

# The Wellington City Mission (Anglican) Trust Board - Kemp Home and Hospital

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## Introduction

This report records the results of a 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:

<b>Legal entity:</b>	The Wellington City Mission (Anglican) Trust Board
<b>Premises audited:</b>	Kemp Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 July 2024    End date: 12 July 2024
<b>Proposed changes to current services (if any):</b>	A partial provisional audit undertaken to assess preparedness of the service to operate under new company and governance structure.

This audit confirmed that the new company, which retains the same governance structure and trustees, would not impact business operations or continuity.

**Total beds occupied across all premises included in the audit on the first day of the audit: 55**

# 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

Kemp Home and Hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 61 residents. There are 21 rest home beds (including five dual-purpose beds) and two hospital wings with 40 beds. At the time of the audit there were 55 residents in total.

Mission Residential Care Limited is a registered company wholly owned by the Wellington City Mission (Anglican) Trust Board. The same board of trustees oversees both entities. The organisation proposed that Mission Residential Care Limited will be dissolved, and Kemp Home and Hospital will operate directly under the Wellington City Mission. There will be no changes to the operations or management of the services provided by Kemp Home and Hospital. The anticipated time for this change is planned for 31 July 2024, with approval by HealthCERT.

A partial provisional audit has been conducted to establish readiness under the new governance structure. Proposed changes pertain solely to the name of the ownership.

The Director residential services is a registered Nurse (RN) with experience in aged care management and she reports to the Wellington City Missioner (CEO) and board. The Wellington City Missioner visits the facility fortnightly. The nurse manager has been with Kemp Home and Hospital for over 20 years. The nurse manager has day to day oversight of both clinical and non-clinical services. She is supported by a duty/team leader who is second in charge to the nurse manager. Both managers have significant experience of managing in aged care. There are no proposed changes to staffing, and the current structure will remain unchanged.

There were no areas identified as requiring improvement.

During this audit, two partial attainments from the previous audit concerning medication management and care plan interventions were reviewed, and it was determined that the necessary corrective actions have been implemented.

This partial provisional audit concluded that the proposed new ownership and governance structure have no impact on the current services and would not impact business operations or continuity.

## **Ō tātou motika | Our rights**

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

There is a documented procedure for determining staffing levels and skill mixes to ensure culturally and clinically safe care. The roster is designed to provide adequate and appropriate coverage for effective care delivery and support. The service actively supports and encourages caregivers to achieve New Zealand Qualification Authority qualifications.

Human resource management policies are in place and implemented. An annual education and training schedule covers mandatory training and a variety of topics related to elder care. Staff receive over 8 hours of training annually, and comprehensive training records are maintained. All staff have completed their orientation program, and annual performance appraisals are conducted.

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

The team leader and registered nurses are responsible for developing resident care plans.

Each care plan in the sampled files was detailed and provided clear instructions for safe care provision by staff.

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

The building's current warrant of fitness is valid until 5 October 2024. An annual maintenance plan is in place. The facility has an approved fire evacuation plan, with drills conducted every six months. Disaster and civil defence plans guide the facility in preparing for emergencies, outlining procedures for staff, who are well-trained in emergency protocols. Call bells alert staff to residents needing assistance, and security measures are appropriately implemented.

The environment is designed for comfort and accessibility, promoting independence and safe mobility. Residents can personalize their rooms according to their preferences. There are sufficient accessible bathroom and toilet facilities throughout the facility. Each resident room has external windows for natural light, and adequate ventilation and heating are maintained.

Currently, there are no plans for new building projects or refurbishments. However, should the need arise, the facility is open to involving local Māori providers to incorporate Māori aspirations and identity.

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

The team leader along with support of a RN is the designated infection control nurse and all staff through the quality meeting acting as the infection control team. Infection prevention and control plan is implemented. The service has an antimicrobial stewardship policy and monitoring of antimicrobial usage provided by the GP and the team leader.

There was one COVID-19 related outbreak in 2024. After the outbreak, an extensive review was conducted, including communication with staff, residents, and families. Family/whānau contact details were updated, and staff received training on outbreak management, which was also discussed during handovers and meetings. The team leader described the improvements made around clear communication pathways.

