

St Andrew's Village Trust (Incorporated) - St Andrew's Village

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: St Andrew's Village Trust (Incorporated)

Premises audited: St Andrew's Village

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): This partial provisional audit was to verify the reconfiguration of the certified services provided at St Andrew's Village with the completion of stage two of the development – 36 care apartments for dual hospital level and rest home level care. Once these 36 beds are operational, the 30 hospital level care beds in the Douglas wing will be closed. St Andrews Village bed numbers will be 40 hospital level care beds, 77 dual purpose (hospital/rest home) level care beds and 28 dementia level care beds. This will make a total of 145 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 123

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

St Andrew's Village provides rest home, hospital and dementia level care for up to 139 residents, including the care centre and the care suites. On the day of the audit, there were 123 residents including full occupancy in the care suites.

This partial provisional audit was to verify the reconfiguration of the certified services provided at St Andrew's Village with the completion of stage two of the development – 36 care apartments for dual hospital level and rest home level care. Once these 36 beds are operational, the 30 hospital level care beds in the Douglas wing will be closed. St Andrews Village will have a total of 145 beds. This audit has verified the total number of beds to be at 145 with the care suites ready to be occupied.

The audit process included the review of policies and procedures, documentation including transition, education and staffing plans, observation of the environment and a review of established systems and processes relevant to the audit, and interviews with managers and staff. There are clear procedures and responsibilities for the safe and smooth transition of residents into the care suites.

The chief executive officer, director of care and clinical manager (registered nurse) are appropriately qualified, experienced and are able to support the transition of care.

The service has addressed one of two shortfalls identified at the previous audit in relation to discussions around infection control. There is an ongoing shortfall around the fire evacuation plan.

This partial provisional audit identified a shortfall around obtaining a building warrant of fitness.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The chief executive officer of St Andrews provides strategic leadership and direction with a trust board in place at a governance level to monitor performance against set indicators. The director of care (registered nurse) oversees the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staff who will work in the care suites are already employed and have completed orientation and training.

There is a transitional plan in place that has been updated as progress has been made to the completion of the new 36 care suites. The transition plan is being operationalised to close Douglas House and to move for residents into the care centre or into the new care suites.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses, and personal care assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. There will not be any changes to processes around management or administration of medication.

The service has a current food control plan. There are no expected changes to food services with the opening of the 36 care suites.

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

There are 21 care suites already operational on the ground, level one and level two. An additional 12 care suites have been added to the seven on each floor and are ready for occupancy. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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, staff 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. There are no changes to the infection prevention and control programme as a result of the addition of the 36 care suites.

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	10	0	2	0	0	0
Criteria	0	84	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>	<p>FA</p>	<p>St Andrew’s Village is a standalone Charitable Trust and is located in Auckland. On the day of audit, there were 139 beds providing for residents at rest home, hospital and dementia level of care. There was an occupancy on the day of 123 residents including 28 requiring dementia level of care, 66 hospital and 29 rest home level of care.</p> <p>This partial provisional audit was to verify the reconfiguration of the certified services provided at St Andrew’s Village with the completion of stage two of the development – 36 care apartments for dual hospital level and rest home level care. There are no residents currently in any of these care suites. Once these 36 beds are operational, the 30 hospital level care beds in the Douglas wing will be closed. The wings will be changed as follows”.</p> <p>Henry Campbell House (7-bed male only dementia unit) with an occupancy of 7. No change as a result of this partial provisional audit.</p> <p>Bruce House (a 21-bed secure dementia unit mixed gender) with an occupancy of 21. No change as a result of this partial provisional audit.</p> <p>Hector House (10 hospital beds and 20 dual purpose beds) with an occupancy of 28 residents (23 hospital and 5 rest home). No change as a result of this partial provisional audit.</p>

