

Clearway Life Limited - Te Whare Manaaki O Tamahere

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: Clearway Life Limited

Premises audited: Te Whare Manaaki O Tamahere

Services audited: Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

Dates of audit: Start date: 11 August 2025 End date: 11 August 2025

Proposed changes to current services (if any): A partial provisional audit was completed to verify if the 83 reconfigured en-suite rooms were suitable for the services applied for. The services are set to commence upon the approval by the Ministry of Health, with the proposed month being October 2025.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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

Te Whare Manaaki O Tamahere is now part of the Sound Care Group. The service will provide rest home, hospital-level, and disability (intellectual and physical) services for up to 83 residents.

A partial provisional audit was completed to verify the reconfigured beds and the provider's preparedness to provide rest home, hospital-level, and disability (intellectual and physical) services at the organisation's newly acquired complex. The complex was previously used as accommodation facility for civil aviation staff. Sound Care Group director reported that the operation will commence after approval by the Ministry of Health.

This partial provisional audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, and interviews with the director, assistant director, group clinical manager (GCM), general manager (GM), community commissioning and engagement manager (CCEM), office manager, and human resources manager.

This partial provisional audit identified improvements required in relation to staffing, training, medication storage areas, food services, and the environment.

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. An experienced community commissioning and engagement manager will be managing the facility in the interim while recruiting the facility manager, supported by the senior management team and governing body.

The business quality risk and management plan defines the organisation's purpose, values, direction, scope and goals. Suitably qualified and experienced people will manage the service. Ongoing business, health and safety, and clinical service monitoring will 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 will provide regular feedback, and staff will be involved in quality activities. The service will recruit staff at all levels to ensure the required cultural and clinical needs of the residents are met. The transitional rosters have been developed in readiness. Staff will be appointed, orientated and managed using current good practice. An education/training programme was 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 will complete relevant training in medication administration. All medicines will be stored safely and securely. There was a medication self-administration policy with clear guidelines for use when required.

The existing menu 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 service has single-occupancy care suites, each with a full ensuite bathroom, adjustable heating, and appropriate furnishings. The service operates on a single floor. Each room has dining and lounge space, as well as access to a shared main lounge and dining area. The internal finishing work is in progress. Furniture and furnishings have been purchased, with further items on order. There are designated areas for safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substance register have already been developed. A team of maintenance staff members to manage this area of service provision will be recruited. Laundry will be managed off-site, and food services contracted. Appropriate emergency supplies are available, along with reference documents for use in civil defence and other emergencies. A nurse call system was yet to be installed and tested. Security arrangements are in place and include the use of security cameras.

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

The governing body will ensure 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 group clinical manager leads the programme.

The infection control coordinator is involved in procurement processes, facility changes, and processes related to the decontamination of reusable devices. Staff demonstrated good principles and practices around infection control. The service will promote responsible prescribing of antimicrobials. Infection surveillance will be undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances will be managed, and safe and effective laundry services will be 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	7	0	3	2	0	0
Criteria	0	77	0	5	5	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>Te Whare Manaaki O Tamahere is now part of the Sound Care Group after having been acquired in July 2025. The partial provisional audit was completed to verify the provider’s preparedness to provide rest home, hospital-level, and disability (intellectual and physical) services at the organisation’s newly acquired complex. This is the first phase of the plan, which will consist of three complexes housing 83 residents. There are three separate blocks of buildings which are parallel to each other. Building one has 36 beds, building two has 23 beds, and building three has 24 beds. The second phase will start in 2026 to acquire three more complexes housing 210 residents.</p> <p>The community commissioning and engagement manager (CCEM) will manage the service while a facility manager is recruited. The CCEM has extensive experience in the health sector and has been a facility manager for a sister organisation. They will be supported by the senior leadership/management team. The leadership team and governance group oversee compliance with legislative, contractual and regulatory requirements, seeking external advice as needed.</p> <p>The Business Quality Risk and Management Plan 2025 outlines the purpose, scope, targets, performance measures, goals, governance roles, and delegated management roles. Cultural safety is embedded in</p>

