

Kindred Hospital Limited - Kindred 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 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: Kindred Hospital Limited

Premises audited: Kindred Hospital

Services audited: Hospital services - Psychogeriatric services; Dementia care

Dates of audit: Start date: 21 October 2024 End date: 21 October 2024

Proposed changes to current services (if any): There are currently 20 dedicated dementia beds and 26 beds for residents assessed as requiring psychogeriatric care. Kindred Hospital has requested that this audit verify the reconfiguration of 20 dementia care beds at Kindred Hospital to psychogeriatric (PG) care. The service also wishes to reduce two two-bed rooms to single rooms (currently these are in the dementia unit). The total number of beds available following certification will be at 44 (previously at 46 beds).

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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

Kindred Hospital provides residents with dementia and psychogeriatric level of care for up to 46 residents. There were 26 residents on the day of audit.

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, procedures and documentation; a review of staff files; observations; and interviews with management and some staff.

The audit has verified that the building and services to be provided are fit for the intended purpose; with the facility wishing to admit residents requiring psychogeriatric care as soon as HealthCERT has verified the reconfiguration.

The service continues to be managed by an experienced owner/manager, general manager and clinical manager. All managers have worked together to manage a sister facility for over 15 years and now work across both facilities. They are supported by experienced registered nurses and caregivers. The service has already been providing psychogeriatric level of care to residents.

The service has addressed shortfalls related to the following: Māori input at governance level; cultural training has been completed by the management team; staffing; staff training and competencies; activities, medication management and competencies; menu reviews; separation of the dementia and psychogeriatric units (no longer required); and emergency water supplies.

This audit identified two shortfalls around documentation of allergies on medication charts and labelling of chemical bottles to be addressed prior to taking further residents into the service.

Ō tātou motika | Our rights

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Hunga mahi me te hanganga | Workforce and structure

There is a documented organisational structure. The owner/manager, clinical manager and the manager oversee both Kindred Hospital and the sister site that is also in Auckland. The business plan informs the site-specific operational objectives which are reviewed on a regular basis. The transition plan details transition of dementia to psychogeriatric beds.

There is a staffing and rostering policy that is for current use and one for full occupancy. The organisational staffing policy aligns with contractual requirements and includes skill mix. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has a rolling orientation and induction programme in place that provides new staff with relevant information for safe work practice. The programme is specific to services offered. There has been a focus on providing staff with training around dementia and for those who require psychogeriatric level of care.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a planned activities programme template that includes activities to address the needs and interests of the residents. The diversional therapist supports the development and implementation of the programme.

The organisation uses an electronic medication management system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so as part of the orientation programme and ongoing training.

A food control plan is in place for food services. A dietitian approved menu is in place. All equipment is in place. There are snacks available 24-hours a day.

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

The building holds a current warrant of fitness. A preventative maintenance programme is being implemented. Clinical equipment has been tested as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade; noting that the unit is secure at all times. Internal and external areas are safe, with any resident with a mobility aid able to access all areas. Residents have access to lounges, dining and quiet areas. There are railings in place in all areas.

There is an emergency management plan in place, and an approved evacuation scheme. Systems and supplies are in place for essential, emergency and security services. A staff member trained in CPR and first aid is always on duty. Call bells are in place in communal areas and in bedrooms.

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. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 documented pandemic and outbreak management plan in place. Covid-19 response procedures are included, and sufficient supply of protective equipment is available. The internal audit system monitors for a safe environment. There have been no outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place. Documented policies and procedures for the cleaning and laundry services with the latter outsourced. Monitoring of effectiveness of cleaning and laundry services is in place.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the owner, policies, and procedures. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	1	1	0	0
Criteria	0	90	0	1	1	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>Kindred Hospital is a standalone facility located in Epsom, Auckland. The facility is owned and managed by single owner/manager, with a separate aged care facility providing rest home and hospital level of care (referred to in this report as the sister facility) that has been operational for over 25 years. This sister facility has provided care predominantly for Asian residents, with approximately 90% of staff who speak Chinese as their first language.</p> <p>Kindred Hospital provides care for residents who are assessed currently as requiring dementia or psychogeriatric (PG) care. At the time of the audit, there were 20 dedicated dementia beds and 26 beds for residents assessed as requiring psychogeriatric care. There were 13 double rooms in the PG unit and three shared rooms in the dementia unit suitable for two residents to share. On the day of the audit, there were 26 residents; all of whom were under the aged residential hospital specialised service (ARHSS) contract and required psychogeriatric level of care.</p> <p>Kindred Hospital has requested that this partial provisional audit verify the reconfiguration of 20 dementia care beds at Kindred Hospital to psychogeriatric (PG) care. The service also wishes to reduce two two-bed rooms to single rooms (currently these are in the dementia unit). The total number of beds available following certification will be at 44 (previously at</p>

