

# Knox Home Trust - Elizabeth Knox Home and Hospital

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## 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:

<b>Legal entity:</b>	Knox Home Trust
<b>Premises audited:</b>	Elizabeth Knox Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 30 May 2024    End date: 30 May 2024
<b>Proposed changes to current services (if any):</b>	New building to be certified to accommodate 68 dual purpose hospital level/rest home level care residents.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	0



# 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 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

Elizabeth Knox Home and Hospital is owned and operated by Elizabeth Knox Trust. The service currently provides rest home and aged related hospital care for 215 residents. Totara House is a new building to accommodate up to 68 dual purpose beds. The new build has been purpose built, over two floors and is close to all amenities, and the large reception area for Elizabeth Knox Home.

The building is still under the direction of the project manager for the final stages. The external and internal finishing was well underway and near completion. The opening date is scheduled for mid-July 2024. Full staff cover has been arranged. The service is planning to advertise for residents, once certification processes are completed.

This partial provisional audit was conducted against the NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard to assess the preparedness of the service provider for this additional service. The audit process included the review of documents, observations, interviews with the chief executive officer, the chairperson of the board and a board member, care leader and other members of the executive team and other staff. A walkthrough was provided.

There were two areas identified from the previous audit to be followed up at this audit. One was related to recording all staff individual education and the other was in relation to specific needs being documented in the care plan. Both areas have been fully addressed. Three areas have been identified in this audit to be addressed prior to occupancy. The service provider needs to provide a copy of the Certificate of Public Use (CPU), a copy of the fire emergency evacuation scheme approval from Fire and Emergency New Zealand (FENZ), and the verification that all staff who will be working in Totara House have attended a fire drill prior to occupancy.

## **Ō tātou motika | Our rights**

Not applicable to this audit.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan and other associated documents include the scope, objectives and values of the organisation. The service has successfully implemented the 10 principles of the Eden Alternative, and these are well embedded into the services provided. There are processes in place to monitor the services provided and to report key aspects to the executive team and to the Elizabeth Knox Trust. The chief executive, care leader and other senior staff have worked collaboratively together with the project manager to prepare Totara House for opening.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and business model. The recruitment of staff was based on current good practice. Orientation and training have been provided for existing and new staff. The rosters verified adequate cover is available for dual services. Four additional registered nurses have been employed and this number will be increased as needed, as residents are admitted to Totara House. All registered nurses and Level 4 care partners have completed first aid training. An ongoing education programme is developed that is appropriate to the services provided.

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

Totara House includes two medication rooms, one on each floor for the storage of medication, medication distribution trolleys and a designated medicine fridge in both medication rooms were available. Comprehensive medicine management policies and procedures were in place. A contracted pharmacy service is already available. An electronic medicine management system is in place and known to all staff. All staff who are to administer medications have completed the relevant medicine competencies.

The existing food service provider is contracted, and the food control plan and food safety policies will continue to be used. The menu has been reviewed and approved by a dietitian. Processes are in place to identify individual residents' dietary needs and preferences. Special diets can be catered for. The needs of Māori residents will be considered.

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

Totara House will accommodate up to 68 residents. The service provider is awaiting approval to make the beds dual purpose providing rest home and hospital level care services. The rooms are all large enough to care for hospital level care residents. The care suites have a ceiling hoist, a full ensuite bathroom, adjustable heating and appropriate furnishings. The service has two floors, each with an open plan dining room and lounge area. All care suites open into the spacious lounge/dining areas. The final internal and external finishing work is near completion. Furniture, furnishings and resources were all delivered and were on site.

There are designated areas for safe storage of waste and chemicals/hazardous substances. Both a hazard register and a hazardous substance register have been developed and implemented, and the health and safety and maintenance team managed this area of service provision. Laundry and cleaning equipment and resources are new and are to be managed by the trained household staff.

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

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

Security arrangements include the use of security cameras, and the presence of security staff and care staff.

