

# Remuera Gardens Partnership - Kensington House

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:** Remuera Gardens Partnership

**Premises audited:** Kensington House

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 28 May 2024    End date: 28 May 2024

**Proposed changes to current services (if any):** Reconfiguration of the current 32 rest home level care beds (bed numbers reduced December 2023 to 8 beds), into 17 dual purpose rest home/hospital level geriatric beds. This is being completed in two stages. First stage is for eight care suites, dual purpose. Kensington House is currently in use for six residents.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 6

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# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō 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

Kensington House – Remuera Gardens Partnership is part of Real Living Group. The service currently provides care for up to eight residents while this reconfiguration is current. The service reduced resident numbers in December 2023. The care suites project is being undertaken in two stages. The first stage Pittar Wing is near completion. The official opening is to be arranged as soon as approval gained.

This wing will accommodate seven care suites for rest home and hospital level residents, and one room will be used for a respite care village resident if needed.

The service provider is well prepared to provide the reconfigured service. The six residents who reside in Kensington House are to be moved into the Pittar Wing once certification processes are completed.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, interviews with the care home management team, the village

manager, the group clinical manager, the clinical manager, a registered nurse and other staff. A walkthrough of the care suites was included.

There were no areas requiring improvement from this audit. The Fire Scheme Evacuation Approval Plan was identified as pending at the time of the audit, but this has since been approved by Fire and Emergency New Zealand (FENZ) and verified prior to the audit report being submitted. The six records of the current residents in Kensington House were used to verify the medication management system.

Two areas of improvement identified at the previous audit have both been addressed. One was in relation to the food safety plan and the other for reviews of residents to be undertaken by the general practitioner in a timely manner.

## **Ō tātou 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 management team and governance. An experienced aged care clinical manager was in this role and is well supported by the group clinical manager and the village manager. The village manager and the clinical manager have been involved with the processes to prepare the service for opening.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and business model. The current staff are transferring to Pittar Wing. No additional staff need to be employed at this stage of the organisation's reconfiguration of the facility. The transitional rosters have been developed in readiness. The registered nurses will be employed as the service changes to dual purpose to meet the needs of hospital level care residents. An ongoing education programme has been

developed and implemented that is appropriate to the services provided already, and those to be provided in respect of hospital level care being introduced.

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

There is a medication room for the storage of medication, a medication distribution trolley and a designated fridge in the designated room which was reviewed. Comprehensive medicine management policies and procedures were in place. There is a contracted pharmacy service and the use of an electronic medicine management system which is already fully implemented.

The existing food control plan for the village, and food safety policy, will continue to be used. The menu plans have 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 Pittar Wing has eight single occupancy care suites, with each room having a ceiling hoist, a full ensuite bathroom, adjustable heating and appropriate furnishings. The service is on one level. Each room has dining and lounge space, as well as access to a shared main lounge, dining area and sunroom. The final internal finishing work is near completion. Furniture and furnishings have all been ordered, and most were being delivered in the next week to this site.

There are designated areas for safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substance register have already been developed and implemented. There are two maintenance staff members to manage this area of service provision. Trained staff will manage the cleaning. The laundry is managed offsite.

Appropriate emergency supplies are available, along with reference documents for use in civil defence 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 are in place and 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 programme which includes surveillance for infections. The programme is appropriate to the service provided onsite. Antimicrobial stewardship and hospital-acquired infections will continue to be monitored as part of the surveillance programme. The registered nurse, overseen by the clinical manager, is responsible for the implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are guided by relevant policies and procedures and supported with regular education.