	<p>46 beds), with residents admitted if they have been assessed as requiring psychogeriatric level of care.</p> <p>Kindred Hospital is a private company limited by guarantee. The leadership and management team are made up of the owner/manager, who is supported by the general manager and the clinical manager, who both provide oversight of this facility and the sister facility. An independent consultant also provides the policies, support and management guidance as required.</p> <p>The overall vision and values are in place and are relevant to the levels of care provided. The vision is to provide a quality, homely environment in which the frail elderly and/or confused elderly may live in an atmosphere of respect and friendliness and have their physical and psychological needs met regardless of culture, race, or creed. Staff are made aware of the vision and values during their induction and orientation to the service.</p> <p>The owner/manager has been in the business of owning and managing a rest home/hospital for over 25 years and is supported by the general manager (GM), who has a Bachelor of Commerce and has been the general manager at the sister facility for 15 years. The clinical manager (CM) has been with the facility for eight years and provides clinical oversight of this facility and the sister site. The clinical manager has mental health training and has worked previously in dementia and psychogeriatric units.</p> <p>The owner is the governance body, with this appropriate to the size of the service and as per a limited liability company. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The owner and management team are supported by an external quality consultant who has provided guidance around how to improve outcomes and achieve equity for Māori, for people with disabilities and others. The owner described how this would be implemented as per the Māori health plan and for all residents requiring dementia or psychogeriatric level of care. The owner/manager and other managers also have access to support from the Care Association NZ, with an email sighted that verifies membership of Kindred Hospital. The email identified specific Māori advisors who can be contacted at any time. The advisors have already visited the facility in April 2024 to give recommendations on any changes that could further support Māori. The</p>
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		<p>shortfall (2.1.9) at the previous certification audit has been addressed.</p> <p>The service provides care and support for residents with disabilities and the owner and manager are working to improve outcomes for all residents. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve, in order to identify and address barriers to equitable service delivery. Family/whānau are encouraged to escalate any concerns and to be involved in planning and evaluation of the service through the open-door policy, the involvement of the owner (particularly when a new resident is admitted), and as part of the satisfaction surveys that are offered annually. One family/whānau member interviewed expressed a high level of satisfaction with the service and care and support provided.</p> <p>The owner/manager and clinical manager described their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti o Waitangi obligations. The owner/manager, general manager and clinical manager have all had training in 2024 in Te Tiriti o Waitangi, health equity and cultural safety. The shortfall (2.1.10) at the previous certification audit has been addressed.</p> <p>The clinical manager has maintained at least eight hours annually of professional development activities.</p> <p>A business plan is documented with review by the owner/manager, general manager and clinical manager monthly, as evidenced during the audit. A transition plan is documented, with this describing any changes to the unit, staffing requirements, activities and any other changes identified for the change from dementia to psychogeriatric beds. The plan is being implemented.</p> <p>There are no changes required to the governance structure due to the reconfiguration of dementia to psychogeriatric beds.</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>FA</p>	<p>A policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level overall. The shortfall identified at the previous certification audit is no longer required to be implemented as this related to updating a policy to individually staff the dementia and the</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>psychogeriatric units. All residents are already assessed as requiring psychogeriatric level of care. The roster sighted currently provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support to all residents in the service.</p> <p>Interviews with family/whānau and staff confirmed that staffing levels are sufficient. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts.</p> <p>The owner/manager, clinical manager and manager work 20 hours per week, Monday to Friday, and the clinical manager is on call after hours and weekends. The manager and owner/manager participate in the on-call roster for any non-clinical emergency issues. In the absence of the clinical manager (who has mental health and dementia experience), there is a senior RN from the sister facility who takes charge of the service. The GP is also available to the facility till 10 pm. There are currently six caregivers rostered onto the morning shift, five in the afternoon and three over-night. An RN is present on each shift. There is a second roster drafted that includes staffing for 24 hours for full occupancy of 44 residents. There were no staff vacancies at the time of the audit. Family/whānau interviewed confirmed that they had received emails to communicate any changes in staffing. Cleaners and kitchen staff perform non-clinical duties.</p> <p>There are six RNs and a clinical manager. Five RNs and the CM have completed interRAI training. The clinical manager is interRAI trained. The RNs have completed an online dementia course through the University of Tasmania. The clinical manager and RNs have access to external education through Health New Zealand.</p> <p>Staff are enrolled to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. All staff have completed three training sessions around dementia and related topics, including the online dementia training through the University of Tasmania. Challenging behaviour training was included in dementia and delirium training. There are a total of 20 caregivers, with staff completing the relevant psychogeriatric training.</p> <p>Staff have received training that has included clinical topics, such as urinary tract infections, understanding brain injury, and delirium. Staff have also completed training around manual handling; hand hygiene; donning and doffing personal protective equipment (PPE); Huntington's Chorea;</p>
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		<p>with competencies in restraint; hand hygiene; and infection prevention and control currently being complete. The annual training programme/plan is documented to include clinical and non-clinical training, and that covers mandatory topics. Training topics when offered evidenced high attendance numbers.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information; this is an agenda topic at the monthly staff meetings. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff have attended training on cultural awareness and Te Tiriti o Waitangi.</p> <p>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 the opportunity to participate and give feedback at regular staff meetings, and performance appraisals. Staff interviewed stated the owner manager and clinical manager have transparent processes when making decisions that affect staff.</p> <p>The shortfalls identified at the previous certification audit to the training plan (2.3.4), and completion of competencies (2.3.3) have been addressed.</p> <p>There are no changes required to the service management because of the reconfiguration of dementia to psychogeriatric beds.</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</p>	<p>FA</p>	<p>Human resource management follow policies and procedures which adhere to the principles of good employment practice. Review of seven staff records (diversional therapist, three RNs, two caregivers and the GM) confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include police vetting, reference checks, signed contract agreements, and job descriptions. Job descriptions are in place specific to staff roles. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. Non-clinical staff included a cleaner and kitchen staff.</p>

