

Victoria Otahuhu Limited - Riverside Home and Care

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: Victoria Otahuhu Limited

Premises audited: Riverside Home and Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 July 2024 End date: 8 July 2024

Proposed changes to current services (if any): HealthCERT confirmed they had received a letter dated 13 June 2024 for a partial provisional audit to verify a new build that is a single

level care facility with 43 rest home beds. The partial provisional audit verified 36 rooms as being fit for purpose for rest home level of care, including three rooms verified as being able to cater for two residents in each room.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

Key to the indicators

General overview of the audit

Riverside Home and Care Rest Home is owned and operated by two directors who also own three other aged care facilities in Auckland. This partial provisional audit is to verify a new build on a single level with 36 rooms suitable to provide rest home level of care, with three rooms being verified as suitable for two residents in each room.

Communal indoor and outdoor facilities were included in the new building, including lounge, dining room, kitchen, and outdoor spaces, including gardens and covered walkways. This audit has verified the facility as fit for purpose (noting that there are some shortfalls identified at this audit as requiring to be completed prior to occupancy).

The audit process included the review of policies and procedures; documentation; observation of the environment; a review of systems and processes that are appropriate for providing rest home level of care; and interviews with the governance group, clinical and duty managers, and a staff member.

The clinical manager has had extensive cumulative experience in aged care services and in management roles, with training completed in management and leadership. A duty manager supports them along with the directors.

Shortfalls identified at this audit are medication management; food services; furnishing of the facility with relevant and appropriate equipment; ensuite in bedrooms; fire evacuation scheme; alternative essential energy and utility sources; staff training relevant to emergency and security at this site; infection prevention and control, including supplies of PPE and MSD sheets; cleaning; chemicals; and laundry.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

There are two directors who are owners and provide overarching monitoring and leadership the service. The management team includes the directors, clinical manager, and duty manager. There is a vision, values, and objectives relevant to an aged care facility. The clinical manager has extensive experience in working in aged care and along with the directors, was able to describe how the admission of residents would be managed.

There is a staffing and rostering policy. Staff already working in three sister sites owned by the directors will be moved to work in this facility. The facility will open with two healthcare assistants on each shift and a registered nurse on duty on weekdays. All staff have completed training as per the training plan at their current site.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are to be prepared on site in the main kitchen in block A. There are seasonal menus in place, and the chef provides oversight of food services. Alternative food is available for residents. Kitchen equipment is mostly in place. There are dining areas in each block that will cater for the number of residents in the block.

Medication policies reflect legislative requirements and guidelines. Records for registered nurses and medication competent healthcare assistants were sighted for those coming to staff this facility, with competencies signed off in files reviewed. An electronic medication system is being introduced to record administration of medication.

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

The facility has been completely refurbished to be fit for purpose to provide rest home level of care. Internal and external areas are available for residents to access. There are three bedrooms which are able to accommodate partners. Some bedrooms have an ensuite and there are communal toilets and showers. There are communal areas such as lounges and dining areas in each block, with these able to cater for residents using specialised equipment. There are railings in place in all areas.

Policies are in place for essential, emergency and security services. Call bells have been installed in all areas. Wiring, plumbing, and heating are in place and operationalised.

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

The infection prevention and control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control coordinator (clinical manager) has a job description in place and is responsible for coordinating education and training for staff. The infection prevention and control coordinator has completed annual training.

There is a suite of infection control policies and guidelines available to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility.

