

# Henrikwest Management Limited - Craigweil House

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## 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:

<b>Legal entity:</b>	Henrikwest Management Limited
<b>Premises audited:</b>	Craigweil House
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 8 August 2025 End date: 8 August 2025
<b>Proposed changes to current services (if any):</b>	Reconfiguration to certified services by transitioning an existing 20-bed secured memory care unit into a dual- purpose unit, offering both rest home and hospital levels of care.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	51

# Executive summary of the audit

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## 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

Craigweil House is one of three aged residential care facilities owned and operated by Henrikwest Management Limited. The facility provides services for up to 68 residents requiring rest home, hospital and dementia care.

There were 51 residents in the facility on the first day of the audit.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, and interviews with the owner/director, the management team, and other staff. A walkthrough of the facility was included.

This partial provisional audit was undertaken to audit the facility manager's intention to reconfigure the certified services provided at Craigweil House by transitioning the existing 20-bed secured memory (dementia) care unit into a dual-purpose unit, offering both rest home-level and hospital-level care.

One area of improvement identified at the previous audit in relation to evaluations of care plans not being adequately completed or reflected in the resident care planning process, was followed up. This improvement has now been fully addressed. No new areas were identified for improvement at this audit.

## **Ō tātou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The business plan and other assorted documents included the scope, objectives and values of the organisation. There are processes in place to monitor the service and report key aspects to the management team and owner/directors. An experienced aged care nurse is the clinical nurse manager and is well supported by the facility manager, the assistant manager, the regional manager, and the group general manager. A transitional plan has been developed and implemented for the transitioning of services from a 20-bed memory care unit to dual-purpose hospital-level and rest home-level care, once approval has been granted by HealthCERT.

Cultural competencies and the principles of Te Tiriti o Waitangi are fully embedded throughout the organisation and its business model.

The recruitment of staff is based on current good practice. Orientation and training have been provided for existing staff. The rosters are developed and include one registered nurse or more on every shift. All staff have completed first aid training. An ongoing education programme has been developed that is appropriate to the services provided.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Comprehensive medicine management policies and procedures were in place. A safe process for medicine management was observed. All staff who administer medicines are competent to do so. Annual medicine competencies are completed and recorded appropriately. Contracts have been signed for the contracted pharmacy services and GP services to cover all the residents at this facility. Medication was stored appropriately. Stocks were regularly checked by the registered nurses and the pharmacist.

The existing food control plan was validated. The menus have been approved by the contracted dietitian within the last two years. Processes are in place to identify individual residents' dietary needs and preferences. All special diets and cultural needs are catered for.

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

The facility has two double rooms; all other rooms are single. The total number of beds is 68, with 51 occupied on the day of the audit. The memory (dementia) care unit has 20 rooms, with a large lounge and dining room in the centre of the two wings of 10 beds. The total unit is currently being refurbished, as is the rest of the facility. No rooms have ensuite bathrooms, but there are adequate numbers of bathrooms for residents in all areas of the facility.

There are designated areas for the safe storage of waste and chemicals/hazardous substances. A hazard risk register and hazardous substances register have been developed and implemented and are reviewed annually and when changes or new hazards are identified. The assistant manager is responsible for the maintenance programme and the grounds and assisting the facility manager in all areas of service provision.

Appropriate emergency supplies are available, along with reference documents for the use in civil or other emergencies.

A nurse call system is installed and tested and was accessible in all individual residents' rooms and service areas.

Security arrangements were understood by staff interviewed.

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

There is a documented infection prevention and control programme that includes surveillance of infections. The programme is appropriate to the services provided on site. Antimicrobial stewardship and hospital-acquired infections are monitored as part of the surveillance programme. The clinical nurse manager is responsible for the implementation of the programme. Appropriate resources are available. Specialist infection prevention and control advice is accessible when needed. Staff are guided by relevant policies and procedures and supported with regular education. Residents receive one-on-one education as needed.