<p>services.</p>		<p>There is a documented and implemented orientation programme in place. Staff training records evidence that training is well attended. There was recorded evidence of staff receiving an orientation. Staff interviews confirmed completing this and stated it was appropriate to their role. Annual performance appraisals were completed for all staff requiring these.</p> <p>Records show that staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed show that staff can be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required. Staff are supported with rehabilitation and to return to work as part of staff injury management.</p> <p>There are no changes required to health care and support workers because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a qualified diversional therapist (DT) who documents, facilitates, and oversees the programme. They are also on site four days per week. There are three activity assistants who work full or part time, with an activity programme offered six days a week. The DT described how residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. The activities included bowling, hand to eye coordination practice, and indoor fishing. The DT described how residents enjoy visits to local beaches, parks, gardens, and sites of interest. Community visitors currently consist of an art therapist who visits once weekly. There are entertainers and church services provided as part of the programme. The service incorporates activities, Māori language resources, and link with community groups that facilitate opportunities for Māori to participate in te reo Māori.</p> <p>An activity calendar is documented and implemented. The activity coordinator described how residents who do not participate regularly in the group activities are visited for one-on-one sessions. Attendance records are kept. All interactions observed on the day of the audit evidenced engagement between residents and the activities coordinator, and caregivers.</p> <p>There are individualised, 24-hour activities plans for the residents, with this</p>