	<p>business and quality plans and staff training. Ethnicity data will be collected to support equity.</p> <p>The director, along with the assistant director, owns other aged care facilities across the country, supported by a national senior leadership/management team comprised of a general manager, a group clinical manager, a clinical support manager, a culture and wellbeing manager, an office manager, and a human resources manager.</p> <p>The governing body, Sound Care Group, assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on the governance group. The organisation has a Māori health advisor who can be sought if needed and who ensures obligations to meet the needs of Māori are met. The senior leadership/management team demonstrated expertise in Te Tiriti, health, equity, and cultural safety, and records of education and training were reviewed. Cultural competencies will be completed by all care staff. A comprehensive cultural manual was reviewed and developed.</p> <p>Equity for Māori, Pacific, and tāngata whaikaha is addressed through policy documentation and enabled through choice and control over supports and the removal of any barriers that prevent access to information (eg, information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Both Māori and Pacific models of care have been developed and implemented.</p> <p>The management meets with the senior leadership/management team monthly. Reports will include information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</p> <p>The management team reported that the service was considering employing staff, both clinical and non-clinical, if the proposed plan to have 83 beds certified is approved. This is planned to ensure the needs of all residents are met. The audit verified the 83 beds as suitable to provide rest home, hospital-level, and disability (intellectual and physical)</p>
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		<p>services. Health New Zealand – Te Whatu Ora was notified about the reconfiguration process. This reconfiguration is still underway, with storage areas, medication rooms, sluice rooms, a workstation, a call bell system, a fire evacuation plan, handrails, equipment, and external outdoor ramps still to be completed.</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>	PA Low	<p>There is a documented process for determining staffing levels and skill mix to provide culturally and clinically safe care for residents 24 hours a day, seven days a week (24/7). The management reported that the service will begin recruiting staff as soon as it receives approval. The director outlined the timeframes and actions necessary for developing an annual staff training plan, which include ensuring that all staff receive the required training, possess cultural competencies, and acquire other essential skills and knowledge, such as infection control, the safe administration of medicines, first aid, and restraint minimisation. The general practice service is already contracted to provide medical coverage and services.</p> <p>The staff training plan was reviewed. Training in Te Tiriti o Waitangi and health equity will be provided at all levels of the organisation. A Māori health advisor was available if required. Continuing education is planned annually and includes all mandatory training requirements. The current management staff have completed all training requirements, with well-maintained records sighted. Attendance records showed evidence of regular education provided to the management staff. Management staff present on the audit day reported feeling well supported by the governance body.</p> <p>Improvements are required to ensure that staff numbers are adequate for the services to be provided and that they have the required training.</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</p>	FA	<p>Human resource management policies, procedures, and processes are developed based on good employment practice and relevant legislation. Samples of a staff roster were reviewed for implementation. Professional qualifications and registrations (where applicable) would be validated prior to employment or contracting to the service. All newly employed staff</p>

<p>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>will complete an orientation, including fire evacuation.</p> <p>Staff records reviewed for the management team that oversees other sister facilities confirmed that the organisation's policies are being consistently implemented. These included the general manager, group clinical manager, office manager, and the CCEM, who will act as the FM until a full-time a FM is recruited. Job descriptions will be documented for each role. Professional qualifications and registration (where applicable) will be validated prior to employment. Annual practicing certificates (APCs) of all health professionals employed or contracted will be verified annually, and a copy of the APCs retained by the human resources manager.</p> <p>Staff will complete an induction and orientation programme which will prepare them well for their roles. Opportunities to discuss and review performance will occur three monthly following the appointment and yearly thereafter. Staff information, including ethnicity data, will be accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Personal staff records will be stored securely, and confidentiality maintained.</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 is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records will be maintained. Medications will be supplied to the facility from a contracted pharmacy. The general practitioners will complete three-monthly medication reviews. Indications for use will be noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies will be indicated, and all photographs will be uploaded to the electronic medication management system. Eye drops will be dated on opening. The effectiveness of pro re nata (PRN) medications will be documented.</p> <p>Medication reconciliation will be conducted by the nursing team when a resident is transferred back to the service from the hospital or from any external appointments. The nursing team will check medicines against the prescription, and these will be updated in the electronic medication</p>

