

Northbridge Lifecare Trust - Northbridge Lifecare Trust Rest Home & Hospital

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:	Northbridge Lifecare Trust
Premises audited:	Northbridge Lifecare Trust Rest Home & Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 4 September 2024 End date: 4 September 2024
Proposed changes to current services (if any):	Reconfiguration to change 30 rest home beds to dual purpose, and to change two serviced apartments to two rest home level care beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 95

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

Northbridge lifecare Trust Rest Home and Hospital provides age-related residential care rest home, hospital and secure dementia services for up to 96 residents. The Northbridge Lifecare Trust Board assumes accountability for delivering a high-quality service. The chief executive officer (CEO) is supported by the care facility manager and the clinical manager. No other changes have occurred since the previous audit.

This partial provisional audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, interviews with the management team, a board member, the clinical manager, residents and other staff. The audit was in relation to a reconfiguration requested for 30 rest home beds in the rest home to be changed to dual purpose beds. In addition to this, a reconfiguration to change two serviced apartments to rest home level care was added at the time of the audit. HealthCERT was notified and this was included in this report.

There were no areas identified for improvement in the last audit in section 3 to follow up, and there were no areas identified for improvement at this audit.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The business plan and other assorted documents include the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the senior management and the CEO. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. The CEO reports to the Trust board regularly. An experienced care facility manager is supported by a clinical manager.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks are identified and mitigated.

The recruitment of staff was based on current good practice. Orientation and training were provided at commencement of employment and is ongoing. All annual mandatory training and training to meet the requirement of the service provider's contract with Health New Zealand – Te Whatu Ora Waitematā (Te Whatu Ora Waitematā) was effectively met, and records are maintained. This includes cultural, medications, manual handling and safe practice, restraint and infection prevention competencies.

The rosters developed and implemented ensure adequate cover is available across all services, and further cover is planned to meet the changing needs of residents from rest home to hospital level care as needed. There is adequate staff to cover rest home level care in the two serviced apartments, which are situated close to the rest home. All staff have completed first aid training.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed.

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

The facility meets the needs of the residents and was clean and well maintained, and the building warrant of fitness was current. Electrical and biomedical equipment is tested as required. Resident rooms were personalised and there are sufficient lounge and recreational spaces to meet the needs of residents. External areas are accessible, safe and provide shade and seating, and met the needs of people with disabilities.

Staff are trained in emergency procedures and the use of emergency equipment and supplies and attend regular fire drills. There is an approved fire evacuation plan. Staff, residents and families understood emergency and security arrangements. A nurse call bell system is installed in all service areas. Security is maintained.

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

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the services provided. An experienced registered nurse leads the programmes, supported by the clinical manager.

Infection prevention expertise can be accessed when needed. There is a current pandemic and outbreak management plan. Adequate resources are readily available.

Staff interviewed understood the principles and practice of infection prevention and control. This was guided by relevant current policies and supported with ongoing education and training.

Hazardous waste and chemicals are managed appropriately and stored safely. There are safe and effective cleaning and laundry services for the size of the organisation.

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

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	12	0	0	0	0	0
Criteria	0	85	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>The governing body is the Northbridge Lifecare Trust Board. The trustees and the chief executive officer (CEO – previous title general manager) assume accountability for delivering a high-quality service to the residents. There is no Māori representation on the board. However, advice and support are provided to the board by a kaumatua from the local iwi, who has input into the organisation’s operational practices. Board members have all completed training in Te Tiriti o Waitangi. The resident representative board member was interviewed at audit and had experience in the aged care sector as well as residing in the village. Clinical governance is provided through a medical advisory committee, which includes board members, the facility general practitioners and the care facility manager.</p> <p>The leadership structure, including clinical governance, is appropriate for the size of the organisation and there is an experienced and suitably qualified person in the role of managing the service.</p> <p>The service is managed by the CEO with the support of a care facility manager, who is a registered nurse. The clinical manager is well supported by the registered nurses. The CEO and the care facility manager (CFM) both have extensive management and clinical experience respectively and bring their own expertise and knowledge to</p>

