

Heritage Lifecare (BPA) Limited - Flaxmore Care Home

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare (BPA) Limited
Premises audited:	Flaxmore Care Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 26 August 2024 End date: 26 August 2024
Proposed changes to current services (if any):	Increasing rest home care Beds and reducing dementia care beds
Total beds occupied across all premises included in the audit on the first day of the audit:	35

Executive summary of the audit

Introduction

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

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

General overview of the audit

Flaxmore Lifecare (Flaxmore) is owned and operated by Heritage Lifecare Limited and currently provides age-related residential rest home and dementia care for up to 48 residents. No changes to management have occurred since the last audit. The facility is undergoing a process of refurbishment and redesignating some dementia care beds as rest home beds. This change will allow the facility to meet the growing needs of the community for rest home level care. The provider has applied to HealthCERT for this change. This audit found the change to be appropriate and all rooms were suitable for the level of care proposed.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to establish the level of preparedness of Flaxmore to provide rest home and dementia care. The audit included review of documents and records, interviews with a governance representative, management, staff, a resident, a family member, and visual inspection of the Flaxmore refurbishment.

One area for improvement was identified during the audit process; this related to finalising the installation of the relocated secure door to the dementia care unit.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

Flaxmore Lifecare is governed by Heritage Lifecare Limited. The board of directors works with the manager at Flaxmore to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Compliance with legislative, contractual and regulatory requirements is overseen by the Heritage leadership team and governance group, with external advice sought as required. There are appropriate clinical governance processes in place. The service complies with statutory and regulatory reporting obligations.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation are defined. There are opportunities for patient and whānau input into planning and monitoring of service delivery. Performance is monitored and reviewed at planned intervals.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff performance is monitored. There is a transition plan in place to ensure staffing continues to meet the needs of residents at both rest home and dementia level care. Staff working in the secure dementia unit have completed the required training.

Ngā huarahi ki te ora | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of services. Policies and procedures reflect current good practice and legislative requirements. Staff who administer medication were competent to do so.

Established food services are already in place at Flaxmore. The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed. The existing kitchen services are appropriate to meet the needs of residents at rest home and dementia level care.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff and residents understood emergency and security arrangements. Call bells are in place, and quality assurance processes confirmed that staff respond to these in a timely manner. Security is maintained.

The environment and amenities in place are suitable for rest home care, and the rooms converted from dementia level care to rest home care were confirmed to be appropriate for rest home care.

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

Heritage Lifecare Limited ensures the safety of residents and staff at Flaxmore through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The programme is

appropriate for the proposed change in level of care. The Heritage regional clinical support manager, who is a registered nurse and based at Flaxmore, is responsible for overseeing the infection prevention programme, with reporting lines to regional management and governance.

The existing environment supports both prevention of infections and mitigation of their transmission. Policy is in place to support the consultation and involvement of IP personnel in building redesign and/or when changes are made to existing buildings.

Waste and hazardous substances were well managed. There were safe and effective laundry services. The processes in place are suitable for the changes proposed.

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	11	0	1	0	0	0
Criteria	0	84	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Heritage Lifecare Limited (HLL) governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination. Ethnicity</p>

		<p>data is collected to support equitable service delivery.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits and complaints) is aggregated and corrective action (at facility and organisation level, as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to the business and/or strategic plans as required.</p> <p>The facility manager is suitably qualified for the role and is supported by a regional operations manager and a regional clinical advisor.</p> <p>Each facility has its own business plan for its particular services, and planning at Flaxmore Lifecare included action taken resulting from the resident and whānau satisfaction surveys. Flaxmore Lifecare has proposed decreasing the number of dementia care beds from 36 to 28 and increasing the number of rest home level beds from 12 to 20. This proposal is in response to the increased need for rest home beds in the community, and the facility has the support and approval of the Heritage Lifecare limited chief executive officer to proceed.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL; they look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Heritage Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Directors of Heritage Lifecare Limited have undertaken the e-learning education on Te Tiriti o Waitangi, health equity and cultural safety</p>
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		<p>provided by Manatū Hauora.</p> <p>The governance and leadership structures in place within Heritage Lifecare Limited are suitable to support the provision of increased rest home level care and reduced dementia level care at Flaxmore Lifecare.</p> <p>Flaxmore Lifecare holds contracts with Health New Zealand – Te Whatu Ora Nelson Marlborough (Te Whatu Ora Nelson Marlborough) to provide residential care services under the age-related residential care agreement (ARRC) for up to 48 residents requiring rest home or dementia level care. It has a contract with Whaikaha to provide care for younger people with disabilities (YPD). On the day of audit, there were 35 residents receiving care, and of these, 25 were at rest home level care and 10 at dementia care. Two residents (one in the rest home and one in the secure unit) were younger persons with a physical disability.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the care home manager, who is supported by the Heritage Lifecare regional clinical support manager (based at Flaxmore) and three registered nurses. There is registered nurse cover provided Monday to Saturday, and the RNs share on-call responsibilities. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Staff and a resident interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and includes mandatory training requirements. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Nelson Marlborough. Staff and management understood the required education-related competencies required to support equitable service delivery. Staff who work in the secure dementia unit are required to</p>

