

Kapiti Retirement Trust - Sevenoaks Lodge

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: Kapiti Retirement Trust

Premises audited: Sevenoaks Lodge

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: 3 March 2025 End date: 3 March 2025

Proposed changes to current services (if any): Addition of 14 new care suites to be occupied under occupation right agreements for dual purpose use.

Total beds occupied across all premises included in the audit on the first day of the audit: 57



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

Kapiti Retirement Trust – Sevenoaks Lodge is a charitable trust providing a range of accommodation options for older people in central Paraparaumu on the Kāpiti Coast. Sevenoaks Lodge is an aged residential care facility and currently provides services for up to 61 residents requiring rest home, hospital, dementia and respite care. This partial provisional audit took place to assess the preparedness of the provider to deliver aged residential care services (dual purpose) in 14 purpose-built care suites in a newly built wing attached to the Sevenoaks building.

This audit process was conducted against NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard and the contracts the service holds with Te Whatu Ora – Health New Zealand. It included review of the new wing, and interviews with managers and staff members involved in the construction process and delivery of care.

Areas for improvement relate to ensuring that the external areas surrounding the new wing are safe for residents to access.

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 to those who live at Sevenoaks Lodge. Consultation with Māori occurs at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A biennial education programme is in place and competencies were assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

There was a full complement of staff available to provide services to those residents from the co-located village intending to move into the new wing on the opening date. A plan for further recruitment was in place for when this is needed.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a medication room for the storage of medication, medication distribution trolleys and designated fridges in the medication rooms sighted. The organisation's current medicine management policies and procedures will be utilised. There is a contracted pharmacy service and the use of an electronic medicine management system, which is already fully implemented, will be utilised in the new wing.

The existing food control plan, and food safety policy, will continue to be used. The menu plans have been reviewed and approved by a dietitian. Processes were in place to identify individual residents' dietary needs and preferences.

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

The new wing meets the needs of residents and was clean, well-presented and ready for occupancy.

Electrical and biomedical equipment was available to support the additional rooms, and an effective system for monitoring equipment observed.

On the day of the audit, internal areas were accessible and safe. The new external areas have shade and seating to meet the needs of residents.

An effective building management system was in place and security was maintained.

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

There is a documented infection prevention programme which includes surveillance for infections. The programme is appropriate for the size and scope of the services provided and is linked to the quality improvement programme. Antimicrobial stewardship and hospital-acquired infections continue to be monitored as part of the surveillance programme.

A nominated infection prevention and control coordinator is responsible for the implementation of the programme. Appropriate resources were available. Specialist infection prevention and control advice was accessible when needed. Staff are guided by relevant policies and procedures and supported with regular education.

Here taratahi | Restraint and seclusion

Not audited.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	11	0	1	0	0	0
Criteria	0	85	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Kapiti Retirement Trust ensures there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured through relationships maintained by board members and the local Whakarongotai marae and a staff-led roopu. Board members have completed cultural training and evidence of this was sighted. This includes the chief executive officer (CEO).</p> <p>Changes to legislative and clinical requirements were monitored by the executive management team which includes the CEO and Group Manager Resident Wellbeing (GMRW). The board had access to legal advice through a board member.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g.: information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control).</p> <p>Specific models of care relevant to Māori and Pasifika were available for use for Māori and Pasifika residents in the service.</p> <p>The Trust has a strategic plan in place that outlines the organisation's</p>

