

Kena Kena Rest Homes Limited - Kena Kena Rest Home

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Kena Kena Rest Homes Limited

Premises audited: Kena Kena Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 22 April 2024 End date: 22 April 2024

Proposed changes to current services (if any): In the existing facility, the rest home room numbers (including nine LTOs) have decreased from 40 to 39.

The service has a newly built wing of 12 care suites (LTOs) attached to their existing facility that were verified at this audit as suitable to provide rest home level care. This will increase their certified rest home beds to 51. The service can provide care for up to 53 residents (two LTOs in the existing building was previously certified for couples). The total of LTO units increase from 9 to 21.

Total beds occupied across all premises included in the audit on the first day of the audit: 39

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 tātou 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

Kena Kena Rest Home is a 39-bed rest home located in Paraparaumu Beach and offers rest home level of care. This includes nine licence-to-occupy self-contained care suites which are all certified as rest home beds.

There were 39 residents on the days of the audit. The owner/director is the facility manager supported by the other owner/director who manages another sister facility. The directors are supported by the other shareholder, the operations manager, and the registered nurse. Both directors are registered nurses who have vast experience in the healthcare sector.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home level of care across 12 beds in a new extension to the current 39-bed facility. The service plans to open 15 May 2024. The owners own another 36-bed rest home in Paraparaumu Beach.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home care. There are clear procedures and responsibilities for the safe and smooth admission of new residents into the new wing.

The service has addressed the previous certification shortfalls relating to medication management.

Improvements are required related to the implementation of clinical governance and review of the effectiveness of the current infection control programme. Improvements related to the building required prior to occupancy, include completion of the building; obtaining of a CPU; monitoring of hot water temperatures; completion of internal furnishings; completion of landscaping and fence; provision of seating and shade; level access to and from the indoors; obtaining the fire scheme approval letter; instalments of exit signs; completion of the fire drill; appropriate place handrails; and activation of the call bell system.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The business plan and strategic plan includes a mission statement and operational objectives. There are two directors/owners who provide a proactive hands-on approach and are closely involved in the day to day running of the organisation. They are supported by an operational manager which provides support to the two local facilities. The owner is a registered nurse and supported by another part-time registered nurse. External advisors are engaged to provide advice on cultural safety, clinical issues and other areas of expertise as needed. There is an employer policy that describes rostering and staffing. The service has a sufficient number of caregivers who already completed induction to the service. Human resources are managed in accordance with good employment practice. There is a 2024 training plan in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are sufficient number of staff that are medication competent. Medications are appropriately stored within the facility. There is a process for disposal of expired medication.

Medication policies reflect legislative requirements and guidelines. The service is using an electronic medication system. There is a secure nurse's station. Registered nurses and senior healthcare assistants responsible for administration of medicines will complete education and medication competencies at induction and thereafter annually.

There is an existing kitchen in the main building. The food services are appropriate.

The five-weekly menu has been approved and reviewed by a registered dietitian. There is a current food control plan.

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

The new extended wing has a separate entrance. The facility built has not been completed. There are seven rooms (care suites) that are 22sqm and five that are 25sqm. Painting of the interior, internal furnishings, flooring is in the process of completion. There is preventative maintenance work process in place. Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau. All new equipment has been purchased. Equipment/furniture is yet to be installed.

The wing is accessed by a separate entrance or through the main entrance of the existing facility. The wing has a spacious lounge with a large dining room, and kitchenette off the side of the lounge. There is another communal area that is spacious and allows for quieter space. There is space for mobility equipment. The internal courtyard and exterior landscaping is still to be completed. Outdoor areas also include access to and from the lounge; there is not yet seating and shade. The boundary fence adjacent to Percival Street has yet to be completed.

The approved fire evacuation scheme needs amendment, and this has not yet been obtained. Staff will receive training around emergency management prior to opening. There is a call bell system that needs to be activated. There are security procedures in place. There is plenty of space for medical equipment, continence products and PPE storage with shelving.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed by an external aged care consultant and approved by the owners.