## **Here taratahi | Restraint and seclusion**

Not applicable for 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	13	0	0	0	0	0
Criteria	0	86	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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>	FA	<p>The business plan for 2023 – 2025 was reviewed. Governance is committed to adhering to the five key strategies of the New Zealand Health Strategy: ‘Future Directions’. The board ensures that legislative compliance is met, including the health and safety and the NZS 8134:2021 Ngā Paerewa Health and Disability standards. The Real Living Group is currently changing to the occupational rights agreement (ORA) model. This will offer Kensington House – Remuera Gardens residents’ continuity of care from rest home, through hospital level of care. The service has reduced capacity from 32 rooms in December 2023 and is aiming to have 17 rooms inclusive of 16 care suites and one respite care room for the village. Business objectives and values are documented clearly in the business plan reviewed. The first stage is near completion.</p> <p>The village manager (VM), the group clinical manager (GCM) and the clinical manager (CM) were present at the audit. The CM is an experienced registered nurse who works full time and reports to the GCM monthly. The GCM reports directly to the CEO and board. The board is committed to quality and risk and quality improvement as documented in the business plan. The clinical governance is appropriate to the size and complexity of the organisation. Monthly adverse events/complaints are aggregated, and corrective action (at</p>

		<p>facility and organisational level) is taken. Any changes are made to the business plan and/or the strategic plan as required.</p> <p>The GCM interviewed and confirmed knowledge of the sector, regulatory and reporting requirements and maintained currency within the aged residential care sector. The CM is well supported by the VM and the GCM. Input from residents and family members is encouraged.</p> <p>The service currently holds contracts with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland) for rest home level care. This service is currently reconfiguring the certified services provided at Kensington House to change from the current 32 rest home level beds (reduced in December 2023 to 8 beds) to 17 dual purpose rest home/hospital level geriatric beds. This reconfiguration is being undertaken in two stages. The first is the Pittar wing of eight rooms, then a second stage of the West Wing. There were six rest home level care residents in the rest home section of the home on the day of the audit.</p> <p>The governing body of Remuera Garden Partnership – The Real Living Group Limited assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring the Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha.</p> <p>Kensington House – Remuera Gardens has been operating under this entity since 2014. Kensington Garden Partnership is using Māori advisors/kaumātua to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti via other community roles and employment. The organisation has a legal team who monitor changes to legislative and clinical requirements.</p> <p>Information gathered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through policy documentation and enabled through choice and control over supports and the removal of any barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). Both Māori and Pasifika models of care have been</p>
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		<p>developed and implemented.</p> <p>As is the case for their other Real Living Group facilities, the board has worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff.</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 mix to provide culturally and clinical safe care currently and for the Pittar Wing 24 hours a day, seven days a week (24/7). A transitional roster was reviewed and verified adequate cover to be provided. The facility can adjust the staffing levels to meet the changing needs of residents as they are admitted. At least one staff member on duty has a first aid certificate, and there is planned 24-hour registered nurse coverage. No staff have been reduced since the building project commenced. There is more than adequate staff currently employed for the six-rest home level care residents, who will move into the newly built first stage of the facility. These residents will occupy six of the eight care suites when authorisation is approved. Additional registered nurses will be employed to cover 24/7 as and when hospital level care residents are admitted.</p> <p>The general practice service is already contracted to provide medical cover and services.</p> <p>The management team are committed to ensuring education is provided to staff. The staff training plan was reviewed. Training on the Te Tiriti o Waitangi and health equity has been provided at all levels of the organisation. A Māori health advisor was available.</p> <p>Continuing education is planned on an annual basis, which includes all mandatory training requirements. The current staff have completed all training requirements and records were sighted and are well maintained. Staff at all levels reported feeling well supported and safe in the workplace. There is a total of 13 care givers, an administrator, two cleaners, a diversional therapist, a registered nurse and the clinical manager. RNs are also available from other Real Living sites if required in the transitional period. The caregivers are trained in New Zealand Qualification Authority (NZQA) education courses, to meet the agreement requirements with Te Whatu Ora Te Toki Tumai Auckland.</p>

