

Beattie Community Trust Incorporated - Beattie Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Beattie Community Trust Incorporated
Premises audited:	Beattie 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: 1 November 2024 End date: 1 November 2024
Proposed changes to current services (if any):	Reconfiguring six rest home beds to dual-purpose beds, upgrading the nurse's station, medication room, and two hospital-level bathrooms. The beds include two double rooms and two single rooms. The second phase is scheduled to commence in 2025. It will include converting four ensuite rooms to dual-purpose hospital-level care and converting two rooms in the secure dementia unit into respite rooms.

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

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

Beattie Community Trust Incorporated operates as Beattie Home and provides rest home-level care for up to 36 residents, 22 secure dementia care beds, including two respite dementia beds. On the days of the audit, there were 21 residents in the dementia unit including one respite, and 34 in the rest home wing.

This partial provisional audit was completed against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to reconfigure six rest home beds to dual-purpose, and upgrading of the nurse's station, medication room, and two hospital-level bathrooms. The beds included two double rooms and two single rooms. The second phase is scheduled to commence in 2025. It will include converting four ensuite rooms to dual-purpose hospital-level care and converting two rooms in the secure dementia unit into respite rooms.

The audit process included a review of policies and procedures, a business plan, staff files, observations at the service, and interviews with residents, the relationship leader, kitchen staff, clinical staff, and the management team.

The service has addressed all previous shortfalls from the surveillance audit, relating to performance appraisal, care planning, and medication management. This partial provisional audit further identified areas for improvement, relation to completion of the reconfiguring of all six rooms, the nurses' station, two hospital-level bathrooms, and the medication room.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The governing body is committed to delivering high-quality services in the care delivery process. The service honours Te Tiriti o Waitangi and reduces barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning defines the organisation's purpose, values, direction, scope and goals. Suitably qualified and experienced people manage the service. Ongoing business, health and safety, and clinical service monitoring occur, with regular reviews according to predetermined schedules. An established quality and risk management system focuses on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities.

Actual and potential risks are identified and mitigated. The principles of the National Adverse Events Reporting Policy are followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations. Staffing levels and skill mix meet residents' cultural and clinical needs. Staff are appointed, orientated and managed using current good practice. An education/training programme is in place. Staff can access New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are documented policies and procedures for medicine management, including administering pro re nata (PRN) and short-course medications. All staff who administer medication have completed relevant training and were currently competent in medication administration. All medicines were stored safely and securely. There was a medication self-administration policy with clear guidelines for use when required.

The food service met the nutritional needs of the residents, with special cultural needs catered for.

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

The service met residents' needs and was clean and well-maintained. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas were accessible and safe. External areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understand emergency and security arrangements and maintain security.

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes appropriate to the service's size and complexity. An experienced and trained infection control coordinator (registered nurse) leads the programme.

The infection control coordinator is involved in procurement processes, facility changes, and processes related to decontaminating reusable devices.

Staff demonstrated good principles and practices around infection control. Residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances are well managed, and safe and effective laundry services are available.

Here taratahi | Restraint and seclusion

Not audited.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	12	0	0	1	0	0
Criteria	0	85	0	0	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>Beattie Home is a community rest home located in the North King Country town of Otorohanga. The facility offers various services, including rest home level care, dementia care, short-term respite care, a daycare programme, and meals on wheels. The general manager (GM) has extensive experience in the health sector and is a registered nurse by profession. The GM is supported by the clinical nurse lead and the trust board. The GM and the board member interviewed were knowledgeable about legislative and contractual requirements.</p> <p>The business plan 2024-2026 outlines the purpose, scope, targets, performance measures, goals, governance roles, and delegated management roles. The plan supports improving equitable outcomes for Māori, Pasifika, and tāngata whaikaha. Cultural safety is embedded in business and quality plans and staff training. Ethnicity data is being collected to support equity.</p> <p>There are six board members. Board members have various skills, including accountancy, farming, health and management, and has a Māori representative. The board demonstrated responsible governance</p>