The infection control coordinator is the owner (registered nurse). Education is provided to staff at induction to the service and core topics are included in the education planner. There is an antimicrobial policy. Infection data is be collated and monitored monthly. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

There is a secure sluice, and a secure laundry situated off the wing that includes a dirty to clean flow. There are documented cleaning processes.

Here taratahi | Restraint and seclusion

Not audited.

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	8	0	4	0	0	0
Criteria	0	77	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.

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>PA Low</p>	<p>Kena Kena Rest Home is located in Paraparaumu Beach and currently offers 39 rest home level of care beds (including nine licence-to-occupy [LTO] care suites which are all certified as rest home beds). Two of the LTOs were previously certified for couples.</p> <p>On the day of the audit, there were 39 residents, including two under the long-term support chronic health condition contract (LTS-CHC), three younger persons under a residential disability contract (YPD), and the remainder were funded through the age-related residential care contract (ARRC).</p> <p>This partial provisional audit was completed in respect of verifying a new 12 bed wing with care suites, that is an extension to the current building, to be suitable to provide for rest home level of care. This audit was completed with an on-site tour of the environment, review of documentation and interview with the owner (a registered nurse), and operational manager. This audit verified the 12-bed licence to occupy care suites as suitable to provide rest home care. The total bed numbers will increase across the service to 51.</p> <p>The service plans to open the new wing 15 May 2024. There are two owners/directors (both registered nurses) and one additional shareholder. They are experienced in providing rest home level care with another 36-</p>

	<p>rest home facility (Kapiti) nearby. The owners/directors and shareholder is involved in the day-to-day care of their two facilities. Day-to-day operations are managed by the owner/director (FM), who is supported by the other owner/director, shareholder, operations manager (OM), and part-time registered nurse (RN). All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. They have all completed eight hours annually of professional development activities related to management.</p> <p>Each owner/director oversees a facility and acts as the registered nurse. They meet weekly to discuss operational and clinical matters. The owner/directors and shareholder assume accountability for delivering a high-quality service through seeking meaningful representation of Māori in business planning and honouring Te Tiriti. Kena Kena Rest Home has a Business and Quality and Risk Plan (2024) in place, which links to the organisation's vision, mission, and values. The operational manager assists with the direction of the business plan and reviews the business objectives annually. The business objectives include preparation for the readiness within an increased capacity. A transition plan is documented to mitigate risks and include a draft roster, equipment list, residents' rights, infection control, food service, and governance/management. Business objectives were reviewed for 2023.</p> <p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The business plan documents the commitment of Kena Kena to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Local Māori leaders have been involved in the new wing and provided a blessing for the new wing.</p> <p>There is a cultural safety statement that supports the Ministry of Health's Māori health strategies and addresses barriers to equitable service delivery. The owner and facility manager for Kena Kena Rest Home interviewed stated the working practices at Kena Kena Rest Home are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. Annual residents survey feedback is included as part of business plan.</p>
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		<p>The management team has attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity. The owner/directors are ensuring provision of and access to education related to Te Tiriti, health equity and cultural safety competency. The directors/owners meet weekly to discuss governance matters.</p> <p>The owners include participation from kaumātua when planning the service. The owners guide the development and approval of business plans and respond to benchmarking, monthly comparisons between the facility, and high-risk events as they arise. The owners manage and guide quality and risk. Quality goals are documented and include key metrics on equity, including the number of staff identifying as Māori and the number of residents identifying as Māori. Clinical indicator data and health and safety are reported through a monthly quality assurance meeting (quality meetings) and quarterly staff meetings; however, there were no evidence of quality assurance meetings held since September 2022.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through three-monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The owner (and RN) and a part-time registered nurse share the roster over seven days to provide weekend cover till 4.00pm. When the owner is absent, the part-time RN or other owner carries out all the required duties under delegated authority. There are documented processes to address the staffing implications and recruitment is underway for an additional laundry person and two caregivers. Absences can be covered by staff working extra hours or casual staff.</p> <p>Currently there are five caregivers on in the morning and one shorter shift to assist with breakfast. One longer shift is added to the roster to accommodate the 12 new care suites.</p> <p>Currently there are four caregivers in the afternoon. Another caregiver is</p>

