

Capella House Limited - Capella 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 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:	Capella House Limited
Premises audited:	Capella House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 June 2024 End date: 19 June 2024
Proposed changes to current services (if any): This partial provisional audit is to verify the reconfiguration of ten dementia care beds into ten hospital level (dual purpose – rest home and hospital) – geriatric beds. The reconfiguration letter was received by HealthCERT on 7 June 2024. There will be no change to the total number of 37 beds currently at the service (including one double, which if at full occupancy would be at 38).	

The service was also verified as suitable to provide Hospital -Medical Services. There is adequate numbers of registered nurses, experienced staff and hospital equipment, including hoists and pressure relieving equipment.

Total beds occupied across all premises included in the audit on the first day of the audit: 36

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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Capella House currently provides rest home, hospital, and secure dementia care services for up to 37 residents (with a possible 38 residents at full occupancy, as there is one double room). There were 38 residents at the time of the audit.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021. The audit process included the review of relevant policies and procedures; a review of patient medication records and staff files; observations; and interviews with management, and staff.

This partial provisional audit was completed to establish the level of preparedness of the reconfiguration of ten dementia care beds, into ten hospital level – geriatric beds (dual purpose – rest home and hospital). The reconfiguration letter was received by HealthCERT on 7 June 2024. There will be no change to the total number of 37 beds currently at the service (including one double room). This audit has verified that the 10-bed dementia wing is fit for purpose to operate as dual purpose (hospital or rest home) beds.

The facility is governed by the owners who include the facility manager and husband, who manages the payroll. They are assisted by the clinical nurse manager, who provides clinical oversight.

This audit identified one shortfall around any potential changes required to the fire evacuation scheme prior to occupancy, and one other to a step onto a fire escape landing.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

There are two owner/directors, including one who is the facility manager. Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team that includes the facility and clinical nurse managers have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety.

The business plan includes a mission statement and outlines current objectives, with these monitored at a governance and management level. The transition plan is currently being implemented to guide the change from dementia to dual purpose beds.

Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure and staff ethnicity data is collected. Plans have been put in place to manage staffing of the 10-bed dual purpose wing. An orientation programme is in place for new staff. An education and training plan is being implemented and includes in-service education and competency assessments.

The wing audited and documentation around staffing and management was verified as being appropriate to the resident group who would be occupying the current dementia unit (to change to dual purpose beds).

Ngā huarahi ki te ora | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. There would be no changes to the storage or administration of medication should the dementia beds change to dual purpose beds.

The registered nurses identify residents' food preferences and dietary requirements at admission. All food and baking is prepared and cooked on site in the kitchen. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. There are additional snacks available 24/7. The service has a current food control plan. There are no expected changes to food services should the dementia beds change to dual purpose beds.

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

The building holds a current warrant of fitness. All rooms (except one double room in the hospital area upstairs) are single occupancy. The dementia bedrooms (as are all other bedrooms) are big enough to provide personal cares, with any specialised equipment for residents requiring hospital level of care able to be brought in and out, with staff also in the room if required. Fixtures, fittings, and flooring are appropriate to meet infection prevention and control policy requirements. Maintenance is done on an 'as required' basis with plans for preventative maintenance. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit (men only and mixed dementia units) are currently secure, with a secure enclosed outdoor area. The facility and nurse managers are aware that the 10-bed dementia unit will not change from a secure unit, until the last resident requiring dementia level care has been placed in an appropriate facility.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days.

Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate. Staff completed security checks.

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

The service ensures the safety of residents and staff through a planned infection prevention and control and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme and has had input into the expected change from dementia beds to dual purpose beds.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required.

The environment supports the prevention of infections. The environment and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Bar the move to un-secure one dementia unit, there are no required changes to the environment for the service to change 10 beds currently operating as dementia beds, to dual purpose.