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

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

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

Not applicable to this audit.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	11	0	2	0	0	0
Criteria	0	83	0	3	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 reviewed dated July 2023 to July 2024 and other assorted documents, included the Elizabeth Knox Home and Hospital vision, values and the mission statement. The vision statement states that ‘the organisation is to be a thriving habitat where people experience life and growth and an improved sense of wellbeing’, to be a recognised leader in the provision of care for elders and young people and to ensure the long-term sustainability of Elizabeth Knox’s legacy (1908). The organisation is ‘Not for Profit’ and was established in 1911.</p> <p>The organisation is a fully registered Eden Alternative Home and is committed to the 10 principles of the Eden Alternative. The 10 principles guide the focus on opportunities to make residents’ lives purposeful and satisfying. The team at Knox Home and Hospital make the most of all daily opportunities for a good life, with the best care and commitment. The service is committed to resident-directed care and a flattened non-hierarchical management structure.</p> <p>The values are aimed at, and focused on, the inclusion of people of all ages, kindness to one another, tolerance of differences, fairness, personal responsibility and engagement in the life of the Knox community, variety and spontaneity, the principles of partnership with Māori, and the service celebrates and honours diversity of the many cultures that make</p>



	<p>up the Knox community.</p> <p>The trust board has many long-standing board members, two of whom were interviewed on the day of the audit. An overview was provided by the chairperson and the board member, who represented the eight members of the board. All trustees come from various backgrounds and professions. The board members are on various subcommittees which have been developed and implemented to manage all aspects of service delivery. This process is working effectively. The chief executive officer (CEO) interviewed and other members of the executive team attend the various meetings as applicable. Minutes of meetings were maintained. The executive team is comprised of the CEO, the commercial manager, care leader, medical director and the acting quality and operations manager. From a cultural perspective, the organisation is well represented by the Kaiāwhina, who was present at the opening and closing meeting for this audit.</p> <p>There is a commitment to improving outcomes for Māori and people with disabilities. The Ministry of Disabled People (Whaikaha) held a meeting on site and there have been ongoing efforts to achieve equity of funding for disabled people using the service. Individual examples of equitable service for tāngata whaikaha were described, in which efforts to accommodate specific needs of the individual were made. There is growing inclusion of Māori in leadership roles and through resourcing for the kaiāwhina role. This ensures input into the co-design of any new services.</p> <p>board supports celebrations, such as blessings for new buildings and promotion of cultural activities, such as Matariki.</p> <p>There is a strong management reporting and governance structure in place. Monthly reporting is aligned to the key business objectives and clinical metrics. Quality improvement is also tabled for discussion and review. The executive team, the management team, the clinical quality team, the health and safety team and household teams work collaboratively together, building strong relationships and leveraging operational excellence within the wider group. There are clear reporting lines observed on the organisational chart provided to review. The teams are engaged in professional development and maintain their skills and competence to perform their roles and responsibilities and</p>
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		<p>accountabilities, which were reviewed.</p> <p>The CEO is well supported by the medical director, care leader and clinical operations managers and team members. Delegation arrangements were documented.</p> <p>The members of the board and executive team have completed training on Te Tiriti o Waitangi and all staff and household teams, and care partners, have completed core cultural competencies. Staff and residents have been offered te reo Māori lessons with a local iwi and this was well received. At the time of the audit, the care suites (Totara House) were unoccupied. The service has agreements with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland (Te Whatu Ora Te Toka Tumai Auckland) to provide age-related residential care (ARRC) for rest home, hospital level care, respite care, long-term support - chronic health conditions care (LTSCHC) and primary options for acute care (POAC).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a transitional plan in place for staffing the new build. The CEO explained that experienced staff only, including registered nurses (RNs) and care partners from the different households, will be appointed to Totara House care suites. There are currently 10 households, and this will increase to 14 with Totara House. There are 15 to 20 residents in each household. Each household has a registered nurse on each shift. Staff will be replaced in the other existing households when staff move over to Totara House. An RN recruitment process is already underway to ensure adequate numbers of registered nurses in preparedness, should resident admissions require hospital level care. As the number of residents increases after opening Totara House, staff numbers will increase as per the transitional plan. Knox Home and Hospital has its own internal bureau to cover staff on annual leave and unplanned leave, and when the new service is opened staff are available to cover. The service is to provide care and management for up to 68 residents. Rosters reviewed verified adequate cover is to be provided. Two clinical operations managers support the registered nurses. A third clinical operations manager role is currently being advertised. A new position has been created and an experienced person has been employed to cover the clinical operations afterhours, and this role is to provide security and health and safety responsibilities reporting to the care leader. A handover is provided</p>

