Kingswood Healthcare Matamata Limited - Kingswood Rest 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Kingswood Healthcare Matamata Limited
Premises audited:	Kingswood Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 October 2024 End date: 15 October 2024

Proposed changes to current services (if any): Kingswood Healthcare Matamata Limited - Kingswood Rest Home has notified HealthCERT of their intention to reconfigure the certified services provided at Kingswood Rest Home by reconfiguring 16 rest home beds to 16 dual purpose hospital level/rest home level care beds (dual purpose beds). These rooms were verified as suitable to provide both rest home and hospital level of care. Kingswood Rest Home has also requested that they add Hospital - Medical and Hospital - Geriatric services to their certified services.

Total beds occupied across all premises included in the audit on the first day of the audit: 37

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 haumaru │ 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

Kingswood Rest Home is part of Kingswood Healthcare Matamata Ltd and provides rest home and dementia level of care for up to 41 residents currently at rest home or dementia level of care. At the time of the audit there were 37 residents.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021. The audit process included the review of relevant policies and procedures; a review of staff files; observations; and interviews with management.

There have not been any changes in management since the last audit. An experienced general manager oversees the day-to-day operations of the facility. They are supported by a clinical manager, enrolled nurse, administrator, and experienced caregivers.

A shortfall identified at the previous audit around hot water temperature monitoring has been addressed.

This audit has identified a shortfall around food services.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

Kingswood Rest Home has a governance structure that includes two directors and the general manager who is also a shareholder. There is a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The general manager supported by the clinical manager, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis, with a transitional plan in place to support the admission of residents requiring hospital level of care.

There are human resources policies including recruitment, selection, orientation, staff training and development. Competencies are maintained with new registered nurses recently employed having completed orientation at the sister facility in Matamata. The rosters reviewed for the current staffing requirements and the change to hospital/rest home beds show an increase in staffing based on an increase in the admissions of residents requiring hospital level of care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies and procedures reflect legislative requirements and guidelines. Annual medicine administration competencies are completed. Storage of medication is appropriate for rest home, dementia, or hospital level of care.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food certificate. There are nutritious snacks available 24 hours a day.

There are no expected changes to the food services or to medication administration and management because of the move from rest home beds to dual purpose beds.

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

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. Residents can freely mobilise within communal areas. Appropriate training, information, and equipment for responding to emergencies are being provided. A staff member trained in first aid is rostered twenty-four hours per day. The dementia unit is secure at all times.

Bedrooms and communal spaces meet the needs for residents requiring rest home or hospital level of care. This includes space for mobility and other equipment, and room in dining and lounge areas to accommodate fall out chairs etc. There are no required changes to the environment because of the move from rest home beds to dual purpose beds.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

There are no required changes to the environment because of the move from rest home beds to dual purpose beds.

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	83	0	2	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
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Kingswood Rest Home is part of Kingswood Healthcare and is located in Matamata, Waikato. There are two aged care facilities within the organisation that provides 127 care beds: Kingswood Rest Home with two buildings (41 beds rest home and dementia) and Morrinsville which provides rest home, dementia, psychogeriatric and a man only unit (86 beds). Kingswood Rest Home provides rest home and dementia level of care for up to 41 residents. There were 37 residents at the time of the audit: 14 residents at rest home level (including one resident requiring rest home – respite and three on long-term support chronic health (LTS-CHC) contract); and 23 residents at dementia level of care. Residents not under a specific contract identified are under the age-related residential care (ARRC) contract. This partial provisional audit is to verify the reassignment of 16 rest home care beds to become 16 rest home or hospital level care beds (hospital geriatric or medical). There are no planned changes to the dementia unit. The total bed capacity at Kingswood Rest Home will remain as 41. This partial provisional audit has verified the facility as being fit for purpose for dual purpose beds, noting that there is one shortfall identified to be addressed prior to occupancy. Kingswood Rest Home is ready to admit

		residents requiring hospital level of care once dual-purpose beds have been certified by HealthCERT. Kingswood Rest Home has a business plan (2024) in place, which links to the organisation's vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The plan includes a transitional plan to admit residents requiring hospital or rest home level of care to the dual-purpose beds. There are two directors and one shareholder (who is also the general manager) who own Kingswood Rest Home (since September 2011) and oversee the operations of the facilities. The general manager understands their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope, quality, and risk management plan. The Māori health plan is documented within the cultural awareness and cultural safety policy, and reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. The general manager, clinical manager and the directors have all completed cultural training. The governing body is using expertise from the Māori staff within the facility. There is a cultural advisor at Kingswood Rest Home with established relationship with Matamata marae and kaumātua (who visit the facility regularly). There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. The managers interviewed stated that family/whānau are informed of what is happening within the facility and the care of their family/whānau through regular newsletters, meetings, emails, and phone calls. They can provide feedback through meetings and satisfaction surveys. Clinical governance is managed and overseen by the clinical manager across both facilities and the facilities work collaboratively with each other. The general manager and directors communicate on a daily basis. They