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	10	0	1	1	0	0
Criteria	0	83	0	1	1	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 organisation is family owned with two owner/directors. One is the facility manager, who is supported by a family member to govern the service. The owners also have another family member who owns other aged care facilities independently, but close geographically to this facility and who is available to provide support if required. The facility manager has been in the role for nine years and has a bachelor's in business, majoring in psychology.</p> <p>Capella House currently provides rest home, hospital, and dementia level of care for up to 38 residents. On the day of the audit, there were 38 residents. This included 21 residents requiring hospital level of care. One other resident in the dementia unit had been reassessed by the Needs Assessment and Coordination Service (NASC) as able to move to hospital level of care, with special dispensation provided by the funder to allow the service to keep the resident in the dementia unit. There were 17 residents requiring dementia level of care. All residents were under the age-related residential care (ARRC) contract, apart from three residents requiring hospital level of care under a long-term support - chronic health care (LTS-CHC) contract.</p> <p>The service was also verified as suitable to provide Hospital Medical Services. There is adequate numbers of registered nurses, experienced</p>

		<p>staff and hospital equipment, including hoists and pressure relieving equipment.</p> <p>There are three wings. The 10-bed upstairs hospital wing was occupied by 10 residents on the day of audit (noting that one room is a double room), and the 10-bed hospital wing on the ground floor was also fully occupied (10 residents). There are currently 18 dementia beds, including one wing of 10 beds (occupied by 10 men and women) and an eight bed men's only unit (currently fully occupied).</p> <p>This partial provisional audit is to verify the reconfiguration of ten dementia care beds into ten hospital level – geriatric beds (dual purpose – rest home and hospital). The reconfiguration letter was received by HealthCERT on 7 June 2024. There will be no change to the total number of 37 beds currently at the service (including one double room in the upstairs hospital wing, which if at full occupancy would be at 38).</p> <p>All members of the management team (one owner/director, the facility manager (FM) and clinical nurse manager (CNM) are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff who have experience and knowledge in the health sector. Responsibilities and accountabilities are defined in the job description and individual employment agreement. The FM is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements. The directors (including the FM) monitor the performance of the service, with monthly meetings also attended by the CNM. These meetings also serve to review the structure, purpose, values, scope, direction, performance, and goals, with an annual review of all documented.</p> <p>The FM interviewed explained details of the strategic and business plans, including their reflection of collaboration with Māori that aligns with the Ministry of Health strategies, which address barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided to residents who identify as Māori. The FM reported that the service will ensure that residents maintain links with the community in all aspects of their care. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori model of care. Staff stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The management</p>
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		<p>team attended education in cultural safety, Te Tiriti o Waitangi, and understand the principles of equity.</p> <p>A transition plan is currently being implemented. This provides guidance around the reconfiguration of 10 dementia beds, to 10 dual purpose beds. NASC is currently reassessing residents to identify who is more appropriately able to be managed under hospital level of care and to place nine residents currently requiring dementia level of care, into other appropriate facilities.</p> <p>There is no requirement for change to the governance or management team, with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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. The facility adjusts staffing levels to meet the changing needs of residents. The FM and CNM confirmed that there were adequate staff to complete the work allocated to them. The previous certification audit cited shortages around registered nurses (at that point there were only four, including the CNM). The shortage of registered nurses (RNs) has now been addressed, with a total of six registered nurses rostered on over 24 hours a day/seven days a week, and a full time CNM. The FM and CNM work 40 hours a week from 8 am - 4 pm Monday to Friday and are available on-call 24/7.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. The training topics on the in-service calendar included Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; food safety; pain identification and management; complaints, resident rights; managing incontinence; cultural safety; Treaty of Waitangi; wound care; challenging behaviour; dementia care; and medication management. Related competencies are completed as required for RNs, such as syringe driver competency; and controlled drug competency. Further training for RNs includes palliative care, pressure injury prevention, and management coordination.</p>