		<p>between the clinical operations manager and the afternoon site manager each day.</p> <p>The care leader interviewed is responsible for ensuring the appropriate cover for the community at large 24 hours a day, seven days a week 24/7. There are 38 RNs; 12 plus the care lead are interRAI competent, and 10 RNs are currently enrolled in the interRAI training course.</p> <p>Currently over 75% of total residents are hospital level care and there is more than adequate cover presently with staffing levels being maintained. All RNs are first aid trained. The aim is to have all staff complete the first aid training. Consistency of resident occupancy is 95% to 98% at this care home. Care partners are at apprenticeship Level 3 and Level 4. Care partners can also complete community and social services and advanced Level 4. Staff are supported with time to study. The CEO and board are supportive of training. There is an education team of two clinical educators. The service is a CAP provider, and one clinical educator manages this aspect of service delivery. The educator coordinator works closely with the operations manager, site manager and care manager over all communities. All staff have completed cultural, infection prevention, health and safety, restraint and other competencies. All training is recorded accurately and electronically for each individual staff member. This was an area requiring improvement from the previous audit and has been fully addressed.</p> <p>Training on Te Tiriti o Waitangi and health equity has been provided to the board and executive team and senior staff. A Māori health advisor is available, in addition to the Kaiāwhina. The CEO reported open communication is encouraged and promoted, and sharing of any relevant information about residents occurs as needed, depending on the situation. This includes quality information and analysis of any outcomes (e.g., maintaining ethnicity data).</p> <p>Staff described a supportive workplace that encourages ongoing learning.</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</p>	<p>FA</p>	<p>Policies and procedures that are in line with good employment practice and relevant legislation guide human resource management processes. This includes health professionals employed and contracted. A process was in place to maintain the annual practising certificates for all health</p>

<p>mix of people in adequate numbers meet my needs.  Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.  As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>professionals involved in this service, and a record is maintained annually. A pharmacy, pharmacists and a podiatrist are contracted to provide services for residents. The physiotherapist is employed.</p> <p>The organisation has their own Knox medical practice, and the practice is part of a Primary Health Organisation (PHO). Nine sessions of general practitioner (GP) time are allocated each week for resident medical care, and reviews that are to be undertaken. This provides consistency and on-call GPs are available. A new initiative is that the electronic systems used are linked so that both the nurses and medical staff can access the same system, and this is working effectively.</p> <p>Staff are already employed as per the transitional plan for this new service to be fully operational when approval is gained; this includes four registered nurses and other staff as needed. The human resource administrator and the commercial manager work closely together to manage human resource management. The commercial manager is responsible for the individual employment agreements (IEA) and pay levels. An electronic tool is currently being implemented and this will also integrate the staff training into the human resource management system. All staff records are stored electronically, confidentiality is maintained, ethnicity data is collected, and information is used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>When staff commence working at Knox Home and Hospital, they are provided with orientation including a one-day core competency and training held at the education centre onsite. A clinic room is also available for skills training. The two educators ensure all training is completed for staff and recorded accurately. There is a process developed and implemented to ensure all staff have an appraisal completed at three months and annually thereafter.</p> <p>There is a process in place for debriefing and discussion of any incidents involving residents or staff. The care leader interviewed confirmed that this process is followed for staff.</p>
<p>Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they</p>	<p>FA</p>	<p>The individual resident care plans randomly selected, included the assessment information relating to specific needs being documented on</p>