	<p>Marion Ross House (30 dual purpose beds) with an occupancy of 25 residents (21 hospital and 4 rest home). The total number of 30 beds will remain; however, three beds will be assigned as palliative beds from Douglas. No other changes as a result of this partial provisional audit.</p> <p>Douglas House (27 hospital beds and three designated as palliative care beds) with an occupancy of 21 residents (17 hospital and 4 rest home). Douglas House will close, and 27 residents will move within the care centre or care suites. The palliative three beds will be moved to Marion Ross House.</p> <p>There are currently 21 care suites with an occupancy of 21 including five hospital level of care and 16 rest home. As a result of this partial provisional audit, there will be a total of 57 care suites (including the 36 care suites verified at this audit).</p> <p>Following the decision from HealthCERT as a result of this partial provisional audit, overall bed numbers at St Andrews Village will be 40 hospital level care beds, 77 dual purpose (hospital/rest home) level care beds, three palliative care beds, and 28 dementia level care beds. This will make a total of 145 beds.</p> <p>The 36 care suites verified will be suitable for hospital or rest home level of care. Currently there is an occupancy of 21 care suites across ground, level 1 and level 2. Stage 2 will increase care suites on each floor by 12 with one room on each floor designated as an ORA or a room for a resident requiring respite care. The organisation is looking to open the care suites following the outcome of this audit (with a provisional date of 1 April 2025).</p> <p>Managers and staff were interviewed during the audit including the Director of Care, HR Manager, Asset Manager, Clinical Manager; and two RNs.</p> <p>There is a Board with eight trustees who have a variety of necessary skills and expertise that includes finance, business, technology and clinical. There is a monthly Board meeting of all Trustees except in December, and each Trustee also serves on one of the five sub-committees (finance and risk, clinical governance, property, strategy and innovation, and a nominations and governance committee). There is a roles and responsibility framework for the trustees which is documented in the Board Charter with a Board members skills matrix in place. The</p>
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	<p>CEO reports to the Board and is ex-officio on specific sub-committees. The Board receives a monthly Board report from the CEO.</p> <p>An annual strategy workshop is held at the beginning of each year and is attended by all trustees and the full executive team. Issues are discussed in depth at the various sub committees with any recommendations being made to the full Board for approval. St Andrew's Village has an overarching (2024-25) strategic plan in place with charitable goals values and strategic objectives documented. The strategic objectives for 2023-24 have been reviewed with the decision to roll these over to the current plan. The key value is to do the right thing. The goals are reviewed at management meetings and by the Board. An annual work plan cascades from the strategic plan and is developed each year.</p> <p>A risk/hazard register is also documented with this identifying potential hazards, associated risks, control type, controls in place, risk assessment and person responsible. A report around the top risks and appetite is presented to the Board with a dashboard showing a top risk heatmap with inherent and residual risks. The Board and the CEO set the risk appetite ensuring that decisions align with St Andrew's mission and values.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The board chairperson confirmed a commitment to addressing barriers for Māori and to equitable service delivery for Māori and all residents. The Strategy and Innovation sub-committee of the board oversees the interpretation of te ao Māori for St Andrews Village to ensure that it is accurately and respectfully integrated into practice. The committee monitors the skill set of the board and staff to ensure that the cultural perspective is delivered, and members are involved in relationships with the local Māori community. The role of Te Ao Māori sub-committee is documented in the Strategy and Innovation Committee Charter. The board members either have or will attend cultural training to ensure they can demonstrate expertise in Te Tiriti, health equity, te reo and to cultural safety. The working practices at St Andrew's village are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health</p>
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		<p>outcomes for tāngata whaikaha and Māori.</p> <p>The clinical governance structure for St Andrews Village includes the sub- committee of the board with the director of care providing leadership at an operational level. Reports from the clinical quality risk (CQR) committee are presented to the clinical governance group. The clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p> <p>The human resource (HR) manager stands in for the CEO if they are not available. The Director of Care (RN) oversees the clinical operations of the service. There is an executive team that further supports all aspects of the service, and the executive team comprises of: Human Resource Manager, Director of Care, CFO, IT Manager, Retirement Living Manager, Facilities Manager, Hospitality Manager and a Quality and Risk Consultant (as required). The Board and the executive team ensures that the quality and risk management programme supports St Andrews mission while maintaining high standards for residents, family/whānau and staff.</p> <p>The chief executive officer has been in the role for over 12 years and was previously an accountant at St Andrews Village. The Director of Care (RN) has been in the role for 12 years and has many years' experiences in managerial roles in the health industry including aged care. The Director of Care is supported by a team of experienced registered nurses and has completed more than eight hours of training related to managing an aged care facility.</p> <p>A transition plan is in place that includes the closure of Douglas with current residents moved to the most appropriate area in the care centre or to the care suites. The managers have already started to look at resident acuity and any changes to level of care.</p> <p>There will not be any change to governance of St Andrew's Village with the addition of the 36 care suites.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. The workforce has been stable. An agency is used for</p>