## Here taratahi | Restraint and seclusion

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	0	0	0	0
Criteria	0	87	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Kemp Home and Hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 61 residents. There are 21 rest home beds (including five dual-purpose beds) and two hospital wings with 40 beds.</p> <p>At the time of the audit there were 55 residents in total: 16 rest home residents and 39 hospital residents, including 4 residents under the long-term support chronic health conditions (LTS-CHC) contract. All other residents were under the ARCC agreement.</p> <p>Mission Residential Care Limited is a registered company wholly owned by the Wellington City Mission (Anglican) Trust Board. The same board of trustees oversees both entities. A partial provisional audit has been conducted to establish readiness under the new governance structure. Proposed changes pertain solely to the name of the ownership. Mission Residential Care Limited will be dissolved, and Kemp Home and Hospital will operate directly under the Wellington City Mission. There will be no changes to the operations or management of the services provided by Kemp Home and Hospital. The anticipated time for this change is planned for 31 July 2024, with approval by HealthCERT.</p> <p>The Director residential services is a RN with experience in aged care management and has been in the role over 20 years. She reports to the</p>

		<p>Wellington City Missioner (CEO) and board. The Wellington City Missioner visits the facility fortnightly. The nurse manager has been with Kemp Home and Hospital for over 20 years. The nurse manager has day to day oversight of both clinical and non-clinical services. She is supported by a duty/team leader who is second in charge to the nurse manager and has been with Kemp Home and Hospital for 20 years.</p> <p>The 2024 business plan and goals identify the Wellington City Mission philosophy of care. Goals and objectives for 2023 is reviewed and progress against identified goals were documented. There is established links with the local Ngāti Toa iwi. The nurse manager reported that they have strengthened their relationship with this marae, and several Māori staff members provide connections to various other iwi and Māori health organisations.</p> <p>The Wellington City Mission board and management have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending similar training as Kemp Home and Hospital staff. There is newly appointed Māori board member, along with a Kaitakawaenga role (Māori Liaison) to support the relationship with Mana Whenua, and to support city mission's goals around treaty of Waitangi and equitable service delivery. A review of board papers and discussions with the Director Residential-Services confirmed that the board actively works towards addressing barriers and achieving equity for Māori, as well as identifying and removing barriers to ensure equitable service delivery for tāngata whaikaha.</p> <p>The proposed governing body and clinical governance structure are appropriate for the size and complexity of the service, with both levels of trustees remaining unchanged.</p> <p>The nurse manager has maintained at least eight hours annually of professional development related to managing residential aged care and receives clinical supervision from a Nurse Practitioner.</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</p>	<p>FA</p>	<p>There are no proposed changes to staffing, and the current structure will remain unchanged. There is a documented procedure for establishing staffing levels and skill mixes to ensure culturally and clinically safe care. The roster ensures adequate and suitable coverage to facilitate effective</p>

<p>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>care delivery and support. At least one staff member on duty holds a current first aid certificate, and the facility maintains 24/7 registered nurse (RN) coverage. Management team consists of a nurse manager and team leader who both work 40 hours a week and share the on-call roster. The Director residential services provide daily support to the facility. They are supported by long serving RNs and caregiving staff. Currently there is no vacant position.</p> <p>Kemp home and hospital employs eight registered nurses (RNs) and two enrolled nurses (Ens). There are two interRAI trained RNs. A diversional therapist and activities assistant manage the recreation programme five days per week. Housekeeping (cleaning and laundry) services are carried out by dedicated support staff seven days per week. Support staff also includes a receptionist, maintenance, and gardening staff.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 22 caregivers employed at Kemp Home and Hospital with two having achieved level four, fifteen have completed level three and five have completed level two NZQA qualification.</p> <p>There is an annual education and training schedule which covers all mandatory training, as well as a range of topics related to caring for the older person. Staff training hours exceed eight hours annually and training records are maintained. The orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent), and moving and handling. A record of completion is maintained. Registered nurses are supported to maintain their professional competency.</p> <p>The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori, and tikanga practices. Staff participate in online learning opportunities, and learning through policies and care plan interventions that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>There are policies and procedures in place to support staff wellness and staff interviewed reported feeling well supported and safe in the workplace.</p>
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<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files were selected for review which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, job descriptions and police record checking. A register of practising certificates is maintained for all health professionals.</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 with a more experienced staff member when first employed. Competencies are completed at orientation and then as part of the ongoing education plan. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Staff performance appraisals were completed annually.</p> <p>Staff files were kept secure and confidential. Staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation requirements. There are currently Māori and Pasifika staff working in the service.</p> <p>The team leader and RNs interviewed gave example of debrief opportunities following incidents or adverse events. Staff are also informed through meetings.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The team leader and registered nurses are responsible for developing resident care plans. Assessment tools, including cultural assessments, nursing assessments, and interRAI assessments, were completed to identify key risk areas. Informed consent is obtained prior to assessments and residents and family/whānau participated in assessment and care planning process. Assessments included peoples lived experiences.</p> <p>Review of five resident files indicated that care plans included details of residents' health conditions and current treatments. Care plan interventions were comprehensive and included risk management strategies. The sampled group comprised residents with diverse backgrounds, including those with wounds, previous pressure injuries (now healed) and insulin-</p>