		<p>management system. Medication competencies will be completed yearly for all staff administering medicines.</p> <p>Expired or unwanted medicines will be returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes will be completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures will be conducted regularly, and deviations from normal were reported and attended to promptly.</p> <p>Medications in (building one) will be stored safely and securely in a designated medication room, the trolley, the locked treatment room, and cupboards. The medications for the residents in the other two buildings will be stored in their respective wings when all storage areas are installed and medication trolleys purchased (refer to 4.1.1).</p> <p>Residents who are able will be supported to self-administer their medications. Appropriate processes are in place to ensure this is managed in a safe manner. There is a self-medication policy in place, and this was sighted. No standing orders will be used.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, will be supported to understand their medications. This was confirmed in interviews with the group clinical manager.</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>PA Low</p>	<p>The food service will be contracted. The service will use the same standard reviewed menu as other sister facilities.</p> <p>The kitchen and pantry were observed to be clean and tidy. Regular cleaning is undertaken. Labels and dates were present on all containers. Thermometer calibrations will be completed every three months. Records of temperature monitoring of food, fridges, and freezers will be maintained. All decanted food will have ‘use-by’ dates recorded on the containers, and no expired items were sighted.</p> <p>There is adequate dining room space in all the buildings to accommodate residents. Each resident will have a nutritional assessment on admission to the facility. The daily meal plan accommodates personal food preferences, special diets, and modified texture requirements. All</p>

		<p>alternatives will be catered for as required. The residents' weights will be monitored regularly, and supplements provided to residents with identified weight loss issues. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal will comply with current legislation and guidelines. Snacks and drinks will be available 24 hours a day. Māori and their whānau will have menu options that are culturally specific to te ao Māori.</p> <p>Residents will be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance will have this provided with dignity.</p> <p>An improvement is required to ensure there is an approved food control plan.</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 23 April 2026. Corridors have safety rails and promote safe mobility using mobility aids.</p> <p>The planned maintenance schedule sighted included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Monthly hot water temperature monitoring will be completed as per policy requirements. The service plans to employ two maintenance officers on a full-time basis. Certified tradespeople will carry out reactive maintenance where required. The environmental temperature will be monitored, and processes were implemented to manage significant temperature changes.</p> <p>There are three blocks of separate buildings parallel to each other onsite, and these include: building one with 36 beds, building two with 23 beds, and building three with 24 beds. Each care suite has a spacious ensuite bathroom with non-slip vinyl, and a wall-mounted heater and air conditioning system. Some rooms have new hospital beds, bedside lockers, chairs, and televisions. The doors are keypad-locked. Personalised equipment will be available for residents with disabilities to meet their needs, as appropriate. There are dedicated quiet spaces for people with disabilities. The residents will be able to personalise their own</p>

		<p>rooms. The rooms are culturally and spiritually inclusive and suited to the needs of residents. The rooms will be blessed appropriately prior to the official opening. Furniture installed is appropriate to the setting. The dining areas and lounge areas will be decorated to reflect a homely atmosphere. The bathrooms have non-slip vinyl, and wall-mounted heaters. Adequate toilets are available for staff and visitors.</p> <p>All rooms have external windows to provide light and ventilation. Heat pumps are located in the lounge and dining areas. All rooms have wall heaters. Consultation was sought with Māori health advisory input to ensure the design and environment would reflect the identity of Māori. The rooms are fit for purpose and can easily accommodate all residents with a disability.</p> <p>Improvements are required in relation to hallways and bathrooms having handrails, mounted soap dispensers, paper towel holders, equipment, workstations for staff, fixed storage areas, medication rooms, trolleys, and external areas that are accessible to residents.</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 Moderate</p>	<p>The policies and guidelines for emergency planning, preparation, and response will be 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.</p> <p>Emergency evacuation plans were displayed and are known to staff. Hot water checks will be carried out by the maintenance team and recorded accurately.</p> <p>There are adequate supplies for use in the event of a civil defence emergency or a pandemic, including food, medical supplies, and personal protective equipment, and gas is available for cooking. There is a designated cupboard for storage of civil defence resources. Emergency lighting is available if needed. Water supplies exceed the needs of local authority requirements for the service. A generator can be hired from a local supplier, if required. The facility is secured after hours, with appropriate security arrangements in place. A closed-circuit television and</p>