<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>the care plans.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The policy for medication management was current and included all aspects of medicine management and meets legislative requirements. In Totara House there are two medication rooms, one on each of the two floors. They are large rooms which have a multipurpose treatment plinth for GP use. The medication rooms have swipe card access for authorised persons to gain access.</p> <p>There were new controlled drug (CD) registers and a controlled drug safe in a locked cupboard for each medication room. Medication fridges are to be temperature monitored when stocked with medication, and daily record sheets were prepared in readiness for this process. The care lead explained that there are policies and procedures associated with management of CDs in line with the Medicines Care Guide for Aged Residential Care. The RNs will be responsible for this process, checking any controlled drugs and maintaining the registers. The clinical staff interviewed were fully informed of the responsibilities involved.</p> <p>A contract is already in place with a pharmaceutical provider for the provision of all required medicines. The contractor is also available for staff training as required. The requirements for medicine reconciliation on admission, and review of medicines by the GPs at least three-monthly, was included in the care planning framework in place.</p> <p>Medicines have been ordered from the contracted pharmacy in readiness for the opening of the facility. Blister packs are to be made up for each individual resident when admitted to the service. An impress system for stock medicines is to be used. The pharmacist is to maintain the impress system, and staff can order supplies when and if required.</p> <p>An electronic system is to be implemented when residents are admitted to the service. Staff have already completed the relevant medication</p>

		<p>competencies to be able to administer medicines, including registered nurses and NZQA Level 4 care partners, and this was verified. The care leader reported that staff are fully informed and aware of recording any resident allergies, intolerances and sensitivities on the electronic medicine system and on the electronic clinical records. This cannot be verified until the medication system is fully implemented, and residents are admitted to the facility.</p> <p>The medical director and GPs are to be responsible for each resident's individual medicines from admission to discharge. There are no standing orders. There is a policy and process to be followed for any residents who wish to self-administer medication where appropriate. The medical practice has cold chain storage which was cold chain accredited on 28 September 2022 and expires on 28 September 2025. Trained and certified vaccinators are on site. Records are maintained. Any over-the-counter medicines and supplements brought into the facility by residents would be reviewed by the GPs, and advice and support offered to Māori residents and their whānau to meet their needs.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service for Totara is to be provided by the contracted service provider. There are 14 staff who work in the main kitchen and are led by qualified chefs who cater for all the residents and are well prepared for the extra residents when Totara House gains approval to open. The general manager was visiting the service on the day of the audit and was interviewed. The catering service has been covering this facility for 18 months and is currently transitioning to an electronic system. The two households have sockets in place to receive the hotboxes that will be delivered to each floor. A list will be provided from the kitchen for each household of all residents' requirements. The care partners will serve the meals in the dining rooms in each individual household. All cutlery, utensils and crockery are available in readiness for each floor. The care partners will also be responsible for the dishes on each floor at mealtimes. Dishwashers have been purchased ready to be installed.</p> <p>The menus are in line with nutritional guidelines for older people. The menu plans have been reviewed by a qualified dietitian, follow seasonal patterns and are planned in six weekly cycles. The menus will be displayed. Residents are to be provided with choices and can have input</p>