	<p>the roles. They have both completed Te Tiriti o Waitangi and cultural training.</p> <p>The board holds a strategic management meeting annually each April. There is a business plan in place for the hospital, rest home and memory care centre for the 2024 to 2025 year. Strengths, weaknesses, opportunities and threats (SWOT) are reviewed regularly, and the resulting outcomes contribute to business objectives. The purpose, values, direction, scope and objectives are clearly defined and monitoring and reviewing of performance occurs, with regular monthly reporting to the board by the CEO. The organisation is focused on identifying any barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha. This is occurring through ongoing engagement with local Māori and Pasifika communities, business planning, ensuring the environment is accessible and seeking feedback from residents and family. The board member who is the resident representative and disability champion for the facility was interviewed and was able to speak out for residents at every opportunity. Compliance with legislative, contractual and regulatory requirements is overseen by the CEO and board, with external advice sought as needed.</p> <p>A commitment to the quality and risk management system was evident. The quality and risk framework are well established, and the service strives to continuous improvement, as demonstrated at this audit. A sample of reports to the board were reviewed. The board member stated the reports from the CEO are provided to a high standard monthly, which keeps the board members well informed on progress and any risks identified.</p> <p>Residents and their families/whānau participate in planning and evaluation of services through resident and family meetings and an annual survey completed in November.</p> <p>The service holds contracts with Te Whatu Ora Waitematā to provide age-related residential care for rest home and hospital services, including respite, and secure dementia care. The facility also holds a contract with the Accident Compensation Corporation (ACC). On the day of this partial provisional audit, there were 15 residents in the memory care, 35 residents in the hospital wing, 15 hospital level residents in the rest home service, and 30 rest home level beds</p>
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		<p>occupied. The total beds currently are 96, of which 95 were occupied. The audit undertaken was to reconfigure the thirty (30) rest home beds to be dual purpose beds. In addition to this, a reconfiguration was requested to change two of the totals of 20 serviced apartments to rest home level care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented rationale for determining staffing levels and skill mix to provide culturally safe care, 24 hours a day, seven days a week (24/7). The CFM and the CM interviewed adjusted staff numbers to meet the changing needs of the residents, and this was confirmed at interview and in a review of the rosters for each area. A multi-disciplinary team approach ensures all aspects of service delivery are met. The care staff interviewed stated there were adequate staff to complete the work allocated to them. Residents interviewed supported this and spoke highly of the care received. At least one staff member on duty has a current first aid certificate in each service area. There is registered nurse (RN) coverage in all service areas and on every shift, 24/7.</p> <p>Staffing is increased to meet the assessed needs of hospital level care residents as needed, as per the staffing rationale policy and the six weeks rosters reviewed. There is currently adequate staff to cover the additional two rest home level beds yet to be approved by HealthCERT. The two serviced apartments are situated close to the rest home. Records were well maintained. High quality Māori health information is accessed and used to support recruitment, training and development programmes, policy development and care delivery.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Competencies were completed for hand hygiene, wound care, manual handling, cultural and medication administration as applicable. A spreadsheet was reviewed for all competencies completed and when next due. The systems in place worked effectively. First aid training was completed by all staff two yearly. Currently, eight registered nurses were interRAI competent, one RN has recently completed the training and is awaiting the certificate of completion, and one RN is enrolled to commence interRAI training in</p>

		<p>October 2024.</p> <p>Processes are in place for the care staff to be enrolled and to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitematā. The records reviewed were fully completed and easily followed through. There is a total of 67 health care assistants (HCAs). Seven HCAs have completed Level 4 training, six Level 3, and one Level 2. An additional 26 HCAs are classified as having attained Level 4 through experience and previous training programmes. Healthcare assistants interviewed felt well supported and stated that the work environment was positive, and the registered nurses encouraged them to pursue ongoing education.</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>	<p>FA</p>	<p>Northbridge Lifecare Trust has contracted an experienced HR provider to manage human resources. The GM interviewed works closely with the contracted HRM.</p> <p>Human resource management policies and procedures are based on good employment practice and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications of all health professionals and registration (where applicable) had been validated prior to employment and annually thereafter.</p> <p>Staff orientation includes two weeks being buddied to another staff member in the same role. Orientation booklets are provided to staff on all aspects of service delivery. The staff member has three months to complete the orientation workbooks, which are signed off and dated by staff members involved with this process. Staff interviewed reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in the records reviewed.</p> <p>Opportunities to discuss and review performance occur at one month and three months following commencement of employment and annually thereafter, as confirmed in the staff records reviewed. Staff are supported following any incidents and have access to employee assistance if required, to ensure wellbeing. Brochures are readily</p>