		<p>confirmed as being documented in the one resident record reviewed.</p> <p>The DT described how residents enjoy visits to local beaches, parks, gardens, and sites of interest. Community visitors currently consist of an art therapist who visits once weekly. There are no other entertainers, church services, or links with local Māori organisations. The service plans to incorporate activities, Māori language resources, and link with community groups that facilitate opportunities for Māori to participate in te reo Māori. Staff who identify as Māori or Pasifika, support the activities programme. Shortfalls identified at the certification audit has been addressed.</p> <p>Shortfalls identified at the certification audit to activities, including a documented activity programme; documented records of resident participation in activities; individualised 24-hour activity plans meeting the needs of Māori residents; and participation in te ao Māori, have been addressed.</p> <p>There are no changes required to the activity programme because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. There are policies requiring all clinical staff who administer medications to be assessed for competency on an annual basis. All staff who administer medication have completed medication competencies as per policy. The shortfall (3.4.3) at the previous certification audit has been addressed.</p> <p>The RNs and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotic sachets for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Any medication that is required to be crushed has this prescribed by the GP. The shortfall (3.4.1) at the previous certification audit has been addressed.</p> <p>Medications were appropriately stored in the medication trolley and medication room. There were no controlled drugs prescribed; however, controlled medication had been checked weekly in the past. The shortfall</p>

		<p>(3.4.1) at the previous certification audit has been addressed. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. There were no over the counter vitamins or alternative therapies used for residents; however, the CM and RN interviewed confirmed that they were aware these must be prescribed by the GP if used.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification; however, allergy status was not always identified. There were no self-medicating residents, and no vaccines are kept on site. Standing orders were in use, with doses, frequency, and indications for use clearly documented. All individual standing orders were reviewed and signed by the GP by the GP. The approved standing order list was reviewed and signed annually by the GP. The staff interviewed were knowledgeable around the processes for using standing orders.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The clinical manager described working in partnership with Māori resident's whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no changes required to medication administration and management because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health</p>	<p>FA</p>	<p>All food and baking is prepared and cooked on site, with meals being served directly into the dining room from the kitchen. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan was verified 16 August 2023 and expires September 2025. There is a seasonal three-week rotating menu and this has been reviewed by a dietitian February 2024. The shortfall (3.5.4) at the previous certification audit has been addressed. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the RNs.</p>

<p>and wellbeing.</p>		<p>The kitchen can meet the needs of residents who require special diets. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service can provide culturally appropriate dishes specific to Māori residents when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current building of warrant of fitness which expires October 2025. A comprehensive planned maintenance programme in place. Reactive and preventative maintenance occurs and is undertaken by the manager. The annual maintenance plan includes resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. The manager provides an on-call service out of hours and essential contractors are available 24-hours. There is a maintenance request book for repair and maintenance requests which is checked daily and signed off when repairs have been completed.</p> <p>Doorways from external areas, and between the dementia and psychogeriatric units are accessed via coded keypad, and corridors are wide and promote safe mobility with the use of mobility aids. All corridors have safety rails that promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The external areas are secure, and gardens have seating and shade. All rooms have sinks, and residents share communal facilities. There are separate bathroom facilities for staff and visitor use. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes if required.</p> <p>The building is secure with lounge, dining, and communal areas; secure</p>

		<p>gardens, and outdoor decked area. There are tactile features outside for residents to access.</p> <p>Two of three double rooms suitable for two residents sharing have been made into single bedrooms to allow for residents to have more space for themselves. Appropriate privacy curtains, and call bell points were observed to be in place for any shared rooms. The dementia area was separated from the psychogeriatric unit; however, the units are currently working as one unit now that there are only residents requiring psychogeriatric level of care. The previous shortfall (4.1.2) has been addressed.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Family/whānau are encouraged to personalise bedrooms for the residents, as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The service has no current plans to undertake new building construction; however, the manager confirmed their commitment to liaise with local kaumātua to enable them to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved, should any construction occur in the future.</p> <p>There are no changes required to the building because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service and was current. Trial evacuation drills are conducted every six-months. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the</p>

		<p>designated assembly points. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were supplies in the event of a civil defence emergency, including food, candles, torches, continence products, and a gas BBQ to meet the requirements for residents and rostered staff. The service has sufficient amounts of stored water and the shortfall (4.2.3) at the previous certification audit has been addressed. There is no generator on site; however, one can be hired if required. Emergency lighting is available and is regularly tested. Staff had current first aid certificates.</p> <p>The service has a working call bell system in place that is used to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits were completed as per the audit schedule. Family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked with an intercom and camera system for entry. Family/whānau interviewed know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers and wear masks within the facility all the time.</p> <p>There are no changes required to emergency procedures or to security because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the services' quality and risk management plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the GP, Public Health, Health New Zealand, and community laboratories. Infection prevention and control, and AMS resources are accessible.</p> <p>The infection control committee is included in the staff and RN meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff</p>