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	6	0	6	0	0	0
Criteria	0	73	0	13	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>Riverside Home and Care Rest Home is owned by two directors. The directors will introduce their policies and procedures, which have been developed by an external contractor.</p> <p>The letter from HealthCERT (dated 24 June 2024) requested a partial provisional audit to verify a facility that is a single level care facility with 43 rest home beds. The partial provisional audit verified 33 rooms as being fit for purpose for rest home level of care, with three rooms verified as being able to cater for two residents in each room. The owner/director confirmed that these rooms were for couples (partners/married etc) who wish to live together and not for strangers. There will be a total of 36 residents at full occupancy.</p> <p>At the time of the audit, the proposed date for opening the facility to residents is 22 July 2024. The funder at Health New Zealand Te Whatu Ora- Counties Manukau has been informed.</p> <p>The clinical manager (CM) is a registered nurse and has been in the role of CM for the sister facilities for seven years. They have completed more than eight hours of training related to managing an aged care facility, including cultural training, Care Association of New Zealand study days, restraint training, and Health NZ training. Peer support is provided by an external consultant who is well known in the aged care</p>

		<p>sector. The CM is supported by a duty manager who will provide operational oversight on a day-to-day basis. An organisational chart is documented. The directors stated that they will maintain at least weekly contact with the duty manager and CM. The clinical manager is part of the management team that operates with the directors as the governance group. The clinical governance structure in place is appropriate to the size and complexity of the service provision.</p> <p>A business plan is in place. The business plan identifies scope, direction, and goals of the service. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, which aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve, in order to identify and address barriers to equitable service delivery. The directors can articulate understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori and have established contacts with a cultural advisor who has input into the facility development, as stated by the directors. The service is also working to establish links with local Māori. Interviews with the CM, duty manager and directors confirmed a commitment to supporting the Ministry of Health’s Whāia Te Ao Mārama Māori health strategies.</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>A staff rationale and skill mix policy is in place. The duty manager is available at the facility Monday to Friday and is on-call after hours for any organisational concerns, with the CM available on call at all times. The CM works five days a week to provide clinical oversight and leadership for all four facilities, with a registered nurse allocated from one of the sister sites to come and provide direct service delivery from 9am-3pm weekdays. The proposed roster is to have two healthcare assistances (HCAs) on duty on the morning, afternoon and night shifts. As acuity increases, the duty manager, CM and directors state that adding additional staff may be required (eg, to support the morning or teatime staff).</p> <p>There are sufficient part-time staff at the other three sister sites for staff to be appointed to this facility to cover clinical and non-clinical roles.</p>

		<p>Five staff files reviewed for staff coming to the service showed evidence of recruitment and ongoing employment needs being met, along with adequate and appropriate training in place. Staff coming to this facility have first aid training. Additional HCA support is available when needed. The service is not required to recruit staff currently.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>The duty manager or CM are able to be replaced if on leave by a registered nurse or facility manager from another site if needed. The clinical manager will assess and manage admissions, along with the registered nurse who will be on site.</p> <p>There is an annual education and training schedule that has been implemented at the sister sites for staff. Training is delivered by the CM or external providers depending on roles or needs. Staff have attended training offered in 2023-2024, including emergency training and core competencies. The education programme being implemented includes in-service training, competency assessments, and discussions at meetings. HCAs are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements and HCAs coming to the facility have completed New Zealand Qualifications Association certificates appropriate to a rest home level of care. Staff training includes cultural safety. In addition to in-service education, the registered nurses and CM attend external Health New Zealand and other external provider facilitated education (eg, clinical sessions), as sighted in the review of the staff record for the CM and a registered nurse. The CM is interRAI trained.</p> <p>The CM collects and shares high-quality Māori health information, with this collected through the assessment and planning process through collation of KPI data and shared through facility meetings, as confirmed by the CM interviewed during the audit. The CM and duty manager talked of encouraging a positive staff environment that helps to retain staff.</p>
Subsection 2.4: Health care and support workers	FA	There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff

<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>		<p>files reviewed (the CM, two caregivers, one registered nurse, and the chef) evidenced implementation of the recruitment process, employment contracts, and completed orientation programmes. There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals employed (eg, the clinical manager and registered nurse). There is an appraisal policy in place and staff who have been employed for over one year are expected to have an annual appraisal completed; with this sighted as completed in staff files reviewed (noting that these have been completed at a sister site).</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Files reviewed confirmed that staff had completed orientation at the sister site; however, this did not include orientation to the facility (link 4.2.3).</p> <p>Information held about staff is able to be kept secure and confidential. The directors and CM confirmed that ethnicity data for staff is collated and available for reporting.</p> <p>Wellbeing support is provided at other sites to staff, including access to EAP programmes. Following any incident/accident, the policy expects debriefing and follow-up action taken to be documented. There is a focus on wellness for staff through the health and safety programme. A debrief is expected to be offered to staff after any major adverse event.</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>PA Low</p>	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. Medications were described as being able to be stored safely and securely; however, designated secure storage had not been confirmed and medication and processes for documentation were not yet put in place. The staff office (a portacom next to the front of facility) will store</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>medications. A review of the CM, HCA, and registered nurse staff records confirmed that staff had completed medication competencies annually at the sister site. Processes to confirm that the medication fridge and medication room air temperatures are monitored and recorded daily are yet to be implemented.</p> <p>The general practitioner (GP) who works with residents in the three other facilities has been contracted to work at this facility. The clinical manager stated that the GP is planning to work with residents to complete the initial medical assessment and ongoing monthly or as required. The GP will be responsible for prescribing medication and completion of three-monthly medication reviews. Any over the counter medication or supplement is required to be prescribed as per policy. All medications will be prescribed. No standing orders will be used.</p> <p>Currently the sister sites are using an electronic medication management system that will be installed at this facility. The electronic medication administration system will allow for allergies to be recorded. There are policies and procedures in place to accommodate residents who wish to self-administer their medications. Secure storage will be made available in the resident's rooms.</p> <p>The CM confirmed that the RNs will provide information and education to residents, including those who identify as Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>Each of the three blocks (A, B and C) has an operational kitchen which is part of the lounge dining area. Block A has a main kitchen that will be used to provide food services for the whole facility. The other two kitchens will remain but will be used for activities and for tea/coffee facilities and for delivery of food. The main kitchen has a gas hob and electric stove with an overhead extractor. Some equipment is still required to be installed, including the freezer (noting that the fridge is in place); with monitoring of temperatures ready to start once equipment is in place. There is a four-weekly seasonal menu; however, dietitian approval of the menu was not sighted. The food control plan has been submitted to Assure Quality and is waiting for approval. All kitchen staff have been employed.</p> <p>All flooring is slip proof and easy to clean. Kitchen units are stainless</p>

		<p>steel or of material that is easy to clean. Walls are made of a surface that is easily able to be cleaned. The door into the kitchen has a combination lock. Any food or plates must be on a trolley in order to access the kitchen. The dirty area for washing dishes is semi-separated from the area where food is prepared and cooked. All meals will be prepared and cooked on site.</p> <p>There is a full-time chef and one other part-time cook. A system and equipment to transport meals to blocks B and C is yet to be put in place. The kitchen in block A is adjacent to the dining room and meals will be served directly to the residents. Each of the dining rooms provide plenty space for furniture and residents' mobility equipment. The dining rooms are furnished.</p> <p>The chef's staff file was reviewed and confirmed that they had training and a job description relevant to the role. The chef was interviewed and confirmed a sound knowledge of food services. They confirmed the process for recording and displaying resident likes, dislikes and allergies, along with specific dietary requirements. The chef confirmed that they would be notified of any residents with weight loss by the registered nurse or CM. Cutlery and plates, along with kitchen utensils were on site.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Riverside Home and Care Rest Home holds a Building Warrant of Fitness that expires 15 July 2024. The owner/director is waiting for a new certificate, which is confirmed as currently being processed.</p> <p>There is a planned preventative and reactive maintenance programme in place. There is some furniture in place; however, not all the required equipment is on site. All equipment is new. A schedule for tag and testing of equipment will be implemented as per the other facilities. Hot water temperatures have not yet been monitored. Contractors are used for maintenance and gardening.</p> <p>The building and grounds are leased from a private owner and were previously in a state of disrepair. The building has been completely refurbished, with the grounds tidied. There are outdoor covered walkways between each block that allow for outdoor furniture and</p>