	<p>added to the roster to accommodate the new 12 care suites.</p> <p>There are two caregivers at night.</p> <p>There are sufficient staff for non-clinical duties. There are two cleaners per day till 3 pm and two activities coordinators three days a week (Tuesday, Wednesday and Thursday till 5pm) and one activities person on Monday, Tuesday and Saturday. There are sufficient kitchen staff in the morning and in the afternoon. Currently laundry tasks are completed by caregivers. Recruitment is taking place for a full-time laundry person from 7am to 3pm.</p> <p>The owner explained the staffing levels are adjusted to meet the residents' changing needs. Residents and families are kept up to date. Senior Caregivers and RN's maintain current first aid certificates so there is always a first aider on site.</p> <p>There is a documented training plan over two years. Training and education is provided monthly and includes guest speakers, face to face training provided by the RN/owner, self-directed learning and questionnaires. Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of PPE, and standard infection control precautions); resident rights; continence management; culture and support; advance directives; pain management; chemical training; advocacy; abuse and neglect; code of conduct; cultural awareness; end of life care; behaviours of concern; manual handling; safe medicines management; restraint minimisation; first aid; fire evacuation; managing feedback and complaints; and enduring power of attorney. Related competencies are assessed and support equitable service delivery. All education questionnaires are signed off by the owner/director and evidence of this was sighted in staff files.</p> <p>All care staff are supported to complete or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. There are 23 caregivers and nine of which have completed either level 3 or 4 health and wellbeing qualifications. The RN and owner meet their training requirements through Health New Zealand online training, attendance of conferences and NZACA workshops.</p> <p>There are individual training records of completion of the required training</p>
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		<p>and competency assessments in the staff files. The ethnic origin for each staff member is documented on their personnel records and used in line with health information standards. The operations manager reported the model of care ensures that all residents are treated equitably.</p> <p>Staff attended cultural awareness training in October 2022. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content includes resources for staff to encourage participation in learning opportunities and up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. 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. A record of completion is held. Medication competencies are completed annually. The RN is interRAI trained.</p> <p>There are documented policies to manage stress and work fatigue. Staff are provided with opportunity to participate and give feedback.</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. 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>	FA	<p>The owner explained the staffing levels are adjusted to meet the residents' changing needs. Residents and families are kept up to date. Senior Caregivers and RN's maintain current first aid certificates so there is always a first aider on site. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. Staff files included: reference checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. Police checks are not mandatory; however, there is a policy that guides when one is required.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care</p>