	<p>and remained close to service delivery by supporting and providing additional activities. The board meets monthly. Monthly reports to the board showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>The board and the management team have completed cultural training to demonstrate expertise in Te Tiriti, health equity, and cultural safety. Mana whenua collaborates in business planning and service development to support outcomes and achieve equity for Māori. A board member reported that the organisation focuses on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha. This was evident in the plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident.</p> <p>Governance and the senior leadership team are committed to quality and risk through policy, processes, and feedback mechanisms. This includes receiving regular information from the general manager. The clinical governance group is appropriate to the organisation's size and complexity. Residents and whānau participate in planning, implementing, monitoring and evaluating service delivery by providing regular feedback in satisfaction surveys and resident/whānau meetings.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for aged residential care – rest home level care, respite, and secure dementia care. The agreement includes provisions for respite/short-stay and Long-Term Support – Chronic Health Conditions (LTS-CHC). On the days of the audit, there was one respite/short-stay resident and no LTS-CHC residents. All 55 residents were receiving services under the aged residential care agreement. Of these, 34 were assessed at rest home level care and 21 for dementia care in the Papakainga secure unit.</p>
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		<p>This partial provisional audit was completed as the service wants to add hospital-level care services, reconfigure six rest home beds to dual-purpose, and upgrade the nurse's station, medication room, and two hospital-level bathrooms. The beds included two double rooms and two single rooms. The second phase is scheduled to commence in 2025. It will include converting four remaining rooms to dual-purpose hospital-level care and converting two rooms in the secure dementia unit into respite rooms. All this was described in the transition plan sighted including staffing requirements and training.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. The residents interviewed supported this. Rosters over the past four weeks showed that all shifts were covered by experienced care staff, with support from the clinical and management team. The service had adequate staff to cover extra beds added. A copy of the proposed roster was sighted which had adequate staff coverage with a registered nurse on each shift. The management know and understand the requirements for adding hospital level of care including providing adequate staffing and training. Their transition plan describes timeframes and actions for developing an annual staff training plan which includes ensuring registered nurses have syringe driver training and all staff have cultural competencies, and other essential skills and knowledge for example, in infection control, safe administration of medicines, first aid and restraint minimisation.</p> <p>The GM works 40 hours a week from 8 am - 4 pm, Monday to Friday, and is available on-call 24/7, supported by the clinical team. Staff maintain current first aid certificates, and a first aider is always on duty/each shift.</p>

		<p>Continuing education is planned annually, including mandatory training requirements. Attendance records showed evidence of regular education provided to staff.</p> <p>Related competencies are assessed and support equitable service delivery. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff reported that they had completed the required dementia units. The nurse educator reported that 13 staff working in the dementia care area have completed dementia training and five have been enrolled in the required education.</p> <p>Staff records were reviewed to demonstrate completion of the required training and competency assessments. Each staff member interviewed reported feeling well-supported and safe in the workplace. The GM reported that the model of care ensured that all residents were treated equitably. Cultural training was completed by staff and the management.</p> <p>The provider's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</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>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Nine staff files were reviewed.</p> <p>The general manager stated being aware of the Age-Related</p>

<p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>Residential Care Service (ARRC) contract requirements for staff training. Staff confirmed staffing numbers at present are adjusted to meet the needs of the residents. All newly employed staff will complete an orientation specific to the unit including a fire evacuation.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with registration authorities such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, Pharmacy Council NZ, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices, standards, and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place, and this is reported to the board at board meetings. Following incidents, the GM, clinical nurse lead, general practitioner, and the board are available for any required debriefing and discussion. Staff have access to the Employee Assistance Programme if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The previous area requiring improvement related to documenting the support residents required to meet their needs has been addressed. All required documents, including the support needed, were documented and completed in a timely manner. This was further confirmed in interviews with the nurse educator, registered nurses, and clinical nurse leader.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. The registered nurse was observed administering medicine correctly. They demonstrated good knowledge and clearly understood their role and responsibilities related to each stage of medicine management. All staff who administer medicine had a current medication administration competency.</p> <p>The prescribing practices met the standard requirements. Over-the-counter medicine and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were recorded on the resident's chart where applicable. The three-monthly medication reviews were consistently completed. Standing orders are not used.</p> <p>Medicine is supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use-by dates. The medicine, including controlled drugs and associated documentation, were stored safely. The required stock checks had been completed. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medicine room sampled were within the recommended range. Residents and their whānau are supported to understand their medicine when required. The clinical nurse leader stated that, when requested by Māori, appropriate support and advice would be provided.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required.</p>