		<p>dependent diabetes.</p> <p>Each care plan in the sampled files was detailed and provided clear instructions for safe care provision by staff. For instance, the resident with a healed pressure injury had appropriate wound care documented, with specialist input noted and now the wound is healed. Another resident's care plan included a comprehensive risk management strategy for managing hypo- and hyperglycaemia associated with diabetes. The resident's nutritional needs were well managed, and medication administration records showed correct administration of sliding scale medication administration. All care plans also addressed residents' spiritual and cultural needs, providing staff with a wide range of information to support these aspects. Review of one file of a Māori residents showed that the resident's and whānau's own pae ora outcomes were included in their care plan.</p> <p>Staff interviewed demonstrated knowledge about resident care plans and provided examples of how they meet individual resident needs.</p> <p>In light of the above evidence, the auditor determined that the required corrective actions regarding care plan interventions (3.2.3) from the previous audit have been appropriately addressed.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely. Registered nurses, enrolled nurses and senior caregivers administer medication and complete annual medication competencies and education. Registered nurses complete syringe driver training through the local hospice. Medications are supplied to the service from a contracted pharmacy and both regular and 'as required' medications are checked on delivery by an RN against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>There are policies and procedures in place for resident who self-administer their medications. There was one resident who self-medicating at the time of the audit. There was a medical review showing the resident's competency to self-administer their medication and this was reviewed by the general practitioner (GP) three monthly. Medications were kept safe in the resident's room and medication management monitored by the RNs.</p>

	<p>The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.</p> <p>The service uses paper-based medication charts and signing records. Ten medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. A resident with diabetes, who required insulin administration on a sliding scale was a part of the sampled medication chart. A review of the medication administration records, and blood sugar monitoring records confirmed that all procedures were carried out appropriately and as prescribed.</p> <p>The effectiveness of 'as required' medications were recorded in the progress notes. Eye drops and creams in the trollies had dates on them of when they were opened. No vaccines are stored at the facility.</p> <p>Discussions with the team leader and resident file reviews confirm that there is documented evidence in the progress notes that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with all residents, their family/whanau and they were updated following medication changes and medication reviews.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication and these medications were reviewed and prescribed by the GP.</p> <p>Interviews with RNs and the team leader, review of a Māori resident's file, and sampling of resident drug charts confirmed that Māori residents and their whānau are supported in understanding their medications. Culturally appropriate support and advice are available to prioritize timely treatment plans, aiming for improved health outcomes.</p> <p>The facility uses standing order for three medications which were reviewed and updated by the GP. Staff have attended training around medication management and pain management as part of their annual scheduled training programme. Medication audits are completed as per schedule.</p> <p>A shortfall from the previous audit around controlled drug stock take (3.4.1) has been addressed. Controlled medications are stored safely, and weekly</p>
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		<p>stock take for all controlled drugs were undertaken. There is an evidence of stock take completed by the pharmacist.</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>All meals are prepared and cooked on site. A current food certificate was sited and expires 31 August 2024. The kitchen was observed to be clean, well-organized, well equipped. There is a four weekly rotating menu which is scheduled for review in November 2024.</p> <p>A full-time cook/household supervisor employed by the service who is supported by a part time cook and kitchen hands. The menu provides variety, with likes and dislikes catered for. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the RNs. The kitchen can meet the needs of residents who require special diets. Lip plates and other modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There are two dining rooms. The first dining room is next to the kitchen and meals are served directly to residents. The second dining rooms has a small kitchenette and food delivered there in hot boxes. Residents who require assistance dine in this small dining room. Residents may also choose to have meals in their rooms.</p> <p>Cook/household supervisor and kitchen staff are trained in safe food handling and chemical safety. Staff were observed to be wearing correct personal protective clothing. Cleaning schedules are maintained. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures had been recorded, along with temperatures of frozen goods on arrival. Cleaning schedule is implemented. All foods were date labelled in the pantry, chiller and freezer.</p> <p>The cook/ household supervisor is knowledgeable about Māori cultural practices, including tapu and noa principles, and can prepare culturally appropriate meals for Māori residents. During the interview, the cook/ household supervisor provided examples of Māori meals served at Kemp Home.</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>FA</p>	<p>The building has a current warrant of fitness that expires on 5 October 2024. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. A process is in place to identify deficits and manage remediation. The annual maintenance plan is implemented and includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. Spaces within the facility are culturally inclusive, suit the needs of the resident groups, and have lounge facilities and separate dining areas. Lounge areas are used for resident activities, and there are separate activity rooms and additional areas for residents to engage in individual hobbies such as puzzles.</p> <p>Rooms can be personalised according to the resident's preference. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including separate facilities for staff and accessible facilities for visitors. All residents' rooms have external windows providing natural light, and appropriate ventilation and heating are provided.</p> <p>There are no plans for building projects or further refurbishments; however, if such projects arise, the facility is open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included. External areas are well-maintained.</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</p>	<p>FA</p>	<p>The facility has an approved fire evacuation plan, with fire drills conducted every six months. Disaster and civil defence plans and policies guide the facility in disaster preparation and outline the procedures to be followed. Staff have been trained and know what to do in an emergency. There are sufficient supplies readily available, including 23,000 litres of water. A generator is available for use in the event of a power outage. Call bells are in place to alert staff to residents requiring assistance, and appropriate</p>