<p>programmes and respond to relevant issues of national and regional concern.</p>		<p>noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the public health team. There is a documented communication pathway for reporting infection control and AMS issues to the owner/manager.</p> <p>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 prevention and control and AMS programme is reviewed annually by the external contractor that developed the policies, in collaboration with the clinical manager, who is the infection control coordinator.</p> <p>There are no changes required to the governance of the infection prevention and control programme because of the reconfiguration of dementia to psychogeriatric beds.</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 control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the external consultant and the infection control coordinator annually. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>The infection control coordinator 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 and has access to a network of professional aged care peer support within Auckland when required. The infection control programme was reviewed in 2023.</p> <p>The infection control coordinator 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. Staff interviewed understand their responsibilities in an event of an outbreak and how to report infections, symptoms, and reporting when</p>

	<p>needlestick injuries occur. The infection control internal audit monitors the effectiveness of education and infection control practices.</p> <p>The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator and caregivers work in partnership with Māori 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.</p> <p>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.</p> <p>Meeting minutes (sighted) evidence a clear process of involvement required from the infection control coordinator when any refurbishments are required.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff, and all staff have completed the required education and competencies. Infection prevention and control is part of staff orientation. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and face to face discussions.</p> <p>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.</p> <p>There are no changes required to the infection prevention and control programme because of the reconfiguration of dementia to psychogeriatric beds.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The infection control coordinator includes the type of antibiotic, duration of treatment and effectiveness in the data collated, as evidenced in the monthly infection control data reviewed for 2023. Antimicrobial use is included in the monthly report provided to the owner/manager. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The infection prevention and control coordinator communicates with the GP if they have any concerns. As per the infection criteria, there is no antibiotics prescribed for prophylactic use. The infection control coordinator verifies the prescription with laboratory results, and resident clinical symptoms. The infection control coordinator described a review process for antibiotic use required for more than 10 days.</p> <p>There are no changes required to the AMS programme because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at RN and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans 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 communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand for any community concerns. There have not been any outbreaks since the last audit; however, the staff interviewed were knowledgeable around isolation</p>

		<p>and outbreak management and reporting processes.</p> <p>There are no changes required to the surveillance programme because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	PA Low	<p>There is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas; however, some chemicals had been decanted into bottles without labels. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety datasheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary about the use of chemicals on site. Posters and sharps boxes are in the medication room. Personal protective equipment is readily available.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services; noting that all laundry services are outsourced. There is a designated cleaner for seven days a week. The cleaners' chemicals were always attended and are stored safely when not in use. All chemicals were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning 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 infection control. Staff have completed chemical safety training.</p> <p>There are no changes required to the environment because of the reconfiguration of dementia to psychogeriatric beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service; noting that the service is secure as it is contracted to provide care for residents</p>

<p>improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>requiring psychogeriatric level of care. Policies and procedures meet the requirements of the Standard. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the service's commitment to restraint elimination. The reporting process to the owner/manager includes restraint data that is gathered and analysed monthly. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with the CM and RN, who are actively involved in the ongoing process of restraint elimination. Review of restraint use is completed and discussed at staff meetings. Staff have received training in restraint elimination, challenging behaviour, and de-escalation.</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)
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people’s medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	PA Moderate	There are policies detailing the safe use, storage, and administration of medications; however, not all of the medication charts reviewed had allergies or sensitivities recorded.	Three of 12 medication records did not include documentation of allergies or ‘not known’.	<p>Ensure that medication records include documentation of allergies or ‘not known’.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored</p>	PA Low	There are policies related to management of chemicals. Some chemicals had been decanted into bottles without labels, as sighted on the cleaner’s trolley on the day of audit.	Some chemicals had been decanted into bottles without labels.	<p>Ensure that chemicals are kept in labelled bottles.</p> <p>Prior to occupancy days</p>

<p>for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>				
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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.