		<p>accessible for staff if needed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with Health Information Standards Organisation (HISO) requirements.</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 electronic medicine management system was in use and was observed on the day of the audit. All staff who administer medicines were competent to perform the function they managed and completed annual competencies as required.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Controlled drugs were checked weekly by the RNs. The contracted pharmacist completes on-site, six-monthly (June and December) stock checks of all medications.</p> <p>Medicines were stored safely, including controlled drugs. Medicines stored were within the recommended temperature range. Prescribing practices by the two contracted general practitioners (GPs) meet the required standards. Having two GPs, who visit three days a week, is a new development since the previous audit. Medicine-related allergies and/or sensitivities were recorded on the medication record and in the clinical notes. Any adverse events were responded to appropriately, as explained by the registered nurse. Any over-the-counter medication and supplements are considered by the prescriber as part of the resident's medication. Standing orders are not used at this facility.</p> <p>Self-administration of medication is facilitated and managed safely by the two residents who use inhalers. There were no residents who identified as Māori on the day of the audit; however, residents, including Māori residents and their family/whānau, would be supported to understand their medications as needed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	FA	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu plans are documented for six</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>weeks, are rotational, planned for each season and had been reviewed by a qualified dietitian within the last two years. Recommendations made at that time by the dietitian, have been implemented. All aspects of food management comply with current legislation and guidelines. The nutritional service is contracted to an external service provider. The service operates with an approved food safety plan and registration which was reviewed and was dated with an expiry of 21 September 2025. The service is currently transitioning to a new service provider, who will officially take over on 1 October 2024. All kitchen staff had completed the required food safety training.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori residents and their whānau would have menu options that are culturally specific to te ao Māori, as needed. Buffet style breakfast and lunch are provided, and staff assist residents to access the food provided. The meal was observed at lunchtime, and residents were observed enjoying their meals.</p> <p>Evidence of resident satisfaction with meals was verified by residents interviewed, satisfaction surveys and resident meeting minutes reviewed. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>A current building warrant of fitness was publicly displayed, with an expiry date of 18 November 2024. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. Testing and tagging of electrical equipment are completed each year and was last completed on 16 July 2024 and in the rest home on 9 August 2024. Records are maintained by the maintenance manager, who was interviewed.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Equipment was available for residents with disabilities, to meet their</p>