		<p>There are 11 caregivers that have attained Level 4, one Level 3, and one is enrolled to commence the training this year.</p> <p>Additional training for the new care suites has included ceiling hoist training held on the 25 May 2024, and fire safety training. The RN has completed code of conduct and professional boundaries and syringe driver training. All care staff have completed medication competencies, with only two being second checkers presently.</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 clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The CM explained the employment processes used by the organisation and reported that the policies and procedures are monitored and reviewed by the organisation's contracted quality consultant. All existing staff are going to work in the new facility. Ethnicity data is recorded for all staff on the maintained staff register.</p> <p>All employed and contracted health professionals' annual practising certificates (APCs) were sighted. All were current and up to date. All orientation records were documented when completed for each individual staff member. Staff reviews occur three months after employment and annually thereafter. Staff are provided with the opportunity to be involved in a debrief and discussion following any incidents. Support is always available to maintain staff wellbeing. The village manager interviewed ensured the staff records are stored safely and confidentially in line with health information standards. There are adequate staff who will be transferring over to the new wing. No additional staff are required for the new wing at the present time.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	FA	<p>There are three general practitioners from the same contracted medical practice now available to ensure the general practitioner medical reviews for residents, are completed in a timely manner. This now meets the requirements of the services' agreement with Te Whatu Ora Te Tōku Tūmāi Auckland and has been addressed.</p>

As service providers: We work in partnership with people and whānau to support wellbeing.		
<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>	FA	<p>A safe system for medicine management using an electronic system is in place. The medication management policy to guide staff is current and is in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols and guidelines. The two general practitioners contracted to the service ensure all individual residents' medications are reviewed three-monthly, and this is recorded on the electronic system reviewed. There is space for documenting resident allergies and/or sensitivities on the medication chart, as well as in the clinical records. The current six residents' medication records were reviewed.</p> <p>A system is in place in readiness for sending any expired or unwanted medications to the contracted pharmacy. The pharmacist will continue to dispense and deliver the blister-packed medicines two-weekly to the facility. The RN interviewed checks the medication packs when delivered to the service.</p> <p>The medication fridge is to be monitored daily, and records are set up in readiness for the service moving into the new wing. The CM explained that the room temperature is already set up in readiness and the room will be temperature monitored. A heat pump and air-conditioning unit is wall mounted in the medication room. There is a designated locked medicine room off the main reception. Fob access to authorised staff only is available. No medications are currently stored in the cupboards, fridge or the controlled drug (CD) cabinet in the new wing.</p> <p>Provision for CDs, such as the register, will continue to be utilised in the new wing, and CDs will be stored securely in accordance with requirements. The weekly reconciliation and weekly stock checks will continue as planned, and six-monthly audits will continue be performed by the contracted pharmacist. The medication trolley will be kept locked when not in use, and safely stored. Dressing supplies are readily available and stored in the medication room. Lighting is effective and hand washing facilities sighted are accessible in the medication room.</p> <p>Provision for resident's who are competent to self-administer medicines</p>

		<p>is in place should this be required.</p> <p>There are no standing orders used. The CM stated that when requested by Māori residents, appropriate support and advice will be provided. All staff who administer medicines have already completed medication competencies, and two care staff are able to be second checkers as needed. The medication policy describes the use of any over-the-counter medications and/or the processes in place should residents administer their own medicines. Interviews with the RN and the CM confirmed the process 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>	FA	<p>The food service is in line with recognised nutritional guidelines. The menu has been reviewed by a qualified dietitian within the last two years 8 November 2023. Six-week cycle, rotating menu plans were sighted. The menu plans are developed for each season of the year.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration was completed on 15 November 2023. This was an area of improvement identified at the previous audit, and which has been fully addressed.</p> <p>Currently, all residents are assessed on admission by the RN, who completes a dietary profile which is sent to the main kitchen and the kitchen manager. Any special diets are arranged along with portion sizes, as applicable. Modified foods and textures can be catered for, to meet the needs of residents and those assessed as requiring hospital level care. A copy of the dietary profile is retained in the residents' records. This same process will continue when residents are relocated to the new wing.</p> <p>Currently food is delivered from the main kitchen located in the village to the care facility in hot boxes. The meals are trayed up in readiness for each individual resident. Breakfast is set up in the dining room or in the resident's own room if requested. In the new service area, the breakfast is planned to be prepared and set up by the night staff for the morning in the dining room. Lunch and the evening meal are planned to be a buffet service. Residents can choose to use the dining room or have their meals in their own room. Provision for making hot beverages</p>