<p>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>personal care assistant cover only. An orientation pack is available and the service endeavours to use the same personal care assistants from the agency.</p> <p>There is a full-time pm supervisor (RN) that is on site after hours. One nurse manager will cover weekends for support. In the absence of the director of care the role will be supported by a clinical manager. The clinical director is available Monday to Friday. The manager (RN) and two clinical nurse managers work Monday to Friday. On call cover is shared between the two clinical managers and five nurse managers.</p> <p>There is a full-time clinical education coordinator employed to oversee the education and competencies of all staff. There is an annual education and training schedule that has been implemented for 2024 and is being implemented for 2025. The education and training schedule lists compulsory training which includes cultural awareness training, dementia language skills, abuse and neglect, management of glaucoma, oxygen management, death and dying and infection control. Staff have attended cultural awareness training, and all staff completed a cultural competency to reflect their understanding of providing safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provided resources to staff to encourage them to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for personal care assistants include training through the Health New Zealand, hospice, Age Concern, and the Stroke Foundation.</p> <p>The service supports and encourages personal care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 27 personal care assistants (PCAs) who will be working in the care suites. Two have completed a level three and 25 a level four NZQA approved qualification. All staff who work in the dementia unit have completed the required dementia standards. A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All PCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include syringe driver, and interRAI</p>
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		<p>assessment competency. Twenty-seven RNs (including the clinical managers and nurse managers) across the care centre and care suites are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible. The clinical training coordinator made resources available relating to Māori health equity data and statistics to staff.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including six-monthly fire drills and PPE training. Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) is available to staff that supports staff to balance work with life.</p> <p>Partial provisional:</p> <p>Staff affected by the closure of Douglas House will move to the care suites along with other staff who are already employed and working at St Andrew's Village. In total, there are 43 staff who will work in or support residents in the care suites including six RNs, 27 PCAs, one activities coordinator and one diversional therapist, five laundry staff, three cleaners and six chefs. There will not be any change to the training programme or the need to train staff. The care suites when open are attached to the existing care suites on the ground, one and two floors. All staff moving to the new care suites have been oriented and trained under the existing programme.</p> <p>There are currently 21 care suites over ground, level one and level two (seven on each floor). On each floor, there will be an additional 12 care suites (36 new care suites in total) i.e. 19 care suites on each floor (ground, level one, level two) with a total of 57 care suites. Allocation of staffing will be as follows: a minimum of three PCAs on the morning shift (AM); a minimum of three PCAs on the afternoon shift (PM); and four PCAs on the night shift (one on each floor and one floating between floors). There will be two RNs on the AM and PM shifts and one overnight. There will not be any change in staffing for the dementia units of to the other Houses.</p>
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<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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. There is a full time Human Resources (HR) manager and HR advisor employed who oversee all aspects of recruitment and retention.</p> <p>Staff files are securely stored. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes two weeks of buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and PCAs to provide a culturally safe environment to Māori. All staff participate in continuous education relevant to physical disabilities and young people with physical disabilities.</p> <p>There is a volunteer coordinator role that supports a group of approximately 20 volunteers including pastoral care volunteers. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>There will not be any change to the HR processes at St Andrew's Village with the addition of the 36 care suites.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>The medication management policy is current and in line with current legislative requirements. A safe system for medicine management was in use. The system described medication prescribing, dispensing,</p>