## **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	13	0	0	0	0	0
Criteria	0	86	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Henrikwest Management Limited (Ltd) operations are led by two directors, one of whom is actively engaged. The senior management team has remained the same since the previous audit. The team assumes responsibility for delivering a high-quality service through supporting meaningful representation, contracting with a Māori health and cultural advisor, and honouring Te Tiriti o Waitangi through advice and education provided by the advisor.</p> <p>The group general business manager (GGBM) has extensive knowledge of the aged residential care sector, as well as regulatory and reporting requirements to meet the standard and Health New Zealand – Te Whatu Ora obligations. The director has completed ongoing relevant education. The team is supported by a regional manager (RM) and a quality nurse manager (QNM), who work across the facilities owned by Henrikwest Management Ltd.</p> <p>The facility manager (FM), who is a registered pharmacist, is supported by the assistant facility manager (AFM) and a clinical nurse manager (CNM). An organisational flowchart was sighted which provides the designations of the staff and their responsibilities.</p> <p>The 2024-2025 business plan includes the strengths, weaknesses, opportunities, objectives, vision and mission statement for the</p>

	<p>organisation. The clinical governance is appropriate for the size and complexity of the services provided. The main objective for this period was to transition the resident information system to an electronic system, and this has been fully achieved. The senior management team, through the GGBM, demonstrated leadership and commitment to quality and risk management through, for example, the risk register, quality management, and improving services and reporting processes. Performance was managed effectively through occupancy, infections staffing, and training provided to staff at all levels. The GGBM reports to the directors regularly.</p> <p>The RM reported that staff identify and work to address any barriers to equitable service provision through cultural needs assessments, training, and advice from the cultural advisor. Cultural competencies were completed by all staff on 3 December 2024, and Te Tiriti o Waitangi training was provided in May 2025, as verified in the training records.</p> <p>Residents, family, and staff participate in the planning, implementation, monitoring, and review of care plans. Families are also able to attend residents' meetings.</p> <p>A sample of minutes from meetings held evidenced positive feedback, and any issues raised were dealt with swiftly and professionally.</p> <p>A transitional plan was developed and implemented for the planned reconfiguration to change the existing 20-bed secured memory care unit into a dual-purpose unit, offering rest home-level and hospital-level of care. A copy was sent to HealthCERT, and a copy was made available and reviewed at this partial provisional audit.</p> <p>The service currently holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care (ARRC). The total number of beds (68) will remain unchanged with the planned reconfiguration. The current 20 secure memory (dementia) level of care service beds will change to 20 dual purpose beds; in addition to this, the facility will accommodate 34 hospital/rest home dual-purpose beds, and 14 rest home beds. Occupancy on the day of the audit consisted of 15 rest home-level care, 30 hospital-level care, and six residents in the dementia unit. The Needs Assessment and Service Coordination agency has already been involved, and the six residents currently in the</p>
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		<p>dementia care service have all been recently reassessed. The six residents will require hospital level care.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a rational and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week across the services (24/7). Staff are replaced for any planned or unplanned leave. The physical environment is considered, and staff interviewed confirmed there were sufficient staff covering each shift presently. The FM stated that additional registered nurses will be employed depending on the number of hospital-level care residents admitted to the service, when the reconfiguration is approved. Registered nurses are available from the group pool to provide cover as required when the bed status changes. Health care assistant (HCA) numbers have been increased from 24 to 33 to ensure adequate cover for hospital-level care service admissions.</p> <p>There are two activities staff members: one a Level Four diversional therapist, and the other an activities coordinator. The FM has plans to increase this area of service delivery with one additional activities coordinator when the reconfiguration is approved. Activities staff from another facility can cover if required.</p> <p>The rosters reviewed verified that a first aider was present on each shift. An after-hours, on-call system is in place. The FM can be called for non-clinical issues. Staff reported that good access to advice is available when needed.</p> <p>The RM is responsible for recording all education and training completed by staff, and records of this were sighted. Completed competencies by all staff cover all components of service delivery, such as infection prevention, restraint and de-escalation training, cultural training, emergency and fire knowledge, hoist and safe manual handling, and other topics. Continuing education is planned annually and includes mandatory training requirements.</p> <p>There are currently two registered nurses (RNs) of seven who are interRAI trained. The two RNs have designated additional hours to complete the interRAI assessments for residents, and to complete and update care plans as needed. RNs are enrolled currently to complete</p>

