

G&M Wellbeing Limited - Dominion Home

Introduction

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

The audit has been conducted by 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: G&M Wellbeing Limited

Premises audited: Dominion Home

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 10 November 2025 End date: 10 November 2025

Proposed changes to current services (if any): The provider notified HealthCERT (2 September 2025) of their intent to provide hospital -geriatric (excl psychogeriatric) and rest home care (dual purpose) services in the newly 33 bed purpose-built facility, which is adjacent to the established 29 bed dementia unit. The service plans to open the building for rest home and hospital level residents from 8 December 2025.

This partial provisional audit verified that the provider is prepared, and the environment is suitable for the provision of additional services upon completion of corrective actions. This resulted in an overall increase in certified beds from 29 to 62.

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

Dominion Home is owned and operated by G&M Wellbeing Limited. The Dominion Home new dual-purpose building is a modern, spacious, purpose-built facility, built next to the established 29 bed Dominion Home dementia unit. The new care centre is across three floors. The design of the facility caters to both rest home and hospital levels of care, with each floor having its own kitchen and lounge. The new build has a total of 33 dual-purpose beds. The service plans to open the building for rest home and hospital level residents from 8 December 2025.

The partial provisional audit was completed to establish the preparedness of the provider for the reconfiguration of the service and the suitability of the environment for the provision of the new dual purpose service. The audit process included the review of policies and procedures, a review of documentation related to the transition to the new building, observation of the environment and interviews with management, and a staff member.

The facility manager/director (registered nurse) at Dominion Home has over 12 years experience in aged care ownership, management, and has been fully involved in the setting up of the new care facility. They are supported by the joint director/owner, and an experienced aged care clinical manager.

The audit identified the design of the building, staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home, and hospital (geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

This partial provisional audit verified that the provider is prepared, and the environment is suitable for the provision of additional services upon completion of corrective actions related to the opening of the new facility, including completing of the induction programme, obtaining a certificate of public use, provision of a safe external environment, approval of a fire evacuation scheme and completion of a fire drill.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

G&M Wellbeing Limited, Dominion Home, has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility nurse manager, supported by the registered nurse, oversee the day-to-day operations of the service. The business plan includes a mission statement and operational objectives. Dominion Home has quality and risk management systems established that take a risk-based approach. The suite of policies and procedures are suitable to meet the residents` needs.

There is a Dominion Home business plan and transition plan around the opening of the new care centre. The service has developed a number of draft rosters as resident numbers increase across the new facility.

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.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. There is a medication room situated on level one (ground floor). The registered nurses and designated healthcare assistants are responsible for administration of medications. Education and medication competencies are to be completed during the induction weeks.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. Each floor has its own dining area. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been approved.

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

The care centre is built over three floors. There is lift access between the floors. The resident areas are partially furnished, and carpet and vinyl are laid. Furniture has been purchased and is yet to be placed in the dining rooms, lounges, and the majority of resident rooms.

All resident rooms are spacious with large windows, a spacious ensuite, or toilet. The corridors are wide and there is easy access to all areas and floors for residents using mobility aids. The building is light and spacious with a number of lounges and access to outdoor areas.

The service has an existing maintenance team employed. Preventative and reactive maintenance schedules will be implemented for the new building in line with the services current policies and practice.

The fire evacuation plan has been submitted for approval. There are emergency exits clearly identified. Organisational emergency preparedness policies and procedures are available, and staff will receive training around emergency management during the induction period. There is a call bell system linked to staff phones. There are security procedures in place.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. Policies and procedures include the collation of infection data, antimicrobial data and to identify opportunities to improve. Internal benchmarking within the organisation occurs and will include the new care levels.

The infection control coordinator is the clinical manager. Education is provided to staff at induction to the service and is included in the education planner.

Initially the laundry will be done off site. Lockable cleaning trolleys have been purchased.