		<p>video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility. Staff wear name badges for identification purposes.</p> <p>Improvements are required in relation to the fire evacuation scheme, first aid and emergency management training, fire drills, and the call bell system.</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 led by the senior leadership/management team, which oversees clinical governance for the organisation. The IP and AMS programmes are appropriate for the size and nature of the service. The policies and procedures were developed by the contracted quality consultant and approved by the governance team.</p> <p>Infection prevention and AMS programmes are linked to the quality and risk management system and will be reported monthly to the facility manager, who reports monthly to the director. Infectious disease specialist advice and/or expertise can be accessed through the infection prevention team at Health New Zealand – Te Whatu Ora if needed, and through the contracted laboratory service microbiologist and the contracted general practitioners. Infection prevention and AMS will be discussed at the quality and staff meetings. Information on infections and antibiotic use will also include residents' ethnicity data. The data will be collected and analysed to support IP and AMS programmes across the organisation.</p> <p>A pandemic response plan is in place. There were sufficient resources and personal protective equipment (PPE) available, and staff will be trained accordingly (refer to 2.3.2).</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</p>	FA	<p>The service has a documented infection prevention and control programme reviewed annually by the senior leadership/management team and approved by the governing body. The group clinical manager will be the nominated infection prevention coordinator (IPC) who oversees</p>

<p>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>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 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 will be 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 will receive education in IP at orientation and through ongoing annual education sessions. Education with residents will be on an individual basis when an infection is identified.</p> <p>The IPC reported that they work in consultation with an infection prevention and control specialist from Health New Zealand – Te Whatu Ora in procurement processes 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. Medical reusable devices and shared equipment will be appropriately decontaminated or disinfected based on the manufacturer's recommendation and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits will be completed, and where required, corrective actions will be implemented.</p> <p>Handwashing and sanitiser dispensers were readily available around the facility. Māori cultural needs will be assessed during admission to ensure culturally safe IP practices are protected and to acknowledge the spirit of Te Tiriti.</p>
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		Educational resources in te reo Māori were available.
<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.</p> <p>Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment will be maintained. The monthly analysis of data will include 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 HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IP programme reviewed. Infection prevention audits will be completed, including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions will be implemented where required.</p> <p>Monthly surveillance data will be collated and analysed to identify any trends and possible causative factors, and action plans will be implemented. The group clinical manager reported that HAIs monitored will include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools will be used to collect data. Results of surveillance will be shared with staff at staff meetings and staff handovers. All infection data will be reported to the governance body, as occurs with other sister organisations.</p> <p>Benchmarking will be completed by comparing with the previous monthly results. Ethnicity data will be collated at the time of surveillance and recorded.</p> <p>Residents and whānau will be advised of any infections identified in a</p>

		culturally safe manner.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	PA Low	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. Material data sheets will be available. Cleaning product labelled containers will be provided as required. Cleaning trolleys will be stored when not in use. Cleaning schedules were developed for implementation for the three buildings. An adequate amount of PPE will be available, which includes masks, gloves, goggles and aprons. The management staff demonstrated knowledge on donning and doffing of PPE.</p> <p>In an interview conducted, the director stated that seven cleaners will be employed. Cleaning guidelines were in place. Six-monthly internal environmental cleanliness audits will be conducted. The management team and the maintenance officers will oversee the built environment's facility testing and monitoring programme.</p> <p>Washing temperatures will be monitored and maintained to meet safe hygiene requirements. The effectiveness of laundry processes will be monitored by the internal audit programme and through resident satisfaction surveys.</p> <p>Improvements are required to ensure sluice rooms are identified and reconfigured, laundry areas demarcated, appropriate storage and disposal of hazardous substances are in place.</p>

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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The facility can adjust the staffing levels to meet the changing needs of residents as they are admitted. The provider has not yet employed all the required staff to cover the 83 beds. The director reported that they will start the recruitment process after approval. The management team also reported that staff are available from other sister sites if required.</p> <p>The proposed roster reviewed verified that approximately 70 full-time equivalent (FTE) positions will be needed to cover the shifts in the three wings. The staff will include 50 health care assistants; eight registered nurses, including one clinical manager and one nurse lead; three senior registered nurses; three activities staff, including a diversional therapist; seven housekeeping staff; two maintenance officers; three office</p>	<p>The service has not yet hired all the required staff for all positions to provide the required level of care.</p>	<p>Ensure adequate staffing to provide clinically safe practice in all three wings.</p> <p>Prior to occupancy</p>