		<p>needs. Regular checks are made of the environment and a checklist is completed three-monthly by the maintenance team, as part of the internal audit system. No changes have been made to the facilities since the previous audit. There are adequate numbers of bathrooms and toilet facilities throughout the facility. Communal areas are available for residents to engage in activities. Outdoor areas and courtyards are well maintained. There is seating, and shade is available if needed. The memory care service has access to a secure courtyard where residents can walk freely outside and re-enter the building.</p> <p>The residents' bedrooms in the rest home are located on one level. The rooms are spacious in size, with generous-sized doorways to enable a hoist or ambulance stretcher to access without difficulty. The beds are hospital level beds (high/low beds) with remote controls. These beds are currently being replaced throughout the facility with new hospital beds that have already been purchased. No changes are required to the rest home/hospital facility to accommodate additional hospital level residents. No changes are required also to the two serviced apartments sighted. Both are located on the ground level, and the rooms are spacious with accessible ensuite toilets and bathrooms. A nurse call bell system is installed in all service areas.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised, with furnishings, photographs and other personal items displayed.</p> <p>The dining room and lounge areas are spacious and enable easy access for residents and staff. There is ample space for those residents in wheelchairs to access the dining room and lounges. Residents can access areas such as the library for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>The residents were pleased with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>Spaces are culturally inclusive and best suited the needs of the resident groups. The general manager and the consumer representative of the board reported that any new buildings would be managed at board level to ensure they reflect the aspirations and identity of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The care facility manager and the maintenance manager were interviewed. Disaster and civil defence plans and policies direct the facility in its preparation for any disasters, providing consideration to the needs of residents with dementia and describing the procedures to be followed. Staff have received all relevant information and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) on 19 November 2007. The last fire drill and training was provided on 2 April 2024. A letter from the contracted fire security service verified no further changes were required for this reconfiguration to occur.</p> <p>Adequate supplies for use in a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Supplies are checked regularly. There is a backup 110KVA generator on site, along with emergency lighting and ample water supplies, including 24,000 litres of water in the care facility water cylinders sighted. There are additional 23,000 litre tanks available in the village if needed. Food stores are readily available, and gas is available for cooking purposes. All staff are trained in first aid and can provide a level of first aid relevant to the types of risk and types of services provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents reported staff respond promptly to call bells, and this was verified in review of electronic records. There has been a recent upgrade of software used, with continual improvement of the system in place. Staff carry pagers and the RNs have an app on their phones.</p> <p>Appropriate security arrangements are in place. Signage is available for the closed-circuit television cameras (CCTV) in place. A backup system is available, and the contracted security company provides night patrols. Residents and family were familiarised with emergency and security arrangements, as and when required.</p> <p>A list of residents with disabilities is well maintained and available in the event of an emergency. This list is updated daily.</p>
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<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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body (15 January 2024), link to the quality improvement system and are reviewed and reported on annually. Two members of Northbridge’s Medical Advisory Committee (clinical governance) also approve and sign off policies that need to be reviewed. The annual report was presented to the board and recorded as December 2023. The current business plan includes an objective to minimise the risk of infection. Expertise and advice are sought following a defined process. Specialist support can be accessed through the Te Whatu Ora Waitematā infection prevention team, the medical laboratory, external consultants, and the attending GPs. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</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 infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management. The coordinator has been in this role for 18 months. A job description was sighted for this role. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IP committee is sought for advice when the service is making any decisions around procurement relevant to service delivery, design of any new building or facility changes, and policies. The committee meets monthly, and minutes of the meetings were sighted. The IPCC reports to the CM and the CFM.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice and meet legislative requirements. The IP policies include appropriate referencing. Cultural advice is accessed, where appropriate, to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>Staff are familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and</p>

		<p>their family/whānau are educated about infection prevention in a manner that meets their needs. Educational resources, such as the hand hygiene posters, are available in te reo Māori.</p> <p>A pandemic plan is documented and has been regularly tested. The last outbreak of Covid-19 was in August 2024. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. This is based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not used. Policies and procedures guide staff practice where required. Infection prevention control audits were completed as part of the internal audit system, and where required, corrective actions were implemented.</p> <p>Appropriate infection prevention practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around the facility and were accessible for staff, residents and visitors to the facilities.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the services provided. It was developed using evidence-based antimicrobial guidance and expertise. The AMS programme was approved by two senior members of the clinical governance committee. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated annually, monitoring antimicrobial use and identifying areas for improvement.</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</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and nature of the services and is in line with priorities defined in the infection prevention programme. Surveillance tools are</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>used to collect infection data, and standardised surveillance definitions are used. Infection data is collated, monitored and reviewed monthly. The data is analysed, and action plans are implemented when required. Ethnicity of residents was included in surveillance data. Outcomes of surveillance were reported back to the governance body on a regular basis.</p> <p>Infection prevention audits were completed in February and June, with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed by staff. New infections are discussed at the shift handover, for early interventions to be implemented.</p> <p>Residents and family are advised of infections identified in a culturally safe manner. The GPs are also available to talk to residents and families as needed.</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. 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. 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>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. A contracted service provider removes all rubbish from the facility. All chemicals were observed to be stored securely and safely. Material data sheets were displayed in the chemical storage room and in the laundry. A copy is also available and was sighted on the cleaner's trolley. Cleaning products were in labelled, refillable containers. The cleaning trolleys were safely stored when not in use. There were sufficient PPE resources available, including masks, gloves, face shields, goggles and aprons. Staff interviewed (all very experienced), from the cleaning services, and clinical staff, demonstrated a sound knowledge of IP in their designated roles.</p> <p>The PPE resources available and sighted are adequate for the reconfiguration of dual service beds planned for the rest home and for two further rest home beds in the serviced apartments. The cleaners interviewed already assisted with cleaning the serviced apartments daily as needed.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaning and laundry staff have attended training appropriate to their roles. The IPCC and the CM have oversight of the facility testing</p>

		and monitoring programme. Residents interviewed confirmed they were pleased with the cleaning and laundry services provided.
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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.

No data to display

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.

No data to display

End of the report.