	<p>structure, purpose, values, scope, direction, performance and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The reporting structure relies on information from its strategic plan to inform the business plan. Cultural safety is embedded in business and quality plans and in staff training. Ethnicity data was being collected to support equity.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from quality committees, clinical governance, restraint and infection control.</p> <p>The clinical governance is appropriate to the size and complexity of the organisation.</p> <p>Regular clinical and quality governance meetings are led by the GMRW, and the clinical manager (CM). Clinical and quality dashboard reports were provided to the board on a regular basis. Internal data collection (e.g, adverse events, complaints) were aggregated and corrective actions taken when needed. The strategic plan was updated as required.</p> <p>The Group Manager Resident Wellbeing, and two clinical managers (CMs) confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field through their annual practising certificates (APCs) and attend regular scheduled internal training for registered nurses (RNs) and as managers. All three have experience in the aged care sector and at Sevenoaks Lodge.</p> <p>The GMRW is a registered nurse (RN) and has been at Kapiti Retirement Trust for eight years. They have a background in aged care, health policy and nursing services and holds a management qualification. The GMRW is supported by a clinical manager (CM). The CM also holds a current APC as a RN and has a background in aged care nursing.</p> <p>Residents and their families/whānau are supported to participate through regular resident meetings and satisfaction surveys. Responses from meetings and surveys were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand</p>
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		<p>Capital, Coast and Hutt Valley (CC&HV) for aged and non-aged residential care at rest home, dementia and hospital – geriatric and medical levels. They also hold short-term respite and long-term support – chronic health conditions contracts.</p> <p>All rest home and hospital level care residents are funded by Health New Zealand. On the day of this audit, there were 57 residents at Sevenoaks Lodge. Of these, eight residents were receiving rest home care, 38 residents were receiving hospital level care and 11 were receiving dementia level care.</p> <p>This partial provisional audit took place to review a newly constructed wing of the existing building – Sevenoaks Lodge. The new wing has 14 care suites that are available through an Occupation Right Agreement (ORA).</p> <p>The provider is seeking approval to increase the number of rooms and beds by 14 from 61 to 75 certified beds. Sevenoaks Lodge is intending to open the new building on Wednesday 19 March 2025. There are currently four residents in the co-located retirement village who have signed an ORA for a care suite, with another three who have expressed an interest in one.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</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 Trust has employed additional staff including health care assistants (HCAs) and RNs to cover shifts. Currently they are fully staffed and will be able to provide services for the projected incoming residents. (See below and comments about recruitment for the new suites).</p> <p>Adjustments to staffing levels were made to meet the changing needs of residents. At least one staff member on duty had a current first aid certificate and there was 24/7 RN cover for hospital care residents.</p> <p>Continuing education is planned on a biennial basis and includes mandatory training requirements. Related competencies were assessed and support equitable service delivery. Care staff have completed (or commenced) a NZQA qualification to meet the</p>

		<p>requirements of funders. Records reviewed demonstrated completion of required training and competency assessments for care staff and other staff members providing services to residents.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures around wellness, bullying and harassment. A contracted provider was available for employee wellbeing.</p> <p>In preparation for the move to opening of the new wing, additional staff have been employed so that experienced staff can be moved into the new area. A careful selection process was in place to allocate staff to the new wing. This was documented in a transition and risk management plan.</p> <p>Rosters have been prepared for four weeks from the proposed opening date of Wednesday 19 March 2025. This confirmed that all shifts were covered and contractual requirements met. The recruitment processes reviewed follow the Trust's human resource (HR) procedures.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and procedures are based on good employment practice and relevant legislation. There were job descriptions for all positions that include outcomes, accountability, responsibilities, authority and functions to be achieved in each position. There are also job descriptions for additional responsibilities such as infection prevention and control (IPC).</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) was maintained for RNs, the diversional therapists (DTs), and other contracted health professionals.</p> <p>The transition and risk management plan includes orientation for staff to the new wing, fire evacuation and training in the building</p>

		<p>management systems. This is scheduled for the week beginning 10 March 2025.</p> <p>There is a system for managers and staff to discuss and review performance at regular intervals. Evidence of staff and managers having regular performance appraisals was seen on a sample of personnel files (nine). All were current. Review of the HR system and personnel files, and interview with the GMRW, confirmed that information held about staff was accurate, relevant, securely stored and archived confidentially. All electronic information was secure, with individual username and password protection. Information was only available to those authorised to use it.</p> <p>Ethnicity data was recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debriefing options for staff are outlined in policy. Staff confirmed that the opportunity for support and debrief was available when needed.</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 medication management policy was current and in line with the Medicines Care Guide for Aged Residential Care and current best practice. A safe system for medicine management – using an electronic system – was observed on the day of the audit. Eight medication records were reviewed. These demonstrated adequate recording of medication records including medicine related allergies and sensitivities. A sample of personnel files (previously noted) confirmed that appropriate staff (RN and senior HCAs) have current medication competencies. The staff allocated to work in the new wing had appropriate medication competencies.</p> <p>Medication reconciliation was completed by RNs. This includes six-monthly stocktakes of controlled drugs. There is a system for returning unwanted or expired medicines to the contracted pharmacy. The medication room for the new wing has secure access and is temperature controlled. Equipment for medicine management, including trolleys and a fridge, are available. Lighting is effective and hand washing facilities were available. A secure controlled drug storage safe has been installed.</p>