		<p>administration staff; and one physiotherapist. Laundry and food services will be contracted.</p> <p>The management knew and understood the requirements of the funder's contract, including providing adequate staffing and training.</p>		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The policy and standard require staff to be trained in New Zealand Qualification Authority (NZQA) education courses to meet the provider's funding and service agreement requirements. Not all staff have been recruited, and the management team reported that staff with the required qualifications and competencies will be employed, and those without will be supported as required.</p>	<p>Not all staff with the required training and competencies have been employed.</p>	<p>Ensure staff with the required training are employed to meet the provider's funding and service agreement requirements.</p> <p>Prior to occupancy</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>All aspects of food management will comply with current legislation and guidelines. The management team reported that plans were underway to contact the local council to complete the food verification audit. However, there was no approved food control plan in place. The food service has not been audited by the local council.</p>	<p>The kitchen had not been audited by the local council as per policy and standard requirement.</p>	<p>Ensure there is an approved food control plan.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and</p>	PA Moderate	<p>There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available within the</p>	<p>Equipment for resident use, storage areas, filing cabinets, a workstation for staff, approved secure</p>	<p>Ensure all required equipment is purchased, and cupboards, filing cabinets, medication</p>

<p>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>lounges and dining rooms and outside on the open deck areas. However, storage areas for medications, resident filing cabinets, soap dispensers, approved handrails in hallways and bathrooms, paper towel holders, equipment such as wheelchairs, hoists, weighing scales, medical equipment, and a workstation for staff were still to be purchased and installed. The director reported that plans were in place to ensure that all rooms are fit for purpose prior to occupancy.</p>	<p>handrails, soap dispensers and paper towel holders were still to be purchased and installed.</p>	<p>storage areas and workstations are installed prior to the beds being occupied.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>The service is required to have a physical environment that supports the independence of the residents. All external doors lead to the open garden area. External areas are not independently accessible to residents; sliding external doors have a raised area, which is a trip hazard, with no outdoor ramp for safe mobility of residents using walking aids. The grounds and external areas were well maintained. All outdoor areas have seating and shade.</p>	<p>All external sliding doors have raised areas, which is a trip hazard.</p>	<p>Ensure the external doors have outdoor ramps for the safe mobility of residents.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Moderate</p>	<p>The emergency plan meets the needs of people with disabilities in an emergency. The service is required to have an approved evacuation scheme on file. Trial evacuation drills were yet to be completed. The drills are to be conducted every six months and added to the annual training programme. The staff orientation programme includes fire, first aid, and security training.</p>	<p>An approved fire evacuation scheme was not sighted, and trial evacuations were yet to be completed.</p>	<p>Ensure there is a current fire evacuation scheme in place and trial evacuations completed, as per policy and standard requirements.</p> <p>Prior to occupancy</p>

<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>Staff will be required to complete first aid and emergency management training; however, this has not yet occurred.</p>	<p>First aid training and emergency management training has not yet been completed for staff.</p>	<p>Ensure first aid and emergency management training is completed to staff prior to occupancy.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Moderate</p>	<p>The director reported that call bells to alert staff to residents requiring assistance will be installed. Call bell audits will be completed as per the audit schedule. However, the call bells in all rooms were yet to be installed.</p>	<p>There were no call bells installed in residents' rooms, lounge areas and bathrooms.</p>	<p>Ensure call bells are installed so residents can summon assistance easily.</p> <p>Prior to occupancy</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>All chemicals will be stored securely and safely, out of reach of residents, however appropriate storage and disposal of hazardous substances, areas have not yet been identified.</p>	<p>There were no appropriate storage and disposal of hazardous substances.</p>	<p>Ensure there are secure storage areas for chemicals.</p> <p>Prior to occupancy</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p>	<p>PA Low</p>	<p>All laundry services will be contracted externally. The receiving laundry areas will be separated into clean and dirty areas. Clean laundry will be delivered back to the residents in named baskets. Each building will have a dedicated sluice room. The service had not yet reconfigured the sluice</p>	<p>Proper reconfigured sluice rooms were still to be put in place and clear separation of clean and dirty laundry marked.</p>	<p>Ensure proper sluice rooms areas are available and demarcations are put in place for clean and dirty areas.</p>

<p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>		<p>room areas or demarcated dirty and clean areas.</p>		<p>Prior to occupancy</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.