		<p>Healthcare assistants (HCAs) have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's funding and service agreement. There are 17 HCAs who have achieved level 4, two who have achieved level 3, and two who have completed level 2 NZQA qualifications.</p> <p>Of the 21 healthcare assistants employed, 18 have completed dementia care training and three are currently in training. Staff cover care of people with disability in their NZQA health and wellbeing qualification, ongoing training, communication, advocacy, abuse prevention, and management of chronic conditions.</p> <p>There are no changes expected to training of staff to manage the reconfiguration of 10 dementia beds to 10 dual purpose beds.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The FM reported the model of care ensured that all residents are treated equitably.</p> <p>This service has an environment that encourages collecting and sharing quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving healthy equity for Māori.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>The eight-bed dementia unit will continue to have one HCA on duty at all times, with support from the registered nurse provided at any time.</p> <p>The transition plan includes a roster that has increased staffing to accommodate the change from 10 dementia to dual purpose beds. Staffing for the upstairs 10-bed hospital wing will not change (two HCAs in the morning and afternoon and one overnight). The ground floor with the move from 10 to 20 dual purpose beds will now have four HCAs in the morning (was three), four on the afternoon shift (was four; however, the two staff on short shifts will now increase to full shifts making this four full shifts) and one to two HCAs overnight depending on acuity and</p>
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		<p>numbers.</p> <p>There are no changes expected to recruitment of staff to manage the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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 resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of five staff files were reviewed (two HCAs, CNM, RN, and cook) were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</p> <p>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. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to the owner/director at management meetings. Following incidents, the management team is available for any required debrief and discussion.</p> <p>There are no changes expected to recruitment, including orientation of staff to manage the reconfiguration of 10 dementia beds to 10 dual purpose beds.</p>
<p>Subsection 3.4: My medication</p>	FA	<p>Capella House has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>competent HCAs who administer medications are assessed annually for competency. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are hard copy. The CNM interviewed could describe their role regarding medication administration and management of medication. Capella House uses robotic rolls for all regular and short course medications and blister packs for 'as required' medicines. All medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. There is a policy in place for residents who request to self-administer medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, are documented on the medication chart. Standing orders were in use and these have been reviewed and signed off by the general practitioner. Standing orders were not used. There are no vaccines kept on site.</p> <p>The clinical nurse manager described how staff work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no changes expected to management or administration of medication to manage the reconfiguration of 10 dementia beds to 10 dual purpose beds. Storage facilities, including a medication trolley already in use, is sufficient to manage administration. There is also a second trolley available, should this be required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	FA	<p>The kitchen manager works full time Monday to Thursday and is supported by another cook who works full time Wednesday to Sunday.</p>

<p>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>The two are responsible for cooking and kitchen hand duties.</p> <p>All meals are prepared and cooked on site, with meals being plated and served from kitchen to the dining rooms in the dementia unit, hospital upstairs, and hospital / rest home dining area downstairs (adjacent to the kitchen). The CNM was knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirmed they would report any changes in eating habits to the registered nurses, kitchen staff, and record this in progress notes. The kitchen was observed to be clean, well-organised, well equipped, and with a current approved food control plan expiring in November 2023. A dietitian has reviewed the four-weekly seasonal menu.</p> <p>A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen. The kitchen meets the needs of residents who require special diets. The cooks work closely with the registered nurses, with resident's dietary profiles and any allergies. Residents who require supplements for identified weight loss have them supplied.</p> <p>Kitchen staff are trained in safe food handling. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers.</p> <p>Family/whānau meetings, and one-to-one interaction of residents with staff and cooks in the dining room allows the opportunity for feedback on the meals and food services. The cook interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they provide food for the cultural themed days in line with the theme. The cook stated they do their best to accommodate any requests from residents.</p> <p>There are no changes expected to food services as part of the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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</p>	<p>PA Moderate</p>	<p>The buildings, plant, and equipment are fit for purpose at Capella House and comply with legislation relevant to services being provided. The current building warrant of fitness expires 22 June 2024. The</p>