		<p>The contracted general practitioner (GP) who supports existing residents, will support residents who move into the new care suites. The same medicine management practices will be used. Standing orders were in place, with relevant guidelines to assist staff members. These are next due for annual review in June 2025. The GP consistently completes three-monthly reviews of residents' medicines.</p> <p>Self-medication was supported when requested. Records for one resident who was self-medicating were reviewed. These follow the Trust's procedures. Residents, including Māori residents, and whānau were supported to understand their medicines.</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>	FA	<p>The food service is in line with recognised nutritional guidelines for older adults. The menu has been reviewed by the Trust's dietitian and this is due again on 19 April 2025.</p> <p>All aspects of food management complied with legislation and guidelines. There is an approved food control plan and registration, issued by the Kāpiti Coast District Council. This expires on 4 September 2025.</p> <p>Each resident had a nutritional assessment on admission. Personal preferences, sensitivities, any special dietary requirements or texture modifications they need were incorporated into their daily meal plan. Menu options were provided for other cultures, including Māori.</p> <p>Resident satisfaction was measured quarterly prior to the changeover of the seasonal menu. Where there were negative comments, the executive chef followed up personally with the respondent to discuss the issue and put it right. High levels of satisfaction were noted in the most recent survey results.</p> <p>Snacks and drinks were available 24/7. Residents can choose when they have their meals and have sufficient time to eat their meal. Assistance was given when required.</p>
Subsection 4.1: The facility	PA Low	Appropriate systems are in place to ensure the physical environments – internal and external – are fit for purpose, well designed and meet