		<p>professionals. There is a GP contracted to provide medical services. Kapiti does not have a local after-hours GP service anymore. After hours an ambulance would be called if required. There is a local urgent medical centre available until 10pm; however, that requires the facility to take the resident there and wait in a queue. The GP is generally available for urgent calls.</p> <p>Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>There is a contracted physiotherapist in place as required.</p> <p>There is an appraisal policy. Three-month (skill assessments) appraisals are scheduled after completion of induction. Two-day orientation programme for new staff are documented and include buddying with a delegated person. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies will also be completed at this time. 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. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>There is a personnel file policy. Ethnicity data is identified during the employment application stage.</p> <p>The service has policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The policy describes medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained on an electronic medication management system (Medimap), with documented allergies</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>and sensitivities. Medications are supplied to the facility from a contracted pharmacy. Medication is checked by a registered nurse when it arrives from the pharmacy, against the electronic medication chart (Medimap). Medications are checked weekly for expiry dates and there is a process where the medication is sent back to the pharmacy.</p> <p>There is a centralised nurse's station and securely locked medication room. The medication room was refurbished and include bench space, lino flooring, a fridge, a medication safe and locked cupboards for medication storage. There is a hand basin with flowing soap, hand gel and paper towels. There is a medication trolley in place. The facility does not intend to buy an additional trolley at this stage (limited space in medication room). The intention will be to swap the blister pack folders in and out of the trolley for each round and leave the excess in the locked medication room when not in use.</p> <p>Medications and `as needed` medications are prepacked in blister packs. Medication administrations is by the registered nurses and caregivers. There are a sufficient number of medication competent caregivers to cover the required shifts. Medication competencies were sighted to be current. Training around the electronic medication system and competencies are completed annually.</p> <p>Medication incidents are completed in the event register of the electronic resident management system (Leecare), they are investigated, disclosed to the resident or EPOA and responded to appropriately. There is an internal audit schedule in place that includes the monitoring of the effectiveness of the implemented medication processes. Two residents' charts were reviewed who received regular prn medication; the effectiveness of the pain strategies are recorded. The current GP considers and documents, indications for prn medications, over the counter and supplements when prescribing medications.</p> <p>Medications were stored safely and securely in the trolley, locked treatment room and cupboards. There was a self-medication policy in place when required. There are competencies to be completed and reviewed on a three-monthly basis for any residents wishing to self-administer medications. There are locked drawers available in each resident room. There were no standing orders in use. Medication fridge and medication room temperatures are taken electronically; any temperatures outside the parameters raised an alert with the operations</p>
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		<p>manager.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their family/whānau, are supported to understand their medications. The owner manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place.</p> <p>An improvement related to the documenting effectiveness of PRN medication, checking of new medication packs against prescription charts, and expired PRN medication packs in stock raised at the surveillance audit, has been addressed.</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 centrally located kitchen in the main building. The kitchen is designed in three parts: one for cooking, one area for dishing and one for clearing up. The kitchen includes pantry, chiller, and stand-up freezer. There is one door from the kitchen that open up to a dining room. It is intended that the cook will dish meals and pass to caregivers at the door of the kitchen to serve to residents in the dining rooms. Meals will be plated and transported in a hotbox to the dining room in the new wing.</p> <p>There is a current food control plan in place that expires 24 November 2024. There is a five-week menu that has been reviewed by a dietitian on 5 March 2024.</p> <p>There is separate handwashing facilities with flowing soap, hand gel and paper towels. Staff were observed to use hairnets. The cook stated the current outlay of the kitchen and staff numbers are sufficient to provide for the increased numbers of residents. The transition plan documented purchasing more cutlery, crockery and glasses.</p> <p>The cook and kitchen staff completed food safety training.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. The fridge temperatures in the new kitchenette will be included in the current fridge monitoring and cleaning schedule. The resident annual satisfaction survey template includes food service.</p>

		<p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per current processes.</p> <p>Equipment has been purchased for the new dining rooms/kitchenette.</p> <p>The cook stated they are 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>The Māori health plan in place included cultural values, beliefs, and protocols around food.</p> <p>The food service is verified to be appropriate for the increased numbers of rest home residents.</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 is a building warrant of fitness that expires 4 June 2024 and a CPU which expired on 10 April 2024. An email sighted evidence a request for an updated code of compliance.</p> <p>There is appropriate equipment and amenities in place to provide for peoples' cultures and supports cultural practices.</p> <p>The new wing is purpose-built across one level and is spacious. All building and plant have not yet been completed. The individual rooms, dining room/lounge and kitchenette are not yet fully completed. The internal furnishings, including flooring and window furnishings, and arrangement of furniture is incomplete.</p> <p>There is a secure nurse's office and medication room in the main building and is easily accessible from the new wing through Aoraki wing or Taranaki wing.</p> <p>The new 12 bed care suites will be licenced to occupy units and have a separate entrance of the parking area in Percival Road.</p> <p>There is a centralised foyer/front door that connects to a large lounge, dining room and kitchenette. There are disability, staff and visitors' toilets.</p>