	<p>seating, which is already in place.</p> <p>The owner/director applied to HealthCERT for a total of 43 rest home rooms. A tour of the facility confirmed that there are 36 bedrooms, including one room in each of the blocks (10A, 8B, and 10C) which can be used for two residents in each. The owner/director confirmed that these rooms were for couples (partners/married etc) who wish to live together and not for strangers.</p> <p>Block A has 13 bedrooms, including one double room; Block B has 7 bedrooms, including one double room; and Block C has 13 bedrooms, including one double room.</p> <p>All bedrooms have a hand basin with sufficient space for a bed, cupboard, chest of drawers and a chair. Three bedrooms have an ensuite with a shower and toilet, and 10 have an ensuite with a toilet. However, at present these do not provide residents with privacy. All rooms have at least one window to let air and light in, with an air conditioner in each room. However, not all bedrooms provide privacy.</p> <p>The main kitchen is situated in block A. The main kitchen has been set up to provide food services for the whole facility. Blocks B and C also have kitchen areas which will be used as kitchenettes to support residents, family/whānau and visitors to make cups of tea, and for activities. There is a large L-shaped lounge/dining area in each block that allows for activities, as well as food services and leisure time. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents will be able to move around freely, and furniture is well-arranged to facilitate this. Rooms and hallways have grab rails with heating provided throughout. The corridors are wide and promote safe mobility for residents. There is an accessible bathroom and toilet for people with mobility aids.</p> <p>There are two outside portacoms for storage and a nurses' station in one and a staffroom in another.</p> <p>There is a laundry area outside the main area undercover; however, this is not fully functional. There are designated cleaning areas and cupboards for linen and equipment.</p> <p>Consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori, was received through</p>
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		discussions with cultural support, as confirmed by the directors.
<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>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. The annual training plan includes emergency training and a requirement for at least one staff on each shift to be first aid trained. Registered nurses and identified HCAs all have a current first aid certificate, as sighted in staff files reviewed. The CM confirmed there would be at least one first aider rostered onto each shift, as occurs in sister facilities. However, staff have not yet completed health and safety and emergency preparedness training to the facility.</p> <p>A Fire Evacuation Scheme approved by the New Zealand Fire Service (FENZ) for the new build has not been sighted. The building does not yet have alternative energy or emergency systems in place.</p> <p>A call bell system has been put in place. Call bells can be taken off the brackets and go with the resident when they are going to communal or outdoor areas. There are also call bells in all communal areas.</p> <p>Security systems are in place to ensure residents are safe. The doors of the building are all able to be locked, and security is relevant to the needs of the residents, with staff expected to check on security of the building prior to dusk. There is perimeter fencing around three of the four sides and CCTV cameras facing outdoor areas that are able to be monitored by staff.</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</p>	FA	<p>The annual infection prevention and control plan has been developed by an independent external consultant, with input from the CM (IP&C coordinator), the directors, and with input from specialists as required. The programme related to infection prevention aligns with the strategic intent and clearly defines all components of an antimicrobial stewardship programme. The monthly reports in other sister facilities include a review of infections and any changes to service delivery; with</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reports escalated to the director for comment and discussion.</p> <p>The management team (CM, directors and duty managers) understand their responsibilities for delivering the infection prevention and control programme, with the responsibilities, roles and expectations related to antimicrobial stewardship defined. The CM stated that the GP will take responsibility for antimicrobial stewardship (AMS) overall, with this reviewed as part of the IP&C meetings. Data around use of antimicrobials for Māori is collected and reviewed at sister sites and the same processes are described as being put in place at this facility.</p> <p>The IP&C coordinator provides oversight and monitoring of the infection control programme at the service and they are able to access advice and support from Health NZ, Public Health, and other services as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>There are a suite of infection prevention and control policies and procedures available to staff, including outbreak management, vaccinations, usage of personal protective equipment, communicable diseases, and hand hygiene. The infection prevention and control and associated policies refer to cleaning procedures related to reusable items. The CM stated that all equipment used for wound care is for single use only. The CM also confirmed that in other facilities owned by the same director/s, the infection prevention and control programme is reviewed annually. The infection prevention and control policies reflect the spirit of Te Tiriti o Waitangi.</p> <p>The infection prevention and control coordinator (IP&C) is the clinical manager (CM) who has been in the role at sister facilities for over seven years. The IP&C coordinator has a signed job description that outlines the role and responsibilities of the role. The directors support the IP&C coordinator. The IP&C coordinator is able to access advice and support through the IP&C nurse specialist at Health NZ.</p> <p>The infection control committee meets monthly at other sister sites to review data as part of processes already established. Any corrective action is reviewed and improvements to service delivery are made. The CM confirmed that the same process would be instigated at Riverside Home and Care Rest Home. The IP&C programme is appropriate to</p>