<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>legislative requirements. A certificate of public use for the new wing was issued on the 4 March 2025. Not all aspects of the environments were fully completed on the day of the audit, although will be completed prior to occupation. An area for improvement is identified in relation to these.</p> <p>The new wing is comfortable and accessible and promotes independence and safe mobility while minimising the risk of harm. Each care suite is made up of a living area with a kitchenette, a bedroom and a separate ensuite bathroom. All 14 care suites are the same size and configuration. All suites have natural light, a window that opens and has a safety catch, privacy, heating and ventilation.</p> <p>Prospective residents were satisfied with the new build. Four residents have already signed ORAs and will move in as soon as possible after the proposed opening date of 19 March 2025. Another three have expressed interest in entering into ORAs for other suites.</p> <p>The environment is inclusive of peoples' cultures and supported cultural practices. Consultation with Māori staff members occurred during the development of the plans for the new wing. A blessing by local iwi was conducted at the commencement of building and recently at the completion of construction.</p> <p>The suites are appropriate for the provision of rest home or hospital level care. Bedrooms have adequate space for the provision of care and use of mobility equipment if this were needed by a resident. Bathrooms are of sufficient size to accommodate safety equipment and staff assisting a resident. Incoming residents are encouraged to consider purchasing a hospital bed on entry, to provide comfort and enable staff to provide support more effectively. Otherwise, they utilise their own furniture and furnishings.</p> <p>Furniture in the communal lounge and dining area is appropriate for potential residents. A 'domestic kitchen' has been set up adjacent to the dining area so that residents have access to hot and cold drinks and snacks. Meals will be served from a bain-marie installed on the kitchen bench, after being transferred from the main kitchen a short distance away.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for emergencies and describe procedures to be followed. The provision of back-up power was available through an onsite generator. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>The Fire Evacuation Scheme was approved by Fire and Emergency New Zealand on 26 May 2009. The new wing has not changed routes of escape in the event of a fire or other emergency. On 13 December 2024, the Trust's fire consultant advised them that because the evacuation plan had not changed with the addition of the new wing, there was no need to change their evacuation scheme.</p> <p>Each care suite has multiple call bell points to alert staff. These are placed in the bathroom, bedroom and living room. The call bell system was being tested on the day of the audit and was fully functional.</p> <p>Civil defence supplies are maintained that meet the regional guidelines. Staff members are able to provide first aid relevant for the types of risk of services provided.</p> <p>Appropriate security arrangements were in place. Included in the transition plan is training for incoming residents on the safety and evacuation systems for the building and the new wing.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate for the size and scope of the services provided at Sevenoaks Lodge. It has been approved by the governing body, links to the quality system and is reviewed and reported on annually. There is a defined process for accessing external expertise through.</p> <p>There is a documented process for reporting IP and AMS issues to the governance Board using a risk based approach.</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>There is an Infection Prevention Control (IPC) Lead who is the facility CM, and an IPC coordinator who is a senior HCA with experience in infection control. Each person has a position description and they maintain their skills and knowledge relevant to their roles. The IPC lead provides training for RNs and the IPC coordinator provides training for the healthcare assistants. The IP and AMS team is appropriate for the size and scope of the facility and the services provided.</p> <p>IP and AMS are integrated into the quality plan to ensure the environment minimises the risk of infection to residents, staff and visitors. There is a documented process for reporting progress against the IP and AMS programme, issues that arise and significant events to the governing body. The programme was most recently approved by the Board in June 2024 and was sighted during the audit.</p> <p>The board chairperson and CEO were interviewed during the audit and board minutes and management reports reviewed.</p> <p>Expertise in infection prevention and control and AMS can be accessed through the infection control lead and CC&HV Public Health. Infection Prevention and AMS resources are accessible. These were sighted during the audit and were available to staff in hard copy in the nurse's stations throughout the facility. The plan was current on the day of the audit and has approval from the governance board.</p> <p>There is a Pandemic plan which is tested annually. Sufficient PPE supplies were available for existing, and additional, residents in storage and in outbreak and emergency kits.</p> <p>The GMRW and IPC team review relevant policies with clinical team leaders, and the kitchen manager.</p> <p>Staff receive training in the IP and AMS policy at orientation and through the ongoing education programme. This was confirmed through review of personnel records. The IPC coordinator confirmed the availability of information and monitoring of staff members' practice. Residents and whānau were provided with information about IP and AMS relevant to their needs. For those who identified as Māori, there were Māori staff members who can support them and provide</p>
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		<p>information in te reo Māori if needed.</p> <p>Infection rates were graphed and presented for discussion at the regular IP committee and staff meetings. Any infections were reported and recorded and significant events were managed involving the IP lead, the GMRW and GP. The documented pathway for reporting events to the governance body was followed. The IP coordinator and lead were interviewed and confirmed these systems and evidence was reviewed.</p> <p>The IPC personnel were consulted during the design of the new wing to ensure IP and AMS systems could be maintained in the care suites. Another RN who identifies as Māori was also involved in the consultation process. Representatives from Whakarongotai marae have been involved in a blessing of the site at the commencement of construction and in the week prior to the audit on completion of new building.</p> <p>Reusable equipment for wound management (scissors) are appropriately decontaminated and reprocessed at the local medical centre. Single use items (dressing trays) are disposed after use.</p> <p>Outbreaks were escalated to the GMRW and CEO. Evidence was sighted and confirmed through interview with these managers and the board chairperson.</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>	<p>FA</p>	<p>The documented IP and AMS programme is appropriate for the size, scope and complexity of the services provided at Sevenoaks Lodge. It provides steps for minimising the use of antibiotics and has engagement from the contracted GP. Interviews with the IP coordinator, IP lead and a clinical team leader confirmed that the responsible use of antibiotics is both promoted in the programme and in practice.</p> <p>The effectiveness of the programme is monitored by the IP and AMS committee and reported on to the board by the GMRW.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with the risks and priorities defined in the IP programme.</p> <p>Monthly surveillance data, including ethnicity, was collated and analysed to identify any trends, possible causes and interventions. The monthly report included comparison with previous years, analysis of any trends and any areas for improvement. This report was shared with the board, executive team, managers, staff, residents and whānau.</p> <p>If a resident develops a HAI, there is an effective communication process between service providers and the resident. This was described by the IC lead and IC coordinator. This includes clear, culturally safe information for each resident.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>The environment is new, and the furniture and equipment provided are newly purchased. This will support the prevention of infection transmission on entry and the providers processes for maintaining a clean hygienic environment will support this during occupancy.</p> <p>There are documented procedures for the management of waste and hazardous substances. Domestic waste was managed and removed following local body requirements. All chemicals and cleaning products were stored securely and safely.</p> <p>The cleaner's rooms and sluice rooms provide for safe storage and the disposal of soiled material and waste. Hand washing facilities and cleansing gel are available throughout the facility. The contracted cleaners will clean the common areas in the new wing and the provider's housekeeping staff will clean the care suites. Cleaning guidelines were available. Sufficient PPE was available and includes gloves, visors, masks and aprons. Laundry services currently provided will continue through the onsite laundry.</p> <p>As noted, most cleaning services are contracted with additional cleaning provided by employed staff. Laundry services are provided 'in-house' by dedicated staff. All staff and contractors are appropriately</p>

		<p>trained.</p> <p>The IP coordinator has completed regular audits and includes monitoring of the cleaning and laundry services. Residents and whanau confirmed their satisfaction with cleaning and laundry services through feedback at the residents' meetings and satisfaction surveys.</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 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The construction and building of the new wing has been completed and the finishing touches were being completed on the day of the audit. Curtains, sunshade blinds and handrails for the showers have been purchased.</p>	<p>Window coverings had not been installed in care suites on the day of the audit.</p> <p>Not all of the external areas had been landscaped so that they were safe for residents to access. Decks had been installed but the groundwork connecting the ramps to existing pathways has not been completed. The grounds were unsafe for residents to access.</p>	<p>Ensure all window coverings and handrails in showers are installed, and external areas are safe for residents to access.</p> <p>Prior to occupancy days</p>

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.