	<p>There are outdoor spaces off the lounge. All surrounding landscaping and pathways are not completed to provide for level access to and from the doors that lead to the outside. The front fence facing Percival Road is not yet erected.</p> <p>There are 12 care suites built down one corridor. The individual care suites are spacious between 22- 25 sqm. There is only internal access to the rooms, with no individual access to the outdoors. Each unit consists of a combined bedroom/lounge area and full ensuite small kitchenette with jug, fridge and microwave. There are inbuilt wardrobes. Five of the units that are 25 sqm and spacious to provide care for couples; however, the owner stated their intentions is to provide for single occupancy. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. There are windows to provide for sunlight and ventilation. Windows are hatched for security.</p> <p>There are not yet handrails in the ensuites and hallway. There is appropriate lighting. The hallways are wide and include a number of sitting areas for residents to rest. All rooms, ensuites and communal areas allow for safe use of mobility equipment. It is advised that all rooms and communal areas will be carpeted throughout, with vinyl surfaces in ensuite showers/toilets. There is adequate space in the dining room and lounges to accommodate mobility equipment. There is plenty space for medical equipment, continence products and personal protective equipment storage with shelving.</p> <p>All rooms have appropriately situated call bells. The service has purchased all furniture for communal areas.</p> <p>The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be 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 maintenance person that oversee the preventative maintenance is in place. Hot water tests have not been completed in resident areas. Essential contractors/tradespeople are available as required.</p> <p>Spaces within the wing can accommodate family, cultural and religious rituals, including visits by extended family.</p> <p>There are heat pumps in the rooms and communal areas that can be</p>
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		<p>individually set in resident rooms. A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. Smoke alarms, and sprinkler system are in place but not yet exit signs. Access to the electronic resident management system will be wall mounted. There is wi-fi in the building.</p> <p>The new 12 care suites are verified to provide for rest home care when all the improvements required are implemented.</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 for each site, as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. Smoke alarms and sprinkler system are in place but not yet exit signs. There is not yet any civil defence supplies, first aid kit or outbreak supplies in the wing. There is emergency water storage unit that has been redundant due to the build and a new 4000 Liter purchased but not yet in place.</p> <p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and this is included as part of the annual training programme.</p> <p>Key staff are required to hold a first aid certificate. All registered nurses and care staff allocated to the roster have a first aid certificate.</p> <p>The facility has a generator in the event of a power failure. There is alternative cooking facilities in an event of a disaster/emergency. The service has a van and there is a transportation policy.</p> <p>The call bell system and staff communicate with phones; the system is not fully operational in the new wing. Advised that the call bells can be heard throughout the facility. Call bells are available in all resident areas, (i.e. bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is a security policy in place. There is an automated sliding door entrance to the foyer. This is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control is part of the Business, Quality and Risk Plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader and the owners/directors. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>A registered nurse (owner) is the IC coordinator.</p> <p>Infection control is part of the quality assurance meeting templates; however, there was no evidence that these have occurred since September 2022 and no documented evidence that infection prevention incidents and issues are discussed (link 2.1.11).</p> <p>There is an infection control coordinator job description. Additional support and information is also accessible through the infection control team at Health New Zealand- Te Whatu Ora, the community laboratory, and the GP, as required. The infection control coordinator will have access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC has completed infection control training. The owner has access to a network of professional aged care peer support within Kapiti when required.</p> <p>The owner described the pandemic plan and confirmed the implementation of the plan proof to be successful at the times of outbreaks. The IC audit monitors the effectiveness of education and infection control practices. The IC has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted and processes are in place for the stock to be regularly against expiry dates. There are IC resources readily accessible to support the pandemic plan if required. Training is standard precautions are part of the annual training</p>

		<p>plan.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Cultural considerations related to infection control practices is documented in the related policies, resources and part of training.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The IC explained clear process of involvement during the recent build.</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 staff orientation and included in the annual training plan. Current staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau will continue to be kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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>	<p>PA Low</p>	<p>The infection control is part of the Business, Quality and Risk Plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader and the owners/directors. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand - Capital, Coast and Hutt Valley.</p> <p>Infections are documented, collated and analysed electronically. The owner provides a monthly summary on the electronic system. Quality</p>