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	9	0	3	0	0	0
Criteria	0	81	0	5	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>Dominion Home is owned and operated by G&M Wellbeing Limited, a company registered in compliance with New Zealand law. The Dominion Home new dual-purpose building is a modern, spacious, purpose-built facility, built next to the established 29 bed Dominion Home dementia unit. The new care centre is across three floors. The new build has a total of 33 dual-purpose beds. The service plans to open the building for rest home and hospital level residents from 8 December 2025.</p> <p>This partial provisional audit was undertaken to assess the new purpose-built care facility and the preparedness of the provider to provide the additional dual purpose services. The audit process included the review of policies and procedures, a review of documentation related to the transition to the new building including equipment and staffing plans, observation of the environment and interviews with management, and a staff member.</p> <p>The facility manager/director (registered nurse) at Dominion Home has over 12 years experience in aged care ownership, management, and has been fully involved in the set up of the new care facility. They are supported by the joint director/owner, and an experienced aged care clinical manager.</p> <p>Dominion Home has a business plan in place, which links to the G&M</p>

	<p>Wellbeing Limited's vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The business and quality documents reflect goals related to the additional certification level and a staged transition plan is in place for the new building and provision of additional levels of care.</p> <p>The service is an owner operator family business. There are two directors who work in the facility. One is a facility manager and a registered nurse, and the other is responsible for maintenance. The owners (directors) took ownership of Dominion Home December 2015 and oversee the operations of the facility from a governance, business, and risk management perspective. The facility manager (RN) has extensive business experience and understands their responsibility in the implementation of the Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligation to proactively help address barriers for Māori and tāngata whaikaha and to provide equitable health care services is documented in the business plan scope and the Business Quality and Risk Management Plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The facility manager and director are supported by and work closely with the clinical manager to ensure management of the service is in keeping with the relevant standards and legislation. There are appropriate health and safety processes documented for the service. Clinical governance team includes the clinical manager and the facility manager and incorporate clinical and quality processes and outcomes as part of the management meetings and strategies.</p> <p>The governing body has strengthened alliances with Māori stakeholders and community groups. There is an established relationship with Ngāti Whātua and NZ China Māori Culture tourism promotion association incorporated as consultation partners who are able to fill the capability gap at governance as required. Both directors and the clinical manager have completed Te Tiriti O Waitangi training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The working practices at Dominion Home is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. There is a communication policy that</p>
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		<p>addresses meeting requirements and communication between management, staff, residents and family/whānau to ensure participation in the planning, implementation, monitoring, and evaluation of the service.</p> <p>The facility manager oversees the implementation of the business strategy and quality plan at Dominion Home. The facility manager meets regularly with the clinical manager and other director to discuss progress updates on various topics including (but not limited to) quality data analysis, escalated complaints, human resource matters, and occupancy.</p> <p>The facility nurse manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person. There are no changes to governance or management as a result of the verification of dual-purpose beds, or as a result of the new built.</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 staffing policy that describes rostering requirements, and an opening and transition plan for the new building. Dominion Home have developed a number of draft rosters for the opening of all floors and the rosters reviewed demonstrate an increase in staffing numbers as resident numbers increase. The draft rosters also consider the assessed level of care of the residents and has flexibility for the acuity of residents. The facility manager (FM) and clinical manager (CM) is responsible for clinical support after hours. There are 4 registered nurses recruited to provide for 24/7 RN cover in addition to the facility manager (FM/RN) and clinical manager. There are 10 existing healthcare assistants already (HCAs) employed who are able to work across all levels of care. In addition, there are a further six HCAs recruited to ensure a smooth transition to the cover the initial roster. The HCAs employed and recruited have completed New Zealand Qualifications Authority (NZQA) level three and four to ensure the skill mix is adequate. There is an existing casual pool of staff that can be utilise to cover short notice absences.</p> <p>There are currently adequate number of staff currently will current first aid certificates to ensure a first aider on each shift. Once the staff complete the required competencies; a medication competent staff member will be available to be allocated to each shift (link 2.4.4).</p> <p>The draft rosters evidence the allocation of staff for different occupancy</p>