		<p>individually and at the residents' group meetings where catering staff will be present. The RNs, as part of the admission process, complete a dietary profile for each resident including cultural preferences, allergies and/or any sensitivities/intolerances to food. The kitchen staff receive a copy from the RN.</p> <p>The food control programme includes all aspects of food procurement, production, preparation, storage, transportation, delivery or any disposal, and ensures compliance with current legislation and guidelines. An approved food safety plan was reviewed and is valid for 18 months. Kitchen staff have all completed relevant food safety training, as have the care partners. Included in the training is how to maximise the dining experience for residents, as per the Eden philosophy. Cleaning schedules have been developed for implementation in the kitchen areas. Infection measures in the kitchen are audited as part of the internal audit system. All staff have completed hand hygiene competencies. The kitchen manager will follow through the service provision during the transitional stages.</p> <p>The dining room furniture has been ordered and was being stored on the day of the audit. Adequate lighting was available in the lounge/dining area.</p> <p>When a Māori resident is admitted to Totara House, the staff interviewed understood to respect and support cultural beliefs, values and protocols around food. Menu options were discussed with the kitchen manager and would 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</p>	<p>PA Low</p>	<p>All checks/inspections have been completed, but the service providers were awaiting the Certificate of Public Use (CPU). This is an identified area that needs to be completed prior to occupancy. Each of the other buildings have separate Building Warrant of Fitness (BWOFF) certificates displayed. Once the CPU is received, it will be displayed in the entrance to Totara House. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme in place managed by a maintenance manager and support team. The CEO and care lead have</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>full oversight of the new houses and are working collaboratively with the project manager and maintenance team in readiness for the official opening of Totara House, to ensure all equipment and resources are safely installed and accessible.</p> <p>There were several large storage areas sighted for each house to utilise. This includes storage for total mobility equipment as needed. A health and safety programme and an inventory are already being maintained of all electrical equipment requiring testing and tagging and new medical equipment that has been purchased. One of the company representatives for providing the beds, lockers (have two locked drawers for medicines/valuables), care chairs, overbed tables, pressure care mattresses, commode chairs etc was interviewed. All individual care suites have an overhead ceiling hoist installed. All ceiling hoists have been tested and are fully functional. Staff have received training on manual handling, including ceiling hoist management. Each resident will have their own sling if needed. New mobile hoists have been ordered. The records for hot water are checked by the maintenance team and recorded. Heating is by electric heaters and an electric fire-place setting is available in each lounge on both floors. The heating in the individual residents' care suites was able to be personally controlled.</p> <p>Multipurpose utilities are on both floors. Appropriate flooring is installed throughout Totara House. Each individual care suite has an ensuite. Rails are appropriately installed to maximise residents' independence. Visitor and staff toilets are accessible on both levels.</p> <p>There are two lounge/dining areas, one on each floor. Furniture has been purchased that is reported to be comfortable and appropriate for residents to enjoy the dining experience.</p> <p>The care suites available can accommodate up to 68 residents. There will be two households on each floor (total four in Totara). Each care suite is to be fully furnished and set up prior to occupancy. Residents will be able to personalise their individual room on admission. There is an apartment on each floor. Provision for dual beds is sought and the size of each care suite can easily accommodate hospital level residents. Care suites for couples have been planned. Two rooms have connecting doors for this purpose.</p> <p>Consultation was sought with Māori health advisory input throughout the</p>
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		<p>total journey of this new build, to ensure the design and environment would reflect the identity of Māori. Artwork is planned for the build internally. The garden area currently being planted is well designed for residents/family/whānau to walk around and to enjoy.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The fire evacuation scheme is awaiting approval by Fire and Emergency New Zealand (FENZ) for Totara House. This is identified as an area to be verified prior to opening. All other buildings on this site (three buildings) have current notification of approval of evacuation schemes that were verified on the day of the audit. Fire drills are required six-monthly and are part of the training programme (4.2.3) for the organisation. Staff complete a fire safety competency as part of the orientation programme, and this is an annual requirement. A fire drill is yet to be held for Totara House prior to occupancy. There are automatic fire curtains in place that come down in the event of a fire. These are located on both floors in the open planned areas of the two dining and lounge areas. These work as fire cells in a fire emergency.</p> <p>All evacuation and emergency policies are developed and implemented in readiness. All registered nurses and care partners have completed first aid training and certificates were reviewed. Training also included basic adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency alternative resources of amenities are available including water, emergency power and lighting, torches and blankets. Contingency supplies and emergency food are readily available. There is a new generator onsite, and a backup fixed generator is available with only seconds of delay time. The maintenance team check the generators regularly. Solar power panels are installed on all buildings. Water exceeds the requirements for an emergency for the local Auckland City Council requirements for aged residential care.</p> <p>A nurse call bell system is in place in the ensuites and by the beds in the individual care suites, and a call system is available in the communal areas.</p> <p>Closed-circuit television (CCTV) is in operation internally and externally and signage was installed. A process for visitors and contractors to sign in and out of the building is currently used at reception and this will</p>