		<p>the size and complexity of the service. The CM described the content of training sessions used for staff at other sites. A training plan was also sighted for this site and confirmed that IP&C and the AMS are included as part of orientation and ongoing training. A review of five staff files for staff who are coming to work at Riverside Home and Care Rest Home confirmed that they had completed relevant training in the last year. The service has educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services. The IP&C coordinator and directors confirmed that there is a clear process for early consultation and involvement in any change to the facility. They all stated that this had occurred as part of the development of this facility.</p> <p>The CM and directors confirmed that personal protective equipment, including gloves, aprons and eyewear, would be available for staff throughout the facility; noting that there was some available on site during the audit. The chef was observed wearing appropriate personal protective clothing when performing their duties. Material safety data (MSD) sheets were not on site. Hand hygiene products, including hand sanitisers and paper towels, were not yet on site.</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>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. This includes a clearly documented AMS programme. The monthly quality data related to infections has to include the quantity and duration of antimicrobial use associated with individual residents. The IP&C coordinator interviewed stated RNs would follow the policy and the IP&C programme around antimicrobial stewardship. The IP&C coordinator also stated that GPs are also implementing AMS by requesting diagnosis evidence (eg, MSU), if signs and symptoms are impacting on a resident's wellbeing. The AMS programme documented is appropriate to the size of the facility and is evaluated through the monthly reporting programme and benchmarking with other facilities.</p> <p>Information reviewed from sister sites confirmed compliance with this subsection; with the CM and directors confirming that the same processes will be put in place at this facility.</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>	<p>FA</p>	<p>Infection monitoring is the responsibility of the IP&C coordinator, as confirmed by the CM. A review of information from relevant sister sites confirmed that all infections will be entered into a database, with a monthly analysis of the data extracted at this site. There will be an end of month and quarterly analysis, with any trends identified and corrective actions for infection events as required. There will be monthly, quarterly and annual comparisons of data. The service will collect ethnicity data, along with IP&C data.</p> <p>Information reviewed from sister sites confirmed compliance with this subsection; with the CM and directors confirming that the same processes will be put in place at this facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>PA Low</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan, as sighted for this site. There is a waste disposal policy and a disinfection and sterilisation policy. Outdoor rubbish bins are on site.</p> <p>Material safety datasheets are yet to be available on site (link 5.2.4).</p> <p>A sluice area has yet to be made accessible for staff and is not yet functional. There is a cleaner’s cupboard available for use, with room for a trolley. Approved sharps containers are yet to be made available. Infection control policies state specific tasks and duties for which protective equipment is to be worn. There is some PPE on site; however, there is no adequate supply of PPE (link 5.2.4).</p> <p>There are laundry and cleaning policies and procedures documented. A laundry area is designated; however, the clean dirty flow has not been established and all equipment has yet to be put in place. Processes to transport laundry have not been developed. There is a chemicals storage area; however, this is not secure at the time of the audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>There are policies and procedures in place which align with current legislation and best practice. All staff who will be administering medications already have current competencies. The nurses' station is in an outside portacom close to the facility. Medication will be stored in the nurses' station; however, the service is still working on developing processes for the safe storage and transporting medications safely and securely from the staff office to the residents.</p> <p>Documentation for recording medication room and fridge temperatures are yet to be implemented.</p>	<p>i). There is currently no designated secure storage for medications.</p> <p>ii). A medication management system is yet to be installed and implemented.</p> <p>iii). There is no process in place to transport medication to blocks A, B and C.</p> <p>iv). Temperatures of the medication room and the medication fridge have not yet been recorded.</p>	<p>i). Ensure medications are held securely in a designated place.</p> <p>ii). Ensure a medication management system is implemented.</p> <p>iii). Ensure there are safe processes implemented to transport medications to the blocks.</p> <p>iv). Ensure temperatures in the medication rooms and fridge are evidenced to be within expected ranges.</p>