		also have monthly meetings where progress reports, and updates against business and strategic goals and compliance requirements are discussed. These include quality data analysis, escalated complaints, human resource matters and occupancy. The directors visit Kingswood Rest Home on a weekly basis and as required in case of emergencies. There have been no changes in the management team since the last audit. The general manager, who has extensive management experience, has been in the role since the facility opened (2011). The clinical manager has been in the role for five years and has clinical management experience in aged care and dementia care. The general manager and clinical manager work across the two Kingswood Healthcare facilities and are supported by an administrator, enrolled nurse, and experienced caregivers at Kingswood Rest Home. The general manager and clinical manager both confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through training and professional development activities within the field. There are no changes to governance or management with the move from rest home beds to dual purpose beds.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift. There is a second roster that includes a registered nurse (RN) on each shift. Three extra RNs have been employed to support the three existing RNs already employed. When the clinical manager is absent, the experienced enrolled nurse, with support from the senior registered nurse at sister facility, carries out all the required duties under delegated authority. The clinical manager is on site Monday to Friday and provides clinical on call 24/7. The caregivers work twelve-hour shifts, with short shifts rostered 9.30am-1pm and 4pm to 6pm. The number of caregivers is sufficient to meet the care needs of the residents currently with the short shift duties able to be increased according to acuity and numbers of residents requiring hospital level of care. Staff on leave can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters

		reviewed evidence that absences are covered to ensure safe care. Family/whānau receive emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff and quality meetings. There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. The training schedule has been implemented for 2024 year to date. Training and education are provided monthly and include online training packages as well. The RNs, enrolled nurse and clinical manager meet their training requirements through Health New Zealand training and training sessions held in-house. The service is implementing an environment that encourages and supports culturally safe care through learning and support. Staff attended cultural awareness training as part of orientation and annually through the online modules, as evidenced in their individual training records. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information. The RNs, clinical manager, general manager and staff have worked at the sister site which has hospital level of care. Competencies are completed by staff, which are linked to the education and training programme. All caregivers, the enrolled nurse and the clinical manager are required to complete annual competencies for hand hygiene, correct use of personal protective equipment (PPE), and moving and handling. A record of completion is maintained. Medication competencies are completed. The clinical manager and the enrolled nurse are both interRAI trained. There are 13 caregivers employed. All have completed the Limited Credit Programme (LCP), Level 4 Dementia care CareerForce module. There are three caregivers who have completed level four and one who has completed level three CareerForce. Three others are enrolled in training. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are documented policies to manage stress and work fatigue. Staff

		could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and performance appraisals. The expected changes to staffing because of the move from rest home beds to dual purpose beds has been addressed with the increase in the number of employed RNs, rosters ready to be implemented, and the potential increase in caregiver time according to acuity and number of residents.
Subsection 2.4: Health care and support workers 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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (clinical manager, enrolled nurse, two RNs and one caregiver) evidenced implementation of the recruitment process, employment contracts and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. The service has submitted police vetting applications and is waiting for results. A register of practising certificates is maintained for all health professionals including the newly appointed. All staff that had been in employment for more than 12 months had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. New staff (i.e. the RNs) have completed orientation at the sister facility and plan to move to this facility when HealthCERT has approved the change to dual purpose beds. The service demonstrates that the orientation programmes support the enrolled nurses and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. There is a process for wellbeing support being provided to staff to return to work when injured. There are no expected changes to recruitment because of the move from