		<p>the training required. RNs also have designated additional roles, such as infection prevention coordinator and/or restraint coordinator.</p> <p>There are currently 33 HCAs employed at this service. Staff are encouraged to complete the New Zealand Qualification Authority (NZQA) education qualifications offered. Twenty-six (26) HCAs have completed Level 4, one has completed Level 5, five have completed Level 3, and one has completed Level 4 diversional therapy training. The FM is a qualified assessor.</p> <p>Staff can speak or learn te reo Māori if they wish to. The use of te reo Māori in language, signage, and email greetings was sighted. Health equity training and the sharing of high-quality Māori health information are ongoing. The organisation has a commitment to include, and to invest in, staff equity expertise. The Māori advisor is available if needed.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Policies and procedures reviewed are based on good employment practice. The RM is responsible for the employment and orientation of all new staff. All legislative requirements were met. A sample of seven staff records confirmed that the organisation's policies are being consistently implemented. Each staff member received a job description for their role.</p> <p>Employed and contracted health professionals have their annual practising certificates sighted annually. Records are maintained by the RM.</p> <p>The FM explained the recruitment process. There is a stable core of staff who have worked at this facility for some time. Seven staff records were randomly selected and followed through. A checklist for orientation was reviewed. All necessary components for staff orientation relevant to the role were covered. Staff interviewed reported that the orientation process prepared them well for their role. A buddy system is used and this worked well, with new staff working alongside an experienced staff member. Additional time can be allocated to the orientation timeframe if needed.</p>

		<p>Staff interviewed confirmed that performance is reviewed annually, and this was recorded in the individual staff records reviewed. The records are currently maintained in hard copy format. Each folder is integrated and includes the training records. A checklist was completed in the front of each record reviewed, with the commencement date documented.</p> <p>Ethnicity data is collated for all staff and recorded on the staff register reviewed. Information collated is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Staff reported that incidents are discussed at the staff meetings. Support is provided to staff in the form of a debrief and discussion after an event has occurred. This is provided as a learning experience.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>An area of improvement was identified in the previous audit relating to the evaluations of the care plans not being completed and/or reflected in the resident records. This has now been fully addressed, with evaluations of the care plan being recorded and signed off appropriately by the registered nurses as per the care plans reviewed.</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>	FA	<p>The medicine management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications. Allergies are indicated, and all photos uploaded to the electronic medication system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were</p>

		<p>carried out. A sample of these were reviewed during the audit. Internal audits are performed monthly.</p> <p>There were no expired or unwanted medicines, as the pharmacist returns these to the pharmacy on a regular basis. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of the medicine fridge and medication room temperatures was conducted regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in a trolley, locked treatment room, and cupboards.</p> <p>There were no residents who were self-administering medication on the day of the audit. Appropriate processes were in place to ensure this would be managed in a safe manner. There is a self-administration medicine policy in place and this was sighted. Approval from the GP would be sought and documented.</p> <p>There were no medicine standing orders.</p> <p>Explanations and support would be provided to Māori residents if needed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were prepared and cooked on site. There was an approved food control plan, valid from 29 July 2024 for a period of eighteen months. The menu plan was last reviewed by the contracted dietitian on 10 September 2024.</p> <p>The registered nurses complete a nutritional assessment on each individual resident on admission. Any dietary requirements, likes and dislikes, or cultural requirements are noted. All special diets are catered for.</p> <p>The service has three dining rooms, one in each service area. Residents were observed being assisted with their meals as needed, in an unrushed and dignified manner.</p> <p>The reconfiguration to change the dementia care unit into a dual-</p>