		<p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. Regular medication management audits were completed, and corrective actions were implemented as required.</p> <p>Medication competencies for all staff administering medicines were current. Six monthly controlled drugs checks were completed, and these were administered as per protocol. Documentation to support this was sighted. This addresses the previous areas requiring improvement.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. A qualified dietitian reviewed the menu within the last two years (December 2022), and recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration; the current food control plan will expire on 7 December 2024.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained. All decanted food had ‘use by’ dates recorded on the containers, and no expired items were sighted.</p> <p>Each resident has a nutritional assessment on admission to the facility. The daily meal plan accommodates personal food preferences, special diets, and modified texture requirements. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available 24 hours a day. Māori and their</p>

		<p>whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident interviews, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents expressed satisfaction with the food service.</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>PA Moderate</p>	<p>There is a current building warrant of fitness that expires on 7 January 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside the lounges and dining rooms and outside on the open deck areas.</p> <p>The planned maintenance schedule included electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Monthly hot water temperature monitoring is completed as per policy requirements. The maintenance officer and certified tradespeople carry out reactive maintenance where required. There are community volunteers who work 40 hours a week. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The rest home section has 36 beds, including two dual-purpose double rooms, 15 ensuites, and 16 single rooms. On the audit day, the double rooms were single occupancy.</p>

		<p>The dementia wing is secure and has 22 beds, a lounge and dining room area, 14 ensuite and eight standard rooms with a toilet and washing basin, communal bathrooms with showers, toilets and hand basins, adequate storage space, a secure walking courtyard with a seating bench, a covered outside area where residents and whānau can sit. There is adequate space for residents to wander. The secure dementia unit has a large, enclosed walking courtyard and garden area where residents can mobilise freely.</p> <p>All shared rooms have dividing curtains to maintain privacy. Shared rooms, shower rooms, and toilets are of suitable sizes to accommodate mobility equipment.</p> <p>There are other toilets available for staff and visitors. All communal toilets and shower facilities have a system that indicates whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility, and staff assisted them when required.</p> <p>Residents' rooms are personalised according to their preferences. All rooms have external windows to provide natural light, appropriate ventilation, and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There were no residents who smoked on the audit days.</p> <p>The GM and maintenance officer were aware that in planned developments for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Care staff interviewed stated they have adequate equipment to deliver care for residents safely.</p>
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		An improvement is required to ensure that all rooms needing reconfiguring are completed according to the proposal's outline.
<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>	FA	<p>The policies and guidelines for emergency planning, preparation and response are displayed and easily accessible by staff. Civil defence planning guidelines direct the facility in its preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 3 December 2021. The fire department reported that ongoing reconfiguration does not require any change in the evacuation scheme. A trial evacuation drill was performed on 7 October 2024. The drills are conducted every six months and added to the annual training programme. 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 designated assembly point. An external contractor checks all required fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and a gas BBQ, to meet the requirements for 58 residents, including rostered staff. The amount of emergency water available met The National Emergency Management Agency recommendations for the region. A generator on site can run for 15 hours during a power failure. The generator is regularly tested, and this was verified in the logbook. Emergency lighting is available and is regularly tested. Registered nurses, activities staff and care staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system that residents, whānau and staff use to summon assistance. All residents have access to a call bell, which the maintenance officer checks monthly. Residents confirmed that staff respond to calls promptly.</p>