<p>safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>administration, review, and reconciliation. Administration records were maintained. Medicine is supplied to the facility from a contracted pharmacy.</p> <p>A total of 10 medicine charts were reviewed. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for pre re nata (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicine sampled for review were within current use by dates. Clinical pharmacist input is provided six-monthly and on request. Unwanted medicine was returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range. Opened medication with a short shelf life were dated. Appropriate processes were in place for the management of standing orders.</p> <p>One resident was sighted to be self-administering medication during the audit. Appropriate processes were in place to ensure residents' self-medication administration was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required. The managers interviewed stated that the registered nurses work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents (including those who identify as Māori) and their family/whānau are supported to understand their medications when required.</p> <p>Each care suite apartment has a secure area for storing medication. There is a secure room in the building to hold medical equipment etc.</p>
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		<p>Staff have already been trained around medication management and administration and there are no changes to current practice with the addition of the 36 care suites and the closure of Douglas House.</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>A catering manager oversees the food services. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by rostered morning and afternoon kitchenhands. All food services staff have completed a food safety certificate or in-house food safety training. A registered dietitian reviews the four-week winter/summer menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen serves individual meals and loads them on trays into a Burlodge. These are taken to the house kitchens and staff serve the meals directly from the Burlodge. Currently the facility uses bain-maries to serve from and there are hot boxes to deliver food to residents who chose to eat in their rooms. Residents are encouraged to come to the dining room for meals. There are snacks available at all times. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was issued on 22 May 2025. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), Burlodge and bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. St Andrews has adopted a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau have menu options on the menu that are culturally specific to te ao Māori. Managers and staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related to food service are available to staff. There is a focus in the menu on providing food that are culturally appropriate.</p>

		<p>All food preparation and cooking etc will occur in the central kitchen with the same processes followed for residents in the new care suite apartments. Food will be transported to the new building in a hot box and served from there. There is a communal dining area with a servery. Each care suite apartment has a kitchenette that includes tea and coffee etc making facilities should they chose to eat in their rooms.</p> <p>There are no changes to the current food service as a result of this partial provisional audit.</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 Low</p>	<p>The care centre's building warrant of fitness is current and will expire on 30 June 2025. A B-Rad certificate for phase 1 (21 care suites) is displayed instead of a building warrant of fitness and is dated 12 December 2024.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance team and certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. There is an electronic preventative maintenance schedule.</p> <p>The reactive maintenance programme is electronic. Staff request assistance on the 'my building 'system, this is checked by maintenance and signed off when repairs have been completed. Electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures takes place. All equipment in the 36 care suites is new.</p> <p>Residents will transfer from the Douglas House to either the care centre or to a care suite. Each existing floor (ground, level one, level two) with seven care suites currently in operation will have a further 12 added. Each care suite is fully set up with a kitchenette, lounge/dining area, bedroom and ensuite. Residents can bring personal items to furnish their rooms. On the three floors (ground, level one and level two) there are</p>

		<p>three end rooms that are slightly smaller than the other care suites and these will be designated to be used by residents requiring respite care (hospital or rest home level).</p> <p>One each floor, there is a small lounge with its own communal kitchenette. There is also a communal space with lounge/dining area, full kitchen (for activities) and a resident and service lifts. There is a laundry area for personal laundry. Outdoor areas are being landscaped and include seating and shade. Each care suite apartment has its own balcony. Railings are in place in all areas to support residents. There is a lift from the ground floor – one door from the lift opens directly into the servery and the other opens into the hallway/lounge area. There are two flights of stairs (one on each side of the building). There are heat pumps with individual settings in each room. Hallways are wide and promote safe mobility with the use of mobility aids. Fixtures, fittings, and flooring are appropriate and able to be cleaned effectively. Toilet/shower facilities are easy to clean.</p> <p>There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori.</p> <p>The care suites are ready for occupancy.</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>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for the existing building. A fire evacuation scheme has been approved for the care suite apartment building (stage 1) and is dated 22 October 2024. The fire evacuation plan is currently with the fire service for review for the new 36 care suites.</p> <p>A fire evacuation drill is repeated six-monthly and this included fire drills in the care suites. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a civil defence response cupboard. This is</p>