		<p>levels (1 to 10 residents; 11-19 residents; and 20 and more. The rosters take into consideration the layout of the building. The diversional therapist employed will oversee the activities programme.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants and registered nurses are required to complete annual competencies that include (but not limited to) first aid, restraint, hand hygiene, health and safety, and moving and handling. The orientation programme for staff allocated to work in the dual purpose unit has yet to commenced (link 2.4.4).</p> <p>The organisation provides access to all staff to utilise an external support programme. The organisation has access to a Careerforce assessor that supports staff training. Staff are encouraged 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 care staff include training through Health New Zealand and the hospice.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule that will be implemented. The education and training schedule lists compulsory training which includes cultural training.</p> <p>The staffing plan, roster, orientation programme and ongoing education schedule is suitable to the needs of residents at rest home, hospital and dementia level of care.</p> <p>Two of the four newly recruited RNs are interRAI trained. The FM and CM are also interRAI trained. The FM confirmed the other two RNs will be booked to complete interRAI once the induction process is completed. External training for RNs are supported and encouraged.</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>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position.</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>The service validates professional qualifications as part of the employment process. There is an appraisal policy and appraisal schedule as part of human resources and employment policies.</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 buddying when first employed. Competencies are completed at orientation and include hoist training. The service demonstrates that the orientation programmes support the registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p> <p>Staff wellness is given priority. The facility manager supports staff in their requests for time off work, including Māori staff (when employed) attending tangi for whānau.</p> <p>The service has a contract with a local GP medical provider. The GP will review the residents at least three monthly, and is available on call (by phone or text) after hours.</p> <p>There is a contracted physiotherapist available as required, and a contract is in place with a local pharmacy and a podiatrist.</p> <p>All staff have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing. This was described by management.</p> <p>There are no changes to the human resource processes, the orientation programme is verified as suitable to accommodate the reconfiguration of services. The orientation programme for newly recruited staff has yet to commenced.</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</p>	<p>FA</p>	<p>The organisation has robust medication management policies and procedures in place that will guide all aspects of the safe management of medication for the facility. The service has an electronic medication system in place. All medicine related allergies/sensitivities will be reviewed and documented on the electronic system. Over the counter</p>