<p>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>environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Maintenance requests are logged into a maintenance book and the facility manager arranges repairs with either the maintenance person (who works one day a week on a Monday) or contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures that is managed by the facility manager and maintenance person. Testing and tagging of electrical equipment was completed in January 2024. Checking and calibration of medical equipment, hoists and scales has been completed in January 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. There are spaces currently not in use by the front door that would also be suitable to store extra equipment, including mobility scooters, should this be required. The FM and CNM confirmed that they have all the equipment referred to in care plans to provide care and have already purchased additional hospital equipment, such as hospital beds and 'easy chairs' for bedrooms.</p> <p>The corridors have sufficient room to allow for safe mobility, with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens have seating and shade.</p> <p>The service is on two levels. The ground floor is currently made up of three joined wings. One open wing is for 10 single occupancy dual purpose rooms (hospital / rest home), which has a spacious main dining room and lounge area that is located close to the kitchen and nurses' station. There are two secure wings; with one for mixed gender dementia residents (ten rooms) and one for male only dementia residents (eight rooms). Both dementia units have a lounge and dining area that caters for the residents in the areas; with the eight bed dementia unit to the rear of the building. The layout of the eight-bed dementia unit provides a secure environment for male residents with behaviour issues and this has a secure outdoor area that is accessed from the unit itself. There is no intended change to this unit.</p>
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		<p>The 10-bed dementia unit has individual bedrooms that are large enough to hold hospital equipment for a resident who required this. The door to the secure indoor and outdoor area would be unlocked when the last resident requiring dementia level of care is no longer in the unit. The dementia unit links to the hospital wing and to the main reception area.</p> <p>The first floor (which can be accessed by a flight of stairs or a lift) has nine rooms and caters for nine hospital level care residents; with one currently occupied double room, with a curtain for privacy maintained (occupancy of 10 upstairs). There will not be any change to this wing with the configuration of the 10-bed dementia unit to dual purpose (hospital / rest home) beds.</p> <p>The audit identified a fire escape from the first floor. The step from the hospital wing to the landing at the top of the stairs was deeper than the usual stairs and there was no handrail to hold onto when stepping down. There is a handrail once on the landing to support people descending or ascending. The fire escape had not been regularly checked for safety. The lift towards the front of the wing is able to take a hospital bed and residents as required.</p> <p>Rooms are large enough for easy movement with mobility aids. The hospital rooms and the 10-bed dementia unit rooms are large enough to accommodate the use of hoists. Residents can have personal items in their bedrooms. Each wing has sufficient accessible bathroom/shower and toilet facilities for the number of residents in that wing. Bathrooms/showers have signs, handrails, and call bells. They are well lit, ventilated, and heated. There is sufficient space in the bathroom/shower areas to accommodate shower chairs and commodes, including bathrooms and toilets in the dementia units. The communal toilets and bathrooms/showers have privacy locks system that indicates if it is engaged or vacant. Staff and visitor facilities are provided on the first floor.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and are maintained in good condition. Installations, walls, and floorings are in good condition. Secure external areas are safely maintained for both dementia units and are appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden, with access to the chicken coop and raised gardens. The opening of one of the external</p>
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		<p>areas outside the 10-bed dementia unit will improve access for all hospital residents to garden areas and to shade and more seating.</p> <p>The facility manager confirmed that the service has liaised with local Māori providers to ensure aspirations and Māori identity are included in the move to reconfigure 10 dementia beds to dual purpose beds.</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>	PA Low	<p>Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>The fire evacuation scheme has been approved by the New Zealand Fire Service (1 July 2020). The FM is yet to check with the Fire and Emergency Service New Zealand to confirm that there are no changes to the scheme with the reconfiguration of the 10-bed dementia unit to dual purpose beds.</p> <p>A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last fire drill having been completed in March 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, a barbeque is maintained with gas bottles, should gas cooking be needed. There is a generator shared with a sister site close by geographically (owned by another family member), should this be required. The details of hire services were also on record. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including an equivalent of three litres of water per person per day, for a three-day cover. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. The FM, cook and CNM interviewed confirmed their awareness of the emergency procedures.</p> <p>A review of staff files confirmed that all registered nurses and senior healthcare assistants have completed first aid/CPR training, with the FM</p>

		<p>and CNM confirming that there was always at least one staff member on duty with a first aid certificate.</p> <p>There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor at the nurses' station and staff in each wing carry pagers that alert them to where the call bell is coming from. Residents were observed to have their call bells in proximity to their current position. A tour of the 10-bed dementia unit confirmed that all bedrooms and communal areas have call bell facilities in place.</p> <p>There are closed circuit television (CCTV) cameras in the kitchen, hallways, and communal areas. The facility has an external locked gate with the code given to visitors, rest home and hospital level care residents. Entry into the dementia unit is by a code and the doors are set to automatically release in case of fire. The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. The FM confirmed that staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p> <p>The door lock to the 10-bed dementia will be taken off the door once the last resident requiring dementia level of care has left the unit.</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 Control and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme.</p> <p>The CNM is the infection prevention and control coordinator, and reported they have full support from the FM (owner/director) regarding infection prevention matters. This includes time, resources, and training. Monthly staff and management meetings include discussions regarding any residents of concerns, including any infections. Additional support and information are accessed from the infection control team at Health New Zealand Te Whatu Ora-Te Toka Tumai Auckland, the community laboratory, and the GP, as required. The infection prevention and control coordinator has access to residents' records and diagnostic results to</p>