<p>unexpected event.</p>		<p>security arrangements are maintained. An established process ensures that all people using the services are informed about emergency and security arrangements. A staff member with current first aid certification is always on duty. Additionally, all visitors and contractors are required to sign in upon entry to the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Kemp Home and Hospital has an infection prevention (IP) and antimicrobial stewardship (AMS) programmes which is appropriate for the size and complexity of the service.</p> <p>The programme has been approved by the governing body and linked to the quality and risk management programme. Annual review of 2023 business plan includes a review of the IP programme. The programme is guided by a comprehensive and current infection control manual, with input from an external IP advisor if needed.</p> <p>Expertise and advice are sought as required. Special support can be accessed through Health NZ- Capital, Coast and Hutt Valley infection prevention team, the medical laboratory microbiologist and the attending GP.</p> <p>An infection control component is included in the quality and staff meetings. The incident reporting system documents the pathway for the reporting of issues and significant infection events to the nurse manager and the general manager (residential services).</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	<p>FA</p>	<p>The team leader along with support of a RN is the designated infection control nurse and all staff through the quality meeting acting as the infection control team. The team leader has completed external education on IP and management.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection control programme is reviewed annually.</p> <p>The team leader has input in the procurement of good quality consumables</p>

<p>and scope of our services.</p>		<p>and personal protective equipment. Sufficient infection prevention resources, including personal protective equipment, were sighted and these are regularly checked against expiry dates. There is a dedicated room to store outbreak management supplies. The infection prevention policies encompass the expertise of infection control specialists in the planning and execution of new buildings or renovations.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. The team leader and the nurse manager stated that all shared and reusable equipment is appropriately disinfected between use.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed infection control and outbreak management training and associated competencies such as handwashing and personal protective equipment. Family/whānau are kept informed and updated as required. Visitors are asked not to visit if unwell. Resident education occurs as part of the daily cares.</p> <p>Appropriate infection prevention practices were observed by staff during the audit. Hand washing and sanitized antibacterial dispensers were readily available around the facility.</p> <p>The service has an infection control manual and a pandemic plan including Covid 19, which provides guidelines and communication pathways in the event of an outbreak.</p> <p>The service incorporates te reo information around infection control for Māori residents and staff. There are a number of staff speaks te reo Māori to support residents around IP training. The service demonstrates and continues to access guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi via established external links. The management and staff interviewed described implementing culturally safe practices in relation to IP.</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>FA</p>	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical reviews. The policy is appropriate for the size, scope, and complexity of the resident cohort.</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>Infection rates are monitored monthly and reported to the staff and quality meetings and bimonthly to the board. Prophylactic use of antibiotics is considered case by case by the GP and currently one resident was using prophylactic antibiotics. The general practitioner and the team leader provide oversight on antimicrobial use within the 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 surveillance is an integral part of the infection control programme and is described in the organisation's infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality and staff meetings, and updates as required during handovers. Meeting minutes and data are available for staff. Action plans where required for any infection rates of concern, are documented, and implemented. Internal infection control audits are completed with corrective actions for areas of improvement addressed as required. The service incorporates ethnicity data into surveillance methods and data captured around infections on the infection forms.</p> <p>In 2024, there was one Covid-19 related outbreak. The facility followed its pandemic plan, which includes clear communication pathways and outlines the responsibilities of staff and management. After the outbreak, an extensive review was conducted, including communication with staff, residents, and families. Family/whānau contact details were updated, and staff received training on outbreak management, which was also discussed during handovers and meetings. The team leader described the improvements made around clear communication pathways.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety, hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolley and are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their</p>

<p>prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>duties on the day of audit. Sluice rooms were equipped with personal protection supplies.</p> <p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All laundry is done on site. There is dedicated laundry staff seven days a week. The cleaning and laundry processes are monitored, and regular reviews and internal audits are undertaken. Where improvements can be made these are implemented. During the tour of the facility, it was observed that the linen cupboards were well stocked, and linen sighted evidenced to be in good condition.</p> <p>The cleaners and laundry staff have attended training appropriate for their roles. The team leader and nurse manager oversee environmental safety and chemical supplier assists them in monitoring the effectiveness of the chemicals.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

If, instead of a table, 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.