<p>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>medications and supplements is considered by the prescriber as part of resident's medication. The transition plan outlines how staff will be trained in this system and by when to ensure all are competent by opening day; however, the induction process of staff recruited has not yet commenced at the time of the audit (link 2.4.4). The registered nurses will complete syringe driver competencies.</p> <p>There is a contract in place with a pharmacy who delivers medications to the facility. All medication is delivered prepackaged for each individual resident. There is a process in place to ensure medication is checked against each resident's prescription. A documented process describes when medication is to be returned to the pharmacy.</p> <p>There is a medication room situated on the ground floor, is secure and is fully fitted with adequate cupboard and stainless-steel bench space, a locked controlled drug safe, and medication fridge. The rooms are kept secure with swipe card access. The medication room is temperature controlled to ensure a steady room temperature is maintained. There is a process in place to ensure the medication room and fridge temperatures are documented and maintained. There are appropriate facilities to perform hand hygiene before and after medication administration.</p> <p>The service has policies and procedures in place for any residents who wish to self-administer medications. The management interviewed confirmed the frequency of competency assessment competency evaluations and safe storage requirements of residents who wish to self administer medications.</p> <p>Dominion Home do not use standing orders and all over the counter medications residents wish to take, will be reviewed by the GP, and prescribed on the Medimap system. All residents will be supported to understand their medication. The clinical manager described working in partnership with all residents and family/whānau to provide ongoing support, advice, and treatment for all residents to ensure they understand their medication regime.</p> <p>The established medication system and medication related policies are suitable to accommodate the reconfiguration of the service.</p>
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<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>Each building has its own kitchen. All meals are to be prepared and cooked on site. The kitchen is situated on the ground floor and is fully furnished. There is a walk-in pantry, chiller, and freezer.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring July 2026. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian as part of the organisation’s annual review and the meals are suitable for rest home, dementia and hospital level of care.</p> <p>The service has an existing chef who initially will work between the two buildings initially (stage 1), and an additional chef will be employed as occupancy increases. Meals will be transported to each floor in a dumb waiter directly from the kitchen, and served to the residents by healthcare assistants.</p> <p>The chef reported they will be open to residents’ meal requests and is open to accommodating residents’ cultural requests. Food preferences and cultural preferences are encompassed into the menu. There are recipes available to prepare traditional Māori kai and this will be provided during Matariki and Te Wiki o Te Reo Māori. Other cultural preferences are catered for. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are to be forwarded to the chef who will maintain a folder of dietary profiles. Residents feedback will be sought through resident surveys and meetings.</p> <p>The chef will oversee all aspects of the food service. They are to be supported by kitchen hands, who completed the required orientation and food safety and hygiene training. The requirement for all staff to have the required safe food handling training is well known and is planned for in the transition plan.</p> <p>The resident dining areas are set up and ready for resident use. The dining areas and the layout facilitates flexibility of how the space can be used to ensure the environment is safe and pleasurable and maintains dignity. The management team described how they will manage the dining room layout when the occupancy increases, and they need to accommodate wheelchairs and mobility equipment. The dining area has</p>
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		<p>been tastefully fitted out with high quality furnishings.</p> <p>The service has a system in place to record and monitor all cleaning schedules in the kitchen area. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. The service added to their supply of emergency food, and this is ready for opening day. The chef confirmed adequate resources are in place to support all aspects of the food service and they are ready for opening day.</p> <p>The food services is verified as suitable to accommodate the reconfiguration of service.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Buildings, plant, and equipment shall is fit for purpose, and is built to comply with legislation; however, the facility has yet to obtain a full Certificate of Public Use.</p> <p>The new care centre has 33 bed dual purpose rooms built across three floors: all for single occupancy. There is safe lift access and stairs between the floors.</p> <p>All dual-purpose rooms have furniture purchased, ready to be furnished. Six rooms have toilets only, with the remainder having full ensuites. There are sufficient communal showers for those without full ensuites. Residents are able to bring their own possessions into the home and personalise their room as desired. There are handrails in ensuites, and bathrooms. All rooms and communal areas allow for safe use of mobility equipment. All resident rooms have large windows. Corridors are wide and provide access to all communal areas for residents using mobility equipment.</p> <p>Thermostatically controlled heat pumps are in place throughout the care centre and each room (both communal and within resident's rooms). Each floor has their own lounge area, and residents and family/whanau will also have access to a whānau room. There are visitors/ disabled toilets situated close to communal areas.</p> <p>All equipment has been purchased new, which includes (but is not limited to): king single hi/low beds; lazy-boy chairs for each resident room; medical equipment including blood pressure machines, oxygen concentrator etc; pressure injury prevention equipment; shower chairs;</p>