		<p>in the new dining room is available, and if it is safe to do so, residents can also make them in their own rooms, with staff providing any assistance as needed. The kitchen manager will continue to visit each resident to discuss the options available, and this will continue as best practice.</p> <p>When a Māori resident is admitted to this service the service provider understands to respect and support cultural beliefs, values and protocols around food. Menu options will be made available to meet the needs of Māori residents and their whānau.</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>	FA	<p>The existing building has a building warrant of fitness which is due to expire on 22 July 2024. The new build has a Certificate of Public Use (CPU) approved on 15 May 2024. The building is new, and appropriate systems are in place to ensure the residents' environment and facilities, both internally and externally, are safe and that they meet legislative requirements.</p> <p>All equipment is new and under warranty and has been fully checked as required. Any equipment currently being used by the six residents was checked in July 2023. All care suites have new beds, bedside lockers, chairs, dining suites and ceiling hoists. The care suites are all located on ground level. There are eight care suites in total. Rooms one to three have the same layout. Room four has a separate bedroom and the ensuite has two entrances, one from the bedroom and one from the dining room. Rooms five, seven and eight have a separate bedroom. These rooms open outside from the bedroom to a decked external area. Room six differs slightly in that there are two external doors to the deck area, one from the kitchenette and one door from the separate bedroom. The ensuite for all rooms is located off the separate bedrooms.</p> <p>The environment is comfortable and accessible to promote independence and safe mobility for residents. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate. The residents will be able to personalise their own care suites.</p> <p>Care suites are culturally and spiritually inclusive and suited to the</p>

		<p>needs of residents. The care suites will be blessed appropriately prior to the official opening. Furniture installed is appropriate to the setting. The dining area and lounge are currently being decorated to reflect a homely atmosphere. Storage areas are adequate.</p> <p>Each care suite has a spacious ensuite bathroom with non-slip vinyl, and a wall mounted heater. Appropriate secured and approved handrails are provided in the ensuite bathrooms. Adequate toilets are available for staff and visitors.</p> <p>All care suites have external windows to provide light and ventilation. Heat pumps are located in the lounge and dining areas. All care suites have a heat pump, and these can be individually monitored by residents.</p> <p>Consultation was sought with Māori health advisory input throughout the total journey of this new build, to ensure the design and environment would reflect the identity of Māori.</p> <p>The care suites are fit for purpose and can easily accommodate hospital level care residents.</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>	FA	<p>The current fire evacuation plan had been submitted for approval to Fire and Emergency New Zealand (FENZ) on the day of the audit. Approval was gained, and the letter forwarded to DAA Group by the VM prior to the audit report being finalised. The evidence was accepted and sighted. The emergency manual was also sighted and signed off appropriately by FENZ. Each care suite is a separate fire cell, and the new wing is a designated fire cell for when the building is fully completed.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparedness for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and are known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>All staff have completed fire and security training. Training records were sighted. Regular fire drills have been attended by staff. A fire drill was held on the 10 June 2024 with all staff and a result of the evacuation</p>