		rest home beds to dual purpose beds.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies and procedures in place for safe medicine management that meet current guidelines. There is an electronic medication management system in place. Five medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification, sensitivity, and allergy status documented. The GP has reviewed the medication charts three-monthly. There is safe storage of medication at Kingswood Rest Home. The RN, EN and caregivers who administer medications have been assessed for competency on an annual basis. Medications are checked on delivery by the RN. All medications are stored safely. The medication room air temperature and medication fridge temperatures are monitored and were evidenced to be within the recommended ranges. There were no residents self-administering their medications on the day of audit; however, processes were in place to allow this. Regular and pro re nata (PRN - as required) medications are administered as per policy and effectiveness is documented. All medications are checked at least monthly, and no expired medications are kept on site. Standing orders are not used at Kingswood Rest Home. Medication errors were reported, and follow up was completed. Residents, including Māori residents and their whānau, are supported to understand and access their medications, and this was confirmed by the staff and managers interviewed. Culturally specific medicines and over-counter medicines are considered as part of the resident's medication, and if in use, these are prescribed on the resident's electronic medication management file. There were no culturally specific medicines in use at the time of the audit. There are no expected changes to medication administration and management because of the move from rest home beds to dual purpose beds.
Subsection 3.5: Nutrition to support wellbeing	PA Low	There was a current food certificate in place. The current menu was last

The people: Service providers meet my nutritional needs and 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.		approved by a registered dietitian in April 2022. The managers were aware of the need to have this reviewed prior to occupancy for hospital level of care. The kitchen is situated centrally, with meals being served directly from the kitchen into the dementia unit dining room and by a trolley to the rest home. A tray service to residents' rooms is also available as required. The dining room space is spacious enough to cater for 16 residents, including those who use a fall out chair. The service is also able to cater for residents who prefer to have meals in their own rooms. Prepared food was covered, dated, and stored in the refrigerator. Cleaning records of the kitchen and its appliances were completed daily. Refrigerator and freezer temperature records were maintained, and records verified these were within acceptable parameters. Staff were observed to be wearing the correct personal protective clothing. End-cooked and or serving temperatures are taken on each meal and were within safe parameters. Individual dietary requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen; however, these were not dated on completion. Supplements are provided to residents with identified weight loss issues. The kitchen is run by a qualified chef and one kitchen assistant, with support from the caregivers at the weekend. The chef interviewed was knowledgeable about the consideration of cultural values and beliefs, including Māori practices in line with tapu and noa and is fluent in te reo Māori. A hangi was served on the day of audit, celebrating Māori language week; ten residents participated. Nutritious snacks and finger foods are available for the residents at any time of the day or night. Family and whānau at times, bring food with cultural significance for a resident/s, and residents go out with whānau for meals/kai and celebrations. The kitchen staff had food handling training. Residents and family/whānau interviewed spoke positively about the food service and confirmed that any feedback was accepted and implemented.

Subsection 4.1: The facility 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.	FA	Kingswood Rest Home has a building warrant of fitness which expires on 8th July 2025. A preventative maintenance programme is in place and implemented. The planned maintenance schedule includes electrical testing and tagging, calibrations of weigh scales, and clinical equipment and these have been completed. All equipment required to provide hospital level of care is already purchased, including hoists, lazy boy chairs, and wheelchairs. All residents have a hospital bed. Monthly hot water temperatures are completed by the garden and maintenance manager. Water temperatures have been consistently recorded at the appropriate temperature as per policy. The service has addressed the shortfall identified at the last audit by putting tempering valves in place and increasing the frequency of monitoring of temperatures. The facility is single level building consisting of a secure dementia unit with 25 beds, comprising of six single rooms, six double rooms, one three bedded room and one four bedded room. In multi occupancy rooms, privacy curtains and consent has been gained to share the room prior to admission. The rest home consists of sixteen-beds, all single rooms, consisting of eight rooms with a shared ensuite, one with a private ensuite, and seven single rooms without toilet or shower facilities. In the rest home area, the shared ensuites have a lock system to maintain privacy. All rooms allowed space for the use of mobility aids and moving and handling equipment. The bedrooms in the 'rest home' area are large enough to provide care for any resident requiring hospital level of care. The rooms include space for an emergency trolley, two or three staff and doors that are wide enough to access if there is extra equipment required. Rooms are personalised according to the resident's preference. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilets throughout the facility, including a separate toilet for staff and for visitors. In the facility there is also a dining room, kitchen, laundry/sluice, along with office area and staff room. Corridors are wide enough for the safe use of mobility aids and have handrails in place. Residents were observed moving freely in both units with mobility aids during the audit. All rooms have external windows which can be opened for ventilation. A