		<p>purpose unit for hospital-level and rest home-level residents will have no impact on the food service or the dining area. There is adequate space around the tables for wheelchairs if needed, and assistance would be provided to residents who required this at mealtimes by the care staff.</p> <p>When Māori residents are admitted into any of the services at this facility their cultural needs are assessed and their preferences noted in the nutritional assessment completed by the RN. Special cultural meals can be prepared as needed by the kitchen staff if preferred by the resident. Tikanga best practices in relation to preparing food, were known to the staff interviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness that expires on 8 February 2026. This was displayed at the entrance to the facility. Calibration and checking of all biomedical equipment and resources were completed on 4 March 2025. An inventory was maintained by the contracted service provider. All equipment requiring testing and tagging had this completed on 12 February 2025. Hoists are available and are checked annually.</p> <p>There were well-maintained garden areas. The environment was clean and tidy. There was one area in the dining room and lounge of the current dementia care service where the carpet tiles require replacement. The management team stated this would occur as extra tiles were available.</p> <p>The entire facility is currently being refurbished, including the current dementia care service. The unit has a total of 20 beds, with 10 individual rooms at each end of the unit, and a large spacious lounge and office in the middle of the unit. Ten rooms have been fully refurbished, with new paint, drapes, wall panelling, flooring, lighting, beds, wardrobes, and bedside tables. These 10 rooms are fully completed and ready for occupancy once approval for the reconfiguration is gained. The rooms in the other wing, some of which are currently occupied, are tidy and fresh. The plan is to continue</p>

		<p>upgrading this wing, along with the lounge and dining room, with minimal disruption to residents.</p> <p>All rooms have an external window with adequate light and ventilation. Each room has a thermostat for the ceiling heating provided. The main lounge and dining room have a heat pump. A wall-mounted television is provided in each individual room. There is ample space around the rooms for residents using a walking aid or other equipment.</p> <p>There are no ensuite bathrooms in the current dementia unit, but there are adequate bathrooms and toilets near to the residents' rooms. Bathrooms for staff and visitors are available. The rooms and bathrooms have adequate space for residents with disabilities or for the use of hoists and/or wheelchairs. The doors to each individual room have double doors, which extend the entrance space for those with disabilities and promote safe mobility.</p> <p>There is no new building work currently in progress, but should this occur, input from the Māori health advisor would be sought to ensure the aspirations of Māori are incorporated in the design to meet cultural needs.</p> <p>No changes are required to this unit or for this planned reconfiguration from a dementia care service to hospital- and rest home-level care.</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>	FA	<p>The fire evacuation plan was approved by Fire Emergency New Zealand on 12 July 2012. The GGBM stated that discussions had been had about the current evacuation plan in place and the contracted fire safety service provider stated that the evacuation plan will remain unchanged. The last fire drill and training was provided to staff on 5 May 2025.</p> <p>Staff interviewed confirmed their awareness of the fire emergency and other emergency procedures. A new evacuation folder has been prepared in readiness. All staff have completed first aid training, and certificates were reviewed. Training also included basic adult cardiopulmonary resuscitation (CPR).</p> <p>Civil defence emergency resources are available, including a 3,000-litre water tank and an additional 700 litres (changed four times a year to</p>