		<p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. The clinical nurse leader reported that whānau and residents knew how to alert staff when they needed access to the facility after hours. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility.</p> <p>A visitors' policy and guidelines are available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. The governing body has approved the IP and AMS programmes linked to the quality improvement system and health and safety, which are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting progress, issues, and/or significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The service has a documented infection prevention and control programme reviewed annually by the senior leadership team and approved by the governing body. The registered nurse is the nominated infection prevention coordinator (IPC) who oversees the implementation of the infection prevention (IP) programme. The infection prevention coordinator's role, responsibilities and reporting requirements are defined in the infection prevention coordinator's job description. The IPC has completed external education on infection prevention within the past two years. They have access to shared</p>

<p>scope of our services.</p>		<p>clinical records and residents' diagnostic results.</p> <p>The IP policies were developed by suitably qualified personnel, and complied with relevant legislation and accepted best practices. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IPC has input into other related clinical policies that impact health care-associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified and through infection prevention information posted around the facility.</p> <p>The IPC is responsible for procurement of the required equipment, devices and consumables through approved suppliers. The IPC was involved in the consultation process when significant changes were proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on the manufacturer's recommendation and best practice guidelines. Single-use medical devices were not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Appropriate infection control practices were observed during the audit. Hand washing and sanitiser dispensers were readily available around</p>
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		<p>the facility. Māori cultural needs are assessed during admission to ensure culturally safe IP practices are protected and to acknowledge the spirit of Te Tiriti.</p> <p>Educational resources in te reo Māori were available. Residents expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the service's size, scope and complexity. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The governance body has approved the AMS programme. The policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data included antibiotic usage and identified areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with the priorities defined in the infection prevention programme. Surveillance tools and standardised surveillance definitions were used to collect infection data. Infection data was collected, monitored and reviewed monthly. The data was collated and analysed, and action plans were implemented. Ethnicity was included in the surveillance data.</p> <p>Infection prevention audits were completed, and relevant corrective actions were implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports, as confirmed in interviews with staff. Infection results were reported back to the governing body in a timely manner. New infections were discussed at shift handovers for early</p>

		<p>interventions to be implemented. Benchmarking was completed by comparing previous monthly results.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents.</p> <p>Since the previous audit, infection outbreaks have been reported, and these were managed according to policies, procedures and guidelines.</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>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient amounts of PPE were available, including masks, gloves, goggles and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules were maintained. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team and maintenance officer oversee the built environment's facility testing and monitoring programme. There were regular internal environmental cleanliness audits.</p> <p>Laundry staff are responsible for laundry at the service. Personal clothing, Hip protectors and sling hoists are washed onsite, while bed linen and towels are washed offsite. The laundry was clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training, and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit</p>

		programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents in interviews confirmed satisfaction with the cleaning and laundry processes.
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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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>The service notified the MoH to reconfigure six rest home beds to dual-purpose, and upgrade the nurse's station, medication room, and two hospital-level bathrooms. This included two double rooms and two single rooms. The second phase is scheduled to commence in 2025. It will include converting four ensuite rooms to dual-purpose hospital-level care and converting two rooms in the secure dementia unit into respite rooms. Residents in these rooms will use the available communal bathrooms. A certificate of public use was sighted, and it expires 17 April 2025.</p> <p>At the time of the audit, two double rooms and a single room had been fully completed and furnished, including installing ceiling hoists, call bells, hospital beds, and chairs. Each double room was single occupancy. The rooms have adequate space to</p>	<p>Renovations of one single room, two bathrooms, and a nurse's station have not been fully completed</p>	<p>Ensure all renovations are completed, and rooms are suitable for use before being occupied.</p> <p>Prior to occupancy days</p>

		<p>move mobility equipment such as wheelchairs. The two double rooms had dividing curtains to maintain privacy. The rooms were personalised according to residents' preferences. All rooms have external windows to provide natural light, appropriate ventilation, and heating. All the completed rooms sighted were suitable and fit for purpose for hospital level of care residents. The current dining room has adequate space, tables, and chairs to accommodate extra residents. Renovations of the two hospital-level bathrooms, nurse's station, and medication room were ongoing. Renovation of the other single room had not yet commenced.</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.