		<p>drill was sighted. This verification was included in this report as received before the report was finalised. Staff have completed first aid. Hot water checks are maintained by the maintenance team and recorded accurately.</p> <p>Call bells are installed in each care suite and communal areas. Staff are familiar with the system in place in the new care suites.</p> <p>There are adequate supplies for use in the event of a civil defence emergency or a pandemic, including food, medical supplies and personal protective equipment, and gas is available for cooking. There is a designated cupboard for storage of civil defence resources. Emergency lighting is available if needed. Water supplies exceed the needs of local authority requirements for the care suites and the village. A generator is available and is tested regularly for the site, and other services.</p> <p>The facility is secured after hours with appropriate security arrangements being in place. Staff wear name badges for identification purposes.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Real Living Group care group manager who oversees clinical governance for the organisation.</p> <p>The IP and AMS programmes are appropriate for the size and nature of the service. The policies and procedures were developed by the contracted quality consultant and approved by the three general practitioners (GPs) who cover this service and are dated for 2024. Infection prevention and AMS programmes are linked to the quality and risk management system and are reported on monthly by the CM to the CGM who reports three-monthly to the board. Infectious disease specialist advice and/or expertise can be accessed through the infection prevention team at Te Whatu Ora Te Toka Tumai Auckland if needed, and through the contracted laboratory service microbiologist and the contracted GPs. Infection prevention and AMS are discussed at the quality and staff meetings. Information on infections and antibiotic use also includes residents' ethnicity data. The data is being collected and analysed to support IP and AMS programmes across the Real</p>

		<p>Living Group.</p> <p>A pandemic response plan is in place. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IP coordinator is an RN, with the CM overseeing the programme's implementation. There are reporting lines to senior management. The IP coordinator has appropriate skills and knowledge for the role and confirmed access to the necessary resources and support. Advice has been sought when making the decisions around procurement relevant to care delivery, design of the new build, and policies and procedures.</p> <p>There is a pandemic and outbreak plan in place, which is reviewed at regular intervals. There were sufficient IP resources, including PPE, available. Additional IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The IP coordinator and the CM have copies of up-to-date clinical policies on health care-associated infection (HAI) risk. Education is planned for staff. The content of the training is documented and evaluated to ensure it is relevant, current and understood. Education for residents is provided on a one-on-one basis and as a group at the residents' meetings held. This included reminders about hand hygiene advice, and about staying in their own care suites if they are unwell and increasing fluids in hot weather. This was confirmed in the training records reviewed.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated and disinfected based on recommendation from the manufacturer's best practice guidelines, if needed. Single use medical devices are not reused. Policies are available to guide staff. Regular infection control audits are included in the internal audit system. Handwashing and sanitised dispensers, paper hand dispensers and rubbish bins were being installed in the new wing near each handbasin.</p> <p>The CM stated they have educational resources in te reo Māori that will be available when required.</p> <p>The IP policies and procedures reflected the requirements of the</p>

		standards and are based on current accepted good practice. Cultural advice can be accessed where appropriate. Staff were familiar with policies through education and were observed to follow these correctly.
<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 AMS programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme has been approved by the governing body. The policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic use are maintained. The monthly analysis of data includes antibiotic usage and identifies any areas of improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IP programme reviewed. Infection prevention audits were completed, including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data is collated and analysed to identify any trends and possible causative factors, and action plans are implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect data.</p> <p>Results of surveillance are shared with staff at staff meetings and staff handovers. All infection data is reported to governance. Benchmarking was completed by comparing with the previous monthly results, and with other facilities in the Real Living Group. Ethnicity data is collated at the time of surveillance and recorded.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per the local authority requirements. All chemicals were stored securely and safely for the village and the care services. Material data sheets were available. Cleaning products were in labelled containers. Cleaners ensured that trolleys were stored when not in use. Cleaning schedules are developed for implementation for the care suites. An adequate amount of PPE was available which included masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are two cleaners already employed for the care suite. Cleaning guidelines were in use. Regular internal environmental cleanliness audits occur regularly. The laundry services are contracted out. Linen bags and mesh bags for personal clothing are provided. Linen is collected Monday, Wednesday and Friday by the contracted service provider, and delivered back from the laundry the same day. Staff are responsible for stocking the linen trolleys provided (these are covered) and giving out the named personal clothing to the residents. The effectiveness of the laundry system is monitored by the internal audit programme. The CM reported that the current system works effectively and will continue to work in the same way.</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.

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.