		combination of central heating and heat pumps are in place to heat the facility. There is an external area available for the recreation and leisure activities of rest home residents. A secure external area is available to residents who reside in the dementia unit and there is a looped indoor-outdoor walkway for residents to wander freely within a garden area with shade and seats. The service is not planning any major refurbishments; however, a governance interview confirmed that they understood the requirements to consult and co-design any proposed new environments to ensure they reflect the aspirations of Māori. There is Māori art and signage in the facility. There are no expected changes to the environment with the transition from rest home beds to dual purpose beds.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Kingswood Rest Home has a current fire evacuation plan that has been approved by the New Zealand Fire Service. Fire drills are scheduled six-monthly and the last fire drill in May 2024. The orientation programme, annual education and training programme include fire, emergency, and security training. Staff interviewed confirmed their understanding of emergency procedures. Civil defence and pandemic supplies are stored in an identified cupboard. In the event of a power outage, there is back-up power available and there is gas cooking facilities. There are adequate supplies in the event of a civil defence emergency, including over 2500 litres of stored water. A minimum of one person with current competence in first aid is always available. There are operational call bells in the residents' rooms and ensuites in the rest home communal toilets, lounge/dining room areas and a panic alarm system in the dementia unit. Families/whānau interviewed confirmed that call bells are answered in a timely manner, and this was observed during the audit. Staff complete security checks at night and there is a camera system monitoring corridors and communal areas. The dementia unit is secure at

		all times. There are no expected changes to security because of the move from rest home beds to dual purpose beds.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Kingswood Rest Home business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and antimicrobial stewardship can be accessed through Public Health and Health New Zealand. Infection control and antimicrobial stewardship resources are accessible. The facility infection control committee is part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the infection control team, the GP, and the Public Health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to governance. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and antimicrobial programme is reviewed annually (and when there are changes to standards and guidelines) by the infection control team, which includes the infection control coordinator (enrolled nurse supported by the clinical manager), clinical manager, general manager, housekeeper and cook. The annual review was completed and documented in August 2024. Governance of infection prevention and control (IP&C) is through the general manager and directors who meet weekly and monthly. IP&C is part of the Board agenda, and any issues are escalated as these occur. There are no expected changes to governance of IP&C, with the move from rest home beds to dual purpose beds.
Subsection 5.2: The infection prevention programme and implementation	FA	The infection control manual outlines a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and

The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection control coordinator (clinical manager) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online training in infection control. The infection control coordinator has access to support from sister facilities and a network of professional aged care peer support within Waikato when required. The infection control coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices. The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control (IC) resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection control information and hand hygiene posters in te reo Māori. The infection control coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. There is a clear process of involvement from the infection control team if

		there were to be major changes to the building. The infection control policy states that the service is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap. There are no expected changes to the infection prevention programme as a result of the move from rest home beds to dual purpose beds.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Kingswood Healthcare directors. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The general practitioner and clinical manager provide oversight on antimicrobial use within the facility. There are no expected changes to the AMS programme as a result of the move from rest home beds to dual purpose beds.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the 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	FA	Infection surveillance is an integral part of the infection control programme and is described in the Kingswood Rest Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. The service is incorporating ethnicity data into surveillance data and is using this in the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Where trends are identified, action plans are developed

and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand for any community concerns. There are no expected changes to the infection control surveillance programme because of the move from rest home beds to dual purpose beds.
Subsection 5.5: Environment 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 antimicrobialresistant organisms.	FA	There are policies regarding chemical safety and 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 trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they performed their duties on the days of audit. There are sluice rooms and sanitisers with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There is a laundry on site with all laundry completed by staff on duty. One laundry assistant has been employed, and there is a housekeeper on duty seven days a week. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. There are adequate supplies of linen to provide hospital level of care. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.

		The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection control team. There are no expected changes to the environment because of the move from rest home beds to dual purpose beds.

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 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.	PA Low	Individual dietary requirements were documented in the resident’s clinical file, and a copy of this information was sighted in the kitchen. The dietary needs form is not dated, and the auditor was unsure as to whether the needs of residents had been reviewed in a timely manner.	The date of review of dietary needs is not recorded on the form in the kitchen.	Ensure that dietary needs are updated for kitchen staff at least six-monthly and as changes are identified. Prior to occupancy days
Criterion 3.5.4 The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.	PA Low	There is a menu currently being implemented that was reviewed by a dietitian in 2022. The service has booked a dietitian to review the menu in context of hospital level of care.	The menu has not yet been reviewed with consideration for hospital level of care.	Ensure that the menu is reviewed by a dietitian prior to admission of residents requiring hospital level of care. Prior to occupancy days

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.