		<p>ensure timely treatment and resolution of any infections.</p> <p>There are no changes to governance around infection prevention and control or to the AMS programme with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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 infection prevention and control coordinator oversee and coordinates the implementation of the infection prevention and control programme. The coordinator's role, responsibilities and reporting requirements are defined in the infection prevention and control coordinator's job description. The infection prevention and control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted.</p> <p>The service has a clearly defined and documented infection prevention and control programme implemented, that was developed with input from external services. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The owner/director (FM) has approved the infection prevention and control programme. The infection prevention and control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents. The infection prevention and control programme is reviewed annually.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection prevention and control resources, including personal protective equipment (PPE), were available on the day of the audit.</p> <p>Staff have received education around infection control practices at orientation and through annual online education sessions. Education with residents was confirmed by the CNM to be on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell.</p> <p>The infection prevention and control coordinator consults with</p>

		<p>management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand - Te Toka Tumai Auckland. The FM and CNM confirmed that the CNM was involved in the consultation process for the proposed change to the dementia unit.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff is practicing in a culturally safe manner. The service has educational resources in te reo Māori.</p> <p>There are no changes to the infection prevention and control programme or to its implementation, with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (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 owner/director (FM) approved the AMS programme. 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. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the</p>

		<p>quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects.</p> <p>There are no changes to the AMS programme with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The CNM confirmed that residents and family/whānau were advised of any infections identified in a culturally safe manner. Surveillance of healthcare-associated infections includes ethnicity data and is reported to staff, and management, respectively. There have been no outbreaks since the previous audit.</p> <p>There is no change to the surveillance of infections programme, with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. HCAs ensure that trolleys are safely stored when not in use. A sufficient amount of PPE</p>

<p>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>was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>HCA's are responsible for cleaning. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The HCA's have attended training appropriate to their roles. The FM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Healthcare assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All HCA's have received training and documented guidelines are available. The effectiveness of cleaning and laundry processes is monitored through the internal audit programme, which is monitored by the infection prevention and control coordinator.</p> <p>There are no changes to the cleaning or laundry services with the reconfiguration of 10 dementia beds to 10 dual purpose beds.</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 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Moderate	The audit identified a fire escape from the first floor, with the door identified as an exit in the event of an emergency. The FM noted that residents who were upstairs were not able to mobilise themselves (staff supported all to move from bed to chair). At the end of the wing, there is a wooden fire escape. The step from the hospital wing to the landing at the top of the stairs was deeper than the usual stairs and there was no handrail to hold onto when stepping down. There is a handrail once on the landing to support people descending or ascending. The fire escape had not been regularly checked for safety.	<p>i). The step from the upstairs wing to the landing of the fire escape is unsafe and the fire escape staircase has not been regularly checked for safety in the event that it would be used.</p> <p>ii). There is no handrail to hold on to when stepping down onto the fire escape staircase.</p>	<p>i). Provide a safe point of egress in the event of an emergency as per signage on the back door at the end of the first-floor wing.</p> <p>ii). Ensure a handrail is installed to hold on to when stepping onto the fore escape staircase.</p> <p>90 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a</p>	PA Low	The fire evacuation scheme has been approved by the New Zealand Fire Service (1 July 2020). The FM is yet to check with the	The service has not yet confirmed that there are any changes to the scheme	Ensure the required changes (if any) to the fire evacuation scheme with the

Fire and Emergency New Zealand- approved evacuation plan.		Fire and Emergency Service New Zealand to confirm that there are no changes to the scheme with the reconfiguration of the 10-bed dementia unit to dual purpose beds.	required with the reconfiguration of the 10-bed dementia unit to dual purpose beds.	reconfiguration of the 10-bed dementia unit to dual purpose beds, are implemented. Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.