<p>and scope of our services.</p>	<p>assurance meetings are the agreed mechanism of reporting of quality data, including infections, urgent or significant issues; however, there was no documented evidence that the quality assurance meetings (link 2.1.11). The organisational infection control programme is to be reviewed annually; however, this has not occurred since 2022.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC has completed infection control training. The owner has access to a network of professional aged care peer support within Kapiti when required.</p> <p>The owner described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The IC audit monitors the effectiveness of education and infection control practices. The IC has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted and processes are in place for the stock to be regularly against expiry dates. There are IC resources readily accessible to support the pandemic plan if required. Training is standard precautions are part of the annual training plan.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Cultural considerations related to infection control practices is documented in the related policies, resources and part of training.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection control practices/education is part of orientation and annual education sessions.</p> <p>Hand washing and sanitiser dispensers are readily available around the facility. The Māori health plan ensures staff will practice in a culturally safe manner and this is covered through the induction programme and</p>
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		education programme.
<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 (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is to be reviewed annually, as part of the infection programme annual review. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.</p> <p>The GP has overall responsibility for antimicrobial prescribing according to policy. Monthly records of infections and prescribed treatment are documented. The antimicrobial stewardship reporting is to occur through the monthly quality assurance meetings where data is reported on and provides a summary, along with any relevant issues for consideration by the owners. The quality assurance meetings have not occurred since September 2022 (link 2.1.11).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>There is an established surveillance programme that is an integral part of the infection control programme and will be extended to include the new wing.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections is entered into electronic infection register. All infections are reported on a monthly infection summary in the electronic system. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with the sister facility. Infection control surveillance is to be discussed at the monthly quality assurance meeting; however, this meeting has not occurred since September 2022 (link 2.1.11). The owner stated staff are informed of surveillance data at handovers and morning meetings. There is a process for residents and family/whānau to be informed of any identified infections and treatment.</p> <p>The infection prevention and control programme links with the quality</p>

		<p>programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems are in place that is appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits will be extended to include the new wing and are completed with corrective actions for areas of improvement.</p> <p>The service continues to receive email notifications and alerts from Health New Zealand- Capital, Coast and Hutt Valley for any community concerns.</p> <p>There have been no reported outbreaks since the last audit. There is a process in place to learn from outbreaks after each event to prevent, prepare for and respond to future infectious disease outbreaks.</p> <p>Visitors who access the new wing will be requested to sign in. There is a sign in process at the main entrance. Ethnicity data is collected on the electronic resident management system and analysed by the owners. The data is used to inform future service delivery.</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>The existing laundry and cleaning processes are verified to be suitable to include the increased bed numbers.</p> <p>There are documented processes for the management of waste and hazardous substances. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the sluice room. There is access to a sluice which is secure, situated in the laundry area and includes handwashing and a sanitiser.</p> <p>There are PPE which includes masks, gloves, goggles, and aprons.</p> <p>Caregivers are currently responsible for laundry; however, recruitment is taking place for a full-time laundry assistant role from 7.00am-3.00pm. Cleaning guidelines are provided. There is locked storage available in the new wing where cleaning equipment and supplies are stored. Cleaning schedules are documented. There is oversight of the facility testing and monitoring programme for the built environment. There are regular internal</p>

