readily available. The housekeeping staff have received appropriate training in preparedness for their roles. The education calendar acknowledges that further training in chemicals and health and safety for household staff is confirmed for 16 July 2023.</p> <p>14 November 2023 – Additional note: Training records sighted show evidence that all household staff have completed further training in chemicals and health and safety.</p> <p>Staff have documented policies and procedures for the management of waste and infectious and hazardous substances to follow. Storage for chemicals is labelled and appropriate. Maternal data sheets are available for staff. The designated cleaning and waste rooms are locked when not in use.</p> <p>The general manager, clinical manager and facility manager have had input into the building and environment throughout the project.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Recruitment continues to fill the proposed roster for the delivery of rest home and hospital level care in the care suites. There are currently enough care staff, but insufficient allied staff employed to fill the initial proposed roster for the second floor. An overall proposed roster is currently being developed to show staff requirements and further recruitment required to support when the care centre is fully occupied.</p>	<p>Ongoing staff recruitment is still required. There is currently no proposed roster to support the second floor opening or the care centre overall.</p>	<p>Provide evidence of a proposed roster and staffing to meet the needs of the service.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can</p>	PA Low	<p>Orientation and ongoing training is occurring for staff. Training in Te Tiriti o Waitangi and health equity has been confirmed for June and July 2023. The theory component for staff support medication competency has been completed and theory component booked</p>	<p>Training in Te Tiriti o Waitangi and health equity has not occurred for all staff.</p> <p>Training for staff supporting medication management have not</p>	<p>Provide evidence that all staff have completed training in te Tiriti o Waitangi and health equity.</p> <p>Provide evidence that there are sufficient RN staff members with syringe driver</p>

<p>provide high-quality safe services.</p>		<p>for the 19 July 2023. Syringe driver training for registered nurses has been confirmed for 18 July 2023.</p>	<p>completed practical sign of off medication competency. Registered nurses have not completed syringe driver competency.</p>	<p>competency to support the new service. Provide evidence that all staff supporting medication management have an up-to-date theory and practical competency in medication administration and in the use of the electronic medication system. Prior to occupancy days</p>
<p>Criterion 3.5.5 An approved food control plan shall be available as required.</p>	<p>PA Low</p>	<p>The kitchen has a food control plan. The kitchen manager has been appointed and is due to commence their role on 3 July 2023. The service is currently in the process of applying for registration and organising a date for a verification audit of their food control plan to occur.</p>	<p>The service does not currently have registration and a verification of an approved food control plan.</p>	<p>Provide a registration certificate and an approved food control plan. Prior to occupancy days</p>
<p>Criterion 4.1.1 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 Low</p>	<p>There was a current building warrant of fitness stipulating certificate for public use with an expiry date of 5 May 2024. This was displayed at the entrance to the facility. All equipment has been brought brand new. Tagging and testing of the new equipment is due to be completed mid-July. A maintenance calendar was sighted at time of audit. Interviews with the facility manager and maintenance person confirmed that hot water temperatures will be completed and recorded. A plumber is booked for 23 June 2023 to complete a test of all water temperatures.</p>	<p>Tag and testing of equipment and hot water temperature recordings is not yet completed.</p>	<p>Provide evidence that test and tagging of equipment and hot water temperature recordings have been completed. 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	<p>A fire evacuation scheme is in place and an application was submitted in June 2023. The service is currently awaiting approval.</p>	<p>The care centre does not have an approved fire evacuation plan.</p>	<p>Provide evidence that the fire evacuation scheme has approval from FENZ prior to residents been admitted to the facility.</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 situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Orientation of staff has included what to do in case of a fire. Training for all staff is booked for 21 June 2023 and includes further training around fire emergency and the call bell system. Formal emergency training by an external facilitator for all staff is booked for 19 July 2023.</p>	<p>Staff have not completed training in fire and emergency preparedness</p>	<p>All staff to have completed training in fire and emergency preparedness for the facility prior to admission of residents to the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>	PA Low	<p>A registered nurse is the infection control co-ordinator who has completed relevant training in infection control and will be supported by the clinical manager. Training in infection control and tikanga best practices for staff had not occurred at time of audit. The education calendar showed that this training is booked for 5 July 2023.</p>	<p>Staff training for staff in infection control and tikanga best practices has not occurred.</p>	<p>Provide evidence that all staff have completed training in infection control and tikanga best practices.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.1</p>	PA Low	<p>Staff have documented policies and procedures for the management of waste</p>	<p>Training for staff in chemicals and health</p>	<p>Provide evidence that staff have completed training in</p>

<p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>		<p>and infectious and hazardous substances to follow. Storage for chemicals is labelled and appropriate. Maternal data sheets are available for staff. The housekeeping staff have received appropriate training in preparedness for their roles. Training for staff in chemicals and health and safety had not occurred at time of audit. The education calendar acknowledges that training in chemicals and health and safety for household staff is confirmed for 16 July 2023.</p>	<p>and safety had not occurred.</p>	<p>chemicals and health and safety.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.