				Prior to occupancy days
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	There is a four-weekly seasonal menu in place; however, dietitian approval of the menu was not evidenced. Cultural and alternative options are documented on the menu.	Dietitian approval of the menu was not evidenced.	<p>Ensure that a dietitian has reviewed and approved the menu.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.</p>	PA Low	All food and baking will be prepared on site. The kitchen is situated in block A which is adjacent to the dining room where meals will be served directly to the resident. The service is in the process of developing processes to transport meals to blocks B and C. The kitchen has been completely refurbished; however, is not yet fully functional. Recording of food temperatures, fridge, and freezer temperatures has yet to be implemented.	<p>i). Processes to transport food to other blocks has not yet been put in place.</p> <p>ii). Some kitchen equipment, such as the freezer and dishwasher, has yet to be installed.</p> <p>iii). Monitoring of temperatures of food, fridges and freezers has yet to be put in place.</p>	<p>i). Ensure processes are implemented to transport food to blocks B and C while maintaining food temperatures.</p> <p>ii). Ensure the kitchen has the necessary equipment installed and is fully functional.</p> <p>iii). Ensure food, fridge and freezer temperatures are recorded and evidenced to be within expected limits.</p> <p>Prior to occupancy days</p>
<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'</p>	PA Low	There is some equipment that has been purchased ready for occupancy (eg, beds, easy chairs and most bedroom furniture); however, other furniture and equipment, including equipment necessary for cares, such as scales and medical equipment, is	<p>i). Not all furniture and equipment, including equipment necessary for cares, is purchased or in place.</p> <p>ii). The temperature of</p>	<p>i). Ensure that the facility is furnished appropriately for a rest home, and equipment, including equipment necessary for cares, is</p>

cultures and supports cultural practices.		not yet purchased or in place.	hot water is not yet being monitored.	in place. ii). Monitor the temperature of hot water. Prior to occupancy days
<p>Criterion 4.1.4</p> <p>There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.</p>	PA Low	<p>There are 10 bedrooms with a toilet in the bedroom. Currently the toilet has a three-quarter wall, without an opening (no door) to the front. There is a window in each bedroom and each bedroom has a door that can be closed (but not locked as per a rest home). The person potentially using the toilet would not be seen from the hallway. The room is not aesthetically pleasing when the bed is placed directly opposite the toilet, which is open to view. Having a toilet in a bedroom which is a private space for sleeping and relaxation, can compromise privacy; and there can be odour and hygiene issues.</p> <p>There are acceptable numbers of communal toilet/shower rooms that are accessible for residents in each block, with access to identified ablution areas for residents with mobility aids. Three rooms with a full ensuite are enclosed and only accessible from the bedroom.</p> <p>Not all ablution areas have privacy from the outside, with windows that can allow others to look in an out of the toilet/shower area.</p>	<p>The 10 rooms with a toilet in them do not have adequate privacy for the resident and odour and hygiene have not been adequately considered.</p> <p>Some windows in showers and/or toilets have windows that allow viewing into the room from the outside.</p>	<p>Ensure that any ensuite is built with consideration of privacy (from the outside of the room and in the bedroom itself), and odour and hygiene.</p> <p>Prior to occupancy days</p>
Criterion 4.2.1	PA Low	A fire evacuation scheme for the existing	A fire evacuation	Ensure the fire

Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.		building has not yet been approved.	scheme has not yet been yet approved.	evacuation scheme has been approved prior to occupancy. Prior to occupancy days
Criterion 4.2.3 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.	PA Low	Staff records reviewed confirmed that staff had completed training in health and safety and emergency preparedness relevant to the site they were working at. Staff have not yet completed health and safety and emergency preparedness training to the new build.	Staff have not yet completed health and safety and emergency preparedness training to the new build.	Provide staff with health and safety and emergency preparedness training relevant to the new build. Prior to occupancy days
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	The directors and CM were able to describe emergency equipment that would be required; however, this had not been yet put on site.	Alternative essential energy and utility sources are not yet available in the event of the main supplies failing.	Ensure that there are alternative essential energy and utility sources available, in the event of the main supplies failing. Prior to occupancy days
Criterion 4.2.8 Service providers will explain emergency and security arrangements to all people using the services.	PA Low	Staff who will provide care and support have not yet had emergency and security training relevant to the site.	Staff who will provide care and support have not yet had emergency and security training relevant to the site.	Provide staff with emergency and security training relevant to the site. Prior to occupancy days
Criterion 5.2.4 Service providers shall ensure that there is a pandemic or infectious	PA Low	The CM and directors confirmed that personal protective equipment (PPE), including gloves, aprons and eyewear,	i). Adequate supplies of PPE and MSD sheets are not yet on site.	i). Ensure that there are adequate supplies of PPE and MSD sheets

<p>disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>		<p>would be available for staff throughout the facility; noting that there was some available on site during the audit. The chef was observed wearing appropriate personal protective clothing when performing their duties. Material safety data sheets (MSD) sheets were not readily available where chemicals were stored. Hand hygiene products, including hand sanitisers and paper towels, were not yet on site.</p>	<p>ii). Hand hygiene products, including hand sanitisers and paper towels, were not yet on site.</p>	<p>on site. ii). Ensure that there are hand hygiene products, including hand sanitisers and paper towels, on site. Prior to occupancy days</p>
<p>Criterion 5.5.1 Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There are policies in place around waste management. The staff who will be working at the facility have completed training in other sites around waste management. The sluice room is not yet fully fitted and functional, and sharps containers are yet to be supplied. Sharps containers have yet to be supplied.</p>	<p>i). A sluice room has not yet been put in place with relevant equipment installed. ii). Sharps containers are not on site.</p>	<p>i). Ensure that there are spaces for managing soiled linen and cleaning of equipment. ii). Ensure that there are sharps containers available on site. Prior to occupancy days</p>
<p>Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p>	<p>PA Low</p>	<p>The service has appointed cleaning staff who have completed chemical training on a sister site. There is access to a currently unlocked chemical storage area and trolley. Chemicals and equipment have not yet been put in place.</p>	<p>i). Chemicals and equipment have not yet been put in place for cleaning. ii). The storage area is not yet secure.</p>	<p>Ensure that chemicals and equipment are accessible and secured when not in use. Prior to occupancy days</p>

<p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>				
<p>Criterion 5.5.4 Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include: (a) Methods, frequency, and materials used for laundry processes; (b) Laundry processes being monitored for effectiveness; (c) A clear separation between handling and storage of clean and dirty laundry; (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>There is a dedicated space in a covered outdoor area attached to the main building. The space has high walls and is protected from the elements. At the time of the audit, the laundry was not yet functional. The directors and CM have yet to determine how staff will get laundry to the area and how to organise the dirty/clean areas, including entry and exit in a safe manner. Processes to transport laundry have not been actualised.</p>	<p>i). The laundry is not yet fully fitted and functional. ii). Dirty/clean flow to the laundry and processes to transport dirty and clean laundry have not yet been developed.</p>	<p>i). & ii). Ensure the laundry is fully functional and there are clear processes in place to transport laundry to and from the laundry. Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.