		<p>environmental cleanliness audits scheduled to be completed.</p> <p>There is an existing laundry and is clearly separated into clean and dirty areas. There are commercial washing machines, and dryer's. Laundry trolleys for the transport of linen is in place. There is adequate storage within the new wing for clean linen. All staff received training in chemical safety. The effectiveness of laundry processes is to be continued to be monitored by the internal audit programme. Satisfaction surveys include questions related to cleaning and laundry processes. Internal audits are to be monitored by the infection control coordinator and any corrective actions are identified and implemented.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	PA Low	<p>There is an electronic resident management system in place that collate quality data related to clinical indicators: falls (witnessed and unwitnessed); infections; wounds; medication errors; and challenging behaviour. The owners assume responsibility for clinical governance, are both registered nurses and oversee the quality and risk at each facility. They respond to any high risks and analyse the collated data. The documented process for the full implementation of the quality and risk plan includes monthly quality assurance meetings.</p>	<p>There was no evidence of quality assurance meetings as part of clinical governance.</p>	<p>Ensure quality assurance meetings are held as part of clinical governance.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and</p>	PA Low	<p>The building is still in progress and internal painting, flooring, and window furnishings need to be completed. There is a preventative</p>	<p>(i).The building is still in progress and therefore the code of compliance is yet to be</p>	<p>(i).Ensure the building is complete and code of</p>

<p>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>maintenance plan documented. Hot water temperatures are yet to be completed in all resident areas. New furniture has been purchased and need to be arranged in communal areas.</p>	<p>obtained/completed. (ii). All furniture is not yet in place. (iii). Soft furnishings, including window furnishings, are currently being installed. (iv). The water temperatures in the new area have not yet been checked.</p>	<p>compliance obtained. (ii)-(iii).Ensure all rooms and communal areas are fully furnished and window furnishings complete. (iv).Ensure water temperatures are monitored in resident areas.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>There are two communal lounges with door access to the outside. The outdoors are not yet accessible.</p>	<p>(i). Landscaping is in the process of being completed. (ii). There is only a temporary construction fence adjacent to Percival Road. (iii). The ground is yet to be levelled at the three doors leading to the outside, to ensure safe level access. (iii). Handrails are yet to be installed in ensuites and hallway.</p>	<p>(i).Ensure landscaping is completed and to provide for seating and shade. (ii).Ensure the temporary fence is replaced by a permanent. (iii). Ensure there is level access to and from all doors leading to the outside. (iv). Ensure all handrails are placed where appropriate.</p>

				Prior to occupancy days
<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	A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. Smoke alarms and sprinkler system are installed, but exit signs are not yet in place.	<p>(i) A fire evacuation plan is documented and has been lodged for approval with the New Zealand Fire Service. However is not yet approved.</p> <p>(ii) Ensure approved fire exit signs are in place.</p>	<p>(i). Ensure the fire evacuation scheme is approved.</p> <p>(ii). Ensure fire evacuation exit signs are in place as approved by the fire service.</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	A fire drill was conducted 21/3/2023. The new wing has yet to be included as part of fire drills.	(i) Specific fire safety and fire drill training to date has not included the new wing.	<p>(i) Ensure a fire drill is completed after completion of the building.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	The call bell system Miracle integrates with the existing care call system. Call bells are available in all resident areas, (i.e. bedrooms, ensuite toilet/showers, communal toilets, dining rooms).	The call bell system has not yet been activated in the new wing.	<p>Ensure the call bell system is activated.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available,</p>	PA Low	There is a generator on site. There is a list available for civil defence supplies; this was yet to put in place. The emergency water tank was made redundant and a new 4000 litre one	(i). There is a list available for civil defence supplies; this was yet to put in place for the new	(i). Ensure civil defence supplies are in place and supplies are available for

<p>in the event of the main supplies failing.</p>		<p>is purchased, but not yet in place. There are enough emergency food supplies to provide for the increased number of residents.</p>	<p>wing. (ii).There is emergency water storage made redundant during the build and the new 4000 litre tank is not yet in place.</p>	<p>each wing. (ii).Ensure the new emergency water supply tank is in place. Prior to occupancy days</p>
<p>Criterion 5.2.2 Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>There is a documented infection control programme that is suitable to be extended to include the new care suites. The infection control is to be reviewed annually; however, the current programme has not been reviewed since 2022 to ensure effectiveness.</p>	<p>The annual infection control plan has not been reviewed since 2022.</p>	<p>Ensure the infection control programme is monitored annually. 90 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 audit.

No data to display

End of the report.