		<p>align with seasonal changes), a barbecue, emergency power, a gas cylinder, torches and batteries, a transistor radio, first aid supplies, continence supplies, and emergency food. A generator is not on site but can be accessed if required.</p> <p>A call bell system is installed throughout the facility, including all resident rooms and service areas. Security lighting is installed externally. The unit currently has secure keypad access, which will be removed once approval for the reconfiguration is granted. Staff are responsible for building security, with regular checks undertaken during afternoon and night shifts across the facility.</p>
<p><b>Subsection 5.1: Governance</b></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 clinical nurse manager (CNM) and the QNM interviewed identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and have included IP as part of the quality and risk management programme. There was a commitment in the policy and business plan reviewed that governance fully supported and was committed to ensuring any relevant issues are dealt with efficiently in relation to IP and AMS. Both the QNM and the CNM are experienced registered nurses and have had considerable input into both the IP and AMS programmes. Expertise can be sought from the microbiologist with the contracted laboratory service, the GPs, and the IP team at Waitakere or North Shore hospitals.</p> <p>Expertise is accessible for guidance for both programmes if required. The CNM completed the Hand Hygiene New Zealand (HHNZ) theory online learning module on 31 July 2025. The CNM has a job description for the IP coordinator role. Any IP issues are reported directly to the QNM and to the group general manager.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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</p>	FA	<p>The IP and AMS programmes are appropriate for the size and complexity of the services provided, signed off by management, and linked to the quality and risk management system. The programme is reviewed annually, with the most recent review on 31 January 2025. IP and AMS policies and procedures are fully developed and well implemented across the facility and organisation. Legislative</p>

<p>navigate and messages are clear and relevant. 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>requirements and references are acknowledged and current.</p> <p>The clinical nurse manager is currently the IP coordinator and has completed relevant training in IP and AMS. The experienced CNM is fully informed of the requirements for aged residential care settings. Infection prevention was included in the internal audit schedule reviewed. The CNM has access to the clinical records and laboratory results.</p> <p>The services have pandemic and outbreak management plans available. There were adequate supplies of personal protective equipment (PPE), with specific space and storage allocated. Checklists of resources are developed to ensure adequate supplies are maintained, and in readiness for when the reconfiguration is approved for both hospital- and rest home-level care to be provided to residents. Infection prevention signage was accessible, and available in te reo Māori.</p> <p>Additional disposable resources for infection prevention, such as dressing packs, dressings, and catheter packs have been purchased. There was no provision for the sterilisation of instruments as all are disposable. Processes are documented for the cleaning of reusable medical devices, such as nebulisers, after use. The processes include the manufacturers' recommendations. Single use medical devices are not reused as per policy.</p> <p>Tikanga best practices are known to all staff and are covered in the cultural training competencies completed annually.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship programme documents national guidelines provided by an independent quality consultant and reflects best practice. They are personalised to, and appropriate for, use in this care home. The programme has been approved by the governing body and signed and dated, as reviewed.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and by identifying any areas for improvement. The developed programme reviewed was appropriate for the size and nature of this aged</p>

		residential care service and will remain appropriate when the reconfiguration changes are approved.
<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>The surveillance programme already developed and implemented includes surveillance of health care-associated infections (HAIs). The surveillance programme is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection prevention and control programme. Surveillance is undertaken monthly by the CNM, and results are reported to governance and to staff through staff meetings and at handover between shifts. Processes are in place for communication between the service and people receiving services who develop or experience a HAI. The service provider has existing benchmarking connections with other local age-related services in the region. Infection rates are predominantly low risk. Resident ethnicity is collated as part of the surveillance process.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial organisms. Housekeeping staff are available to provide cleaning and laundry services. The laundry is well designed and meets the requirements. Commercial washing machines and dryers are in use. Adequate supplies of linen are readily available. A laundry housekeeper completes laundry services seven days a week.</p> <p>There are designated cleaners on duty seven days a week. All housekeeping staff have received the appropriate training for the role, and each staff member has a job description for their role. Representatives from contracted service providers also provide training on all housekeeping products used in each setting. Material data sheets are accessible. A spills kit is also available if needed. Storage for chemicals is well labelled and appropriate. The designated cleaning and waste rooms are locked when not in use.</p> <p>Staff have documented policies and procedures to guide them in the management of infectious and hazardous substances.</p> <p>The FM and the CNM have had input into the refurbishment project that</p>

		is in progress.
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.