		<p>checked six monthly. In the event of a power outage there is back-up power available (the facility has three generators) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. All staff are required to hold a first aid certificate. There is a first aid trained staff member on duty 24/7 in each house and on each shift.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed outside and a security firm patrols at least twice a night.</p> <p>There are call bells in the ensuites, bedrooms and lounge areas and other communal areas in the care suite apartment building. Staff use smart phones that can connect with anyone set up on a specific phone including staff who may be working in the existing wings. Call bells in the new care suites are operationalised. There is a sprinkler system in place with smoke detectors.</p> <p>Staff have been orientated to the new care suites.</p> <p>There are no changes to emergency management plan and security systems given the addition of the 36 care suites.</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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control data is discussed at board level six monthly. Any emergent issues are reported to the board immediately. Infection control is part of the strategic and quality plans. The service has access to an infection prevention specialist from Health New Zealand and the GP also provides advice.</p> <p>There are no changes to the infection prevention and control programme with the addition of the 36 care suites.</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 coordinator is a senior RN who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control coordinator has completed in-house infection training and there is further external education planned. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control coordinator and the quality and risk management team. Infection control audits are conducted and reported at quality and risk management meetings. Infection rates are also presented and discussed at quality and risk management meetings. These are also presented and discussed at infection control and house meetings. The facility uses an external company for benchmarking infection control data. There is good external support from the GP, laboratory, and the Health New Zealand infection control nurse specialist.</p> <p>The service has a pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. . There are outbreak kits readily available and a personal protective equipment (PPE) cupboard. Extra PPE equipment is supplied as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the infection control coordinator and the quality and risk management team. Policies are available to staff. The clinical manager and the infection control coordinator have had input to the development of the care suites.</p> <p>There are policies and procedures in place around reusable and single use equipment. Audit tools are in place to check these are being utilised and best practice standards are being met. All shared equipment is appropriately disinfected between use. The service has information available in te reo around infection control for Māori residents and encourage culturally safe practices acknowledging the spirit of Te Tiriti. The infection control coordinator and the clinical manager are involved in</p>

		<p>the procurement of all equipment and consumables.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies.</p> <p>There are no changes to the infection prevention and control programme with the addition of the 36 care suites.</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 service has an anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as infection control and house meetings. They are also reported to the board six monthly. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There are no changes to the anti-microbial programme with the addition of the 36 care suites.</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>Infection surveillance is an integral part of the infection control programme and is described in the St Andrew's Village 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 on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and house meetings. Data is also sent for benchmarking with other facilities. Meeting minutes and graphs are displayed for staff. The previous shortfall (5.4.4) has been addressed. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of</p>

		<p>improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections. The service receives email notifications and alerts from Health New Zealand or Public Health for any community concerns. Those interviewed stated that residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This included face to face discussions, and discussions that included the GP.</p> <p>There are no changes to the surveillance programme with the addition of the 36 care suites.</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 policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>All laundry is completed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards sighted were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are three fulltime laundry staff. There is a cleaner for every house and one for communal areas. Cleaning and laundry services are monitored through the electronic internal auditing system by the household supervisor.</p> <p>The care suite apartment building has a small laundry on the ground floor for personal items to be washed and dried if required. There is a sluice room with a macerator in the care suite apartment building on each floor.</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 4.1.1</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>	PA Low	The care centre's building warrant of fitness is current and will expire on 30 June 2025. A B-Rad certificate is displayed for the existing 21 care suites dated 12 December 2024 and is valid for a year. A practical completion certificate is dated 31 January 2025. The inspection has taken place for the code of compliance certificate. There is some landscaping to be completed before this can be issued.	<p>i). A building warrant of fitness for phase 1 (21 care suites) is not yet in place.</p> <p>ii). The code of compliance certificate is not yet in place.</p>	<p>i). Ensure that a current building warrant of fitness is in place.</p> <p>ii). Ensure a code of compliance certificate is obtained.</p> <p>365 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for the existing building, and was reviewed to include phase 1 (previous partial provisional) and is dated 22 October 2024. The fire evacuation scheme has yet to be approved for the new care suite apartment	A fire evacuation scheme has yet to be approved for phase 2 (36 care suites).	Ensure that there is a current fire evacuation scheme in place to include all care suites.

		building.		Prior to occupancy days
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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.