		<p>complete dementia care training; 16 staff have completed the required NZQA units and a further six are enrolled to do so.</p> <p>Māori health information was accessed and used to support training and development programmes, policy development and care delivery.</p> <p>Staff wellbeing policies and processes are in place, and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p> <p>A documented staffing transition plan is in place to ensure there are sufficient, and suitably trained, staff available to meet the needs of residents. The roster reviewed evidenced appropriate levels of staff in both the rest home and the dementia unit. This included diversional therapy staff with dedicated time in the secure unit sufficient to meet the needs of residents with dementia.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of eight staff records were reviewed, including two registered nurses, three caregivers, a diversional therapist and two household staff, and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors, such as the contracted general practitioner, the physiotherapist and the podiatrist.</p> <p>Ethnicity data is recorded and used in line with health information</p>

		<p>standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p> <p>The processes in place are appropriate to support the Flaxmore Lifecare manager in the transition to providing increased rest home care and decreased dementia level care. Current processes ensure all staff receive and appropriate orientation and an annual education plan is implemented to provide ongoing learning for staff appropriate to their roles. An transition plan is available to support staff ensuring training and orientation to the changes proposed.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. All medications sighted were within current use-by dates.</p> <p>Prescribing practices meet requirements. Medication reconciliation occurs. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse described the processes that would be followed to ensure this is facilitated and managed safely if the need arises. Residents, including Māori residents and their whānau, are supported to understand their medications.</p>

		The medication management system in place is suitable for the proposed changes at Flaxmore.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident interview and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>The existing food service is sufficient to provide food services at Flaxmore for both rest home and dementia level care. Snacks and fluids are available for residents in the dementia unit 24/7.</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</p>	PA Low	<p>Flaxmore is a residential care facility comprising 48 bedrooms; 36 in the secure dementia unit and 12 in the rest home. It is proposed to reduce the dementia unit by eight rooms and convert these eight rooms into rest home beds.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas;</p>

of belonging, independence, interaction, and function.		<p>these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 5 July 2025. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas for leisure activities, with appropriate seating and shade. The external area for the dementia unit is safe and secure and has a walking area suitable for residents.</p> <p>Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance, as evidenced in a recent satisfaction survey and a resident interview.</p> <p>The rooms being incorporated into the rest home wing have all been updated and were verified to be appropriate for rest home level of care. No rooms remaining in the dementia unit have been changed. The addition of eight rooms to the rest home has required the installation of a new secure door at the boundary of the dementia unit. This locking mechanism has not yet been installed; refer criterion 4.1.1.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed.</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>Staff have been trained and knew what to do in an emergency. The care home manager, diversional therapist (DT) and senior caregivers have current first aid certification. There is a first aid certified staff member on duty 24/7 and the DT who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 7 July 2006 and the requirements of this are reflected in the Fire and Emergency Management Scheme. The facility has verified with the New Zealand Fire Service that no changes to the scheme are required and email verification of this was sighted. A fire evacuation drill is held six-monthly; the most recent drill was on 19 March 2024 and the next is scheduled for September 2024.</p> <p>Alternative essential energy resources are available, and the facility has contracted a local agency to provide a generator should this be needed. Torches, with batteries, and first aid equipment are held in an emergency kit. Adequate supplies of food and water for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region and the facility has considered how this will be cooked, a gas barbeque is available.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau surveys evidenced they are happy with the responsiveness of staff. Appropriate security arrangements are in place.</p> <p>The current systems in place are appropriate for the proposed change to the rooms at Flaxmore.</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>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent</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>specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Nelson Marlborough.</p> <p>Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The regional clinical support manager (and acting clinical manager) supports the senior registered nurse who is the facility infection prevention and control resource nurse. They are responsible for overseeing and implementing the infection prevention programme, with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager and national infection prevention lead. The registered nurse has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, policies, and in relation to changes made to the facility.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>There is a pandemic plan in place that has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use of this.</p> <p>Staff were familiar with policies related to the decontamination of reusable medical devices and shared medical equipment. Monitoring of compliance is included in the audit schedule. Single use items are not reused.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that</p>

		<p>meets their needs. Educational resources are available in te reo Māori.</p> <p>The IP programme in place is suitable for rest home and dementia care at Flaxmore.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>An antimicrobial policy is in place that is appropriate to the size and scope of the service and has been approved by the Heritage Lifecare Limited governing body. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>The AMS programme is suitable for the changes proposed at Flaxmore.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data included ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff. A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been identified by the registered nurse.</p> <p>Communication between service providers and residents that are experiencing a health care-associated infection (HAI), and/or their whanau, is culturally safe.</p> <p>The surveillance programme in place is suitable for the proposed changes at Flaxmore.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment supports prevention of infection and

<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 antimicrobial-resistant organisms.</p>		<p>mitigation of transmission of antimicrobial-resistant organisms. A refurbishment project is underway.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau indicated in a recent survey that the laundry is managed well, and that the facility is kept clean and tidy. This was confirmed through observations.</p> <p>The cleaning and laundry processes in place are appropriate for the proposed changes.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Eight rooms previously part of the dementia unit will be incorporated into the rest home wing. All new rest home rooms are located together along one corridor, which at the time of audit was part of the dementia unit. A new secure door has been installed at the new transition boundary from the rest home to the dementia unit, and it is proposed to deactivate the previous secure door. This will allow free movement for residents in the rest home while the new secure door will maintain a secure environment for residents in the dementia wing. The new secure door is in place. However, the locking mechanism is yet to be installed.	The new secure door to the dementia unit has been installed. However, the locking mechanism is not yet in place. As a result, the rooms to be incorporated into the rest home wing remain behind a secure door and are part of the dementia unit.	Ensure the new secure door to the dementia unit is fully functional prior to residents occupying the re-designated rest home beds, to ensure rest home residents have freedom of movement. Prior to occupancy

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.