		include persons visiting Totara House. The main front door has a buzzer which is connected to the staff phone system for after-hours visitors and staff. Security lights are located around all buildings and are sensor controlled. A security company is contracted to complete rounds three times a night and to check doors. The hazard register was sighted. Health and safety staff are responsible for maintaining the register. Staff interviewed wore name badges for identification purposes.
<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 care leader interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and has included IP as part of the quality and risk programme. There was a commitment in the policy and business plan reviewed that governance fully supported and was committed to ensuring any relevant issues are dealt with efficiently in relation to IP and AMS. The care leader and clinical coordinators are experienced and have developed the IP and AMS programmes already implemented across the organisation, and these will also be introduced in Totara House when approval to open is obtained.</p> <p>The IP and annual management plan 2024 to 2025 was reviewed in May 2024. The policy was signed off by the care manager on 28 May 2024 after being presented to the board.</p> <p>Expertise is accessible for guidance for both programmes if required. The GPs are located on site and are accessible. The programmes are discussed at the orientation days for new staff by the educators and at the annual staff training days held in the education centre. Any issues identified were reported and dealt with accordingly. Reports are also provided at the monthly GP meetings. Strategies are in place in the event of an IP outbreak or pandemic occurring.</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>	FA	<p>The IP and AMS programme was developed for the size and complexity of the services offered at Elizabeth Knox Home and Hospital and has been signed off by the care leader. The programme is reviewed annually and was presented to the board and signed off on 28 May 2024. Policies and procedures are already developed and implemented in readiness for</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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>the service commencing and are already accessible electronically for the staff in Totara House. Elizabeth Knox Home and Hospital is a member of 'Bug Control' and the manuals are accessible for staff.</p> <p>The care leader is supported by the infection prevention coordinator, an experienced registered nurse who is trained in IP and control and the requirements for aged residential care settings. The infection prevention and control coordinator (IP &amp; CC) was not available to interview on the day of the audit. Infection prevention was included in the internal audit schedule reviewed. When the service opens and residents are admitted, the IP &amp; CC and the care leader will have access to the clinical records. The medical staff and the infection prevention team at Te Whatu Ora Te Toka Tumai Auckland are accessible for advice if required.</p> <p>There is a pandemic outbreak plan available. There were adequate supplies of personal protective equipment (PPE) and a specific space for storage has been allocated. Checklists of resources have been developed in readiness to ensure adequate supplies are maintained. Signage was available when needed.</p> <p>Disposable resources for infection prevention, such as dressing packs, dressings and catheter packs, have been purchased in readiness. There was no provision for sterilising of instruments as all are to be disposable except in the medical practice. Processes were documented for cleansing of reusable medical devices after use as per the manufacturers' instructions. Sanitiser units are available on both floors for urinals. Infection prevention signage is available in te reo and Pacific Islands languages.</p> <p>Advice was sought from an IP perspective throughout all stages of the planning and building of this new facility. Tikanga best practices are known to staff and were covered at the training sessions held regularly.</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. Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>The antimicrobial stewardship programme refers to national guidelines being used that are based on best practice. Policies and procedures are documented and implemented. The AMS programme is already in progress and has been signed off after being presented to the board by the care leader. Responsible use of antimicrobials is promoted. The</p>

<p>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>		<p>medical staff supported this process.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The developed programme reviewed was appropriate for the size and nature of this aged residential care service. The care leader stated that access will be available to resident clinical records and laboratory results as needed. The organisation already has a designated contracted laboratory service to cover Elizabeth Knox Home and Hospital. The laboratory provides monthly summaries of specimens received, results and sensitivities to antibiotics. This forms part of the monthly AMS surveillance. The number of residents requiring antibiotics is recorded. Totara House will be included in the surveillance programme once residents are admitted to the service.</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 surveillance programme already developed includes surveillance of health care-associated infections (HAIs). The surveillance programme reviewed is appropriate to that recommended for long-term care facilities. This includes urinary tract infections, upper and lower chest infection, eye, ear and skin infections, wound and other infections identified. Surveillance is in line with priorities defined in the infection prevention and control programme, and includes ethnicity data. Surveillance is undertaken monthly by the IP&amp;CC and the results are shared with staff at the staff meetings, and at the time of handover if treatment is required for a resident. As per 5.3 surveillance will include Totara House when the service is approved to officially open, and residents are admitted. The care leader stated that benchmarking already occurs, and Totara House will be included in the benchmarking process.</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>The environment is new and supports prevention of infection and mitigation of transmission of any antimicrobial organisms. Each household has assigned household staff. Residents' personal clothing will be offered to be done onsite or family can take home and return for individual residents as they wish. Laundry staff will launder all residents' personal clothing in each household laundry, and all other linen will go to the main laundry onsite. Adequate stores of linen will be readily available</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>in Totara House for both floors. The housekeeping staff have received appropriate training in preparedness for their roles. Schedules are prepared for the cleaning and laundry services. The hazard and hazardous substances register is maintained by the health and safety staff.</p> <p>Staff have documented policies and procedures for the management of waste, infectious and hazardous substances to follow. Storage for chemicals is labelled and appropriate. Material data sheets were available for staff on all products used. The designated cleaning and waste rooms were locked when not in use.</p> <p>The CEO, the care leader and other senior staff have had input into the building and environment throughout the project.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The building, plant and equipment is fit for purpose for a new-build care facility. All equipment and required checks were verified during the audit. Full consultation was sought throughout this project to ensure the environment fully supports cultural practices. The project manager interviewed stated that all inspections have been performed but the Certificate of Public Use (CPU) was not available at the time of the audit.</p>	<p>All legislative checks/inspections have been performed by the appropriate agencies. The service provider and the project manager interviewed are awaiting the Certificate of Public Use to be fully signed off.</p>	<p>Ensure the Certificate of Public Use is approved and displayed appropriately.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved</p>	PA Low	<p>The fire evacuation plan is currently with Fire and Emergency New Zealand awaiting approval to meet the legislative requirements for aged residential care services. All staff receive training on fire</p>	<p>There was no current fire evacuation scheme that had been approved for Totara House on the day of the audit. Fire safety training has been provided to all staff; however, staff who will be</p>	<p>To ensure a copy of the notification of approval of the Fire and Emergency Evacuation Plan is available and</p>

evacuation plan.		safety at orientation and this is ongoing. Staff who are to be allocated to this new service have not completed a fire evacuation drill for this new area of service delivery.	working in Totara House will need to complete a fire safety drill as part of this training.	verified before residents occupy this new building.  Prior to occupancy days
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	All staff receive training on fire safety at orientation and this is ongoing. Staff who are to be allocated to this new service have not completed a fire evacuation drill for this new area of service delivery.	Fire safety training has been provided to all staff; however, staff who will be working in Totara House will need to complete a fire safety drill as part of this training.	A fire evacuation drill is to be provided to all staff who will work in Totara House prior to occupancy.  Prior to occupancy days

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

No data to display
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End of the report.