	<p>commodes and continence equipment; wheelchairs; falls protection equipment, including sensor mats; weigh scales; slings and a range of mobility equipment including full hoist and standing hoist.</p> <p>A home-like desk is stationed in the lounge area for staff to complete computerised notes as needed, rather than a specific nurse's station. The management explained the process how privacy of information will be ensured. There is a specific nurse's room on level one for private conversations. Each floor has an open-plan lounge and dining area. The dining rooms are spacious to accommodate mobility equipment.</p> <p>The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space on each floor for storage of mobility equipment, continence products and linen.</p> <p>The ground floor has a landscaped outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. There are other doors from hallways to the outdoor area. The outdoor area includes (but is not limited to) directional paths with raised gardens, shade, and seating. There were some identified landscaped hazards which require reviewing.</p> <p>Dominion Home has developed preventative maintenance schedules which will be implemented at the new building. The schedule include a process to ensure residents own equipment they bring to the facility is safe and compliant. The director is responsible for maintenance and have access to tradespeople. Hot water systems have been fitted, and temperatures checked as part of the requirements for the issuing of the stage one CPU. The facility is non-smoking. The building is secure at night and a security camera monitors corridors and exit and entrances to ensure the safety of residents and staff.</p> <p>The facility manager, director, and clinical manager described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori. The land was blessed by local iwi before building. The facility manager stated that local iwi has been invited to have a walk-around the new care centre; to provide cultural advice prior to occupancy and they will also be invited and have input into the opening ceremony.</p> <p>The internal and external physical environment is verified as suitable to</p>
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		accommodate the requirements of the reconfigured service, upon the completion of the related corrective actions.
<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>	PA Low	<p>The fire evacuation scheme has been submitted for approval by the fire service. Dominion Home have a suite of policies and procedures in relation to emergency preparedness. Fire exits and signage has been installed throughout the facility. Emergency equipment, including an advanced resuscitation aids, have been purchased, and evacuation chairs are being purchased prior to occupancy. Fire safety training, specialised fire warden training for senior staff and first aid training, are planned to occur during the induction weeks prior to opening; however, at the time of the audit the induction has not yet commenced, and staff have not yet completed a fire drill related to the new building. Dominion Home education schedules include these topics as ongoing education annually.</p> <p>There are adequate emergency water supplies with a large emergency water tank (2000 litres). Emergency lighting lasts for four hours and a civil defence room within the new building will be setup with a checklist of supplies. Communication – the electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. The service has purchased an on-site backup generator to minimise the effect of any prolonged power outage.</p> <p>Selected beds have safe sense systems in place to provide an early warning system for residents who are identified as potentially high falls risk. There is a nurse call system in place with pendants available for residents as and when appropriate. The call bell system is linked to cell phones. Call bells are installed in resident ensuites, resident rooms and all communal areas. All call bells are functional, and a process is in place to monitor call bell response time.</p> <p>There are security cameras located in corridors throughout the facility. Breaches of security are escalated to the RN on duty and the facility manager. The main doors to the facility are locked at dusk and open at dawn. There is a system for visitors to call after hours to access the facility.</p> <p>Information on fire and emergency is available as part of resident information provided and staff induction. There are no changes to security</p>

		of people and the workforce as a result of the verification of dual-purpose beds.
<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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) is an integral part of Dominion Home business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and antimicrobial stewardship can be accessed through Public Health and Health New Zealand. Infection control and antimicrobial stewardship resources are accessible.</p> <p>The facility infection control committee is part of the monthly staff meetings, which staff for the new building will attend. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. The minutes are available for all staff to access. Any significant events are managed using a collaborative approach involving the committee, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and antimicrobial stewardship issues to the directors. There are no changes to governance of the infection control programme or antimicrobial programme as a result of the verification of dual-purpose beds.</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>	FA	<p>The clinical manager at Dominion Home will continue in the role as IPC coordinator. The clinical manager has completed external training in infection control. The infection control coordinator and the committee oversee infection control and prevention across the service. The job description outlines the responsibility of the infection control coordinator role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is part of the strategic and quality plan. The infection control and antimicrobial stewardship programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. There is an internal audit schedule that includes IPC practice, policy, and outbreak management.</p> <p>There are a suite of infection control policies and procedures available to</p>

		<p>staff, including (but not limited to): outbreak management; vaccinations; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies reflect the spirit of Te Tiriti. The clinical manager and facility manager had input into other related clinical policies that may impact on HAI risk.</p> <p>A pandemic plan is in place at both an organisational and local level. Support and learning resources are made available by management as and when required. The plan includes (but is not limited to): Virology consultant advice; pandemic response team; daily/weekly updates and team's meetings; and procurement support as required.</p> <p>The IPC training is completed as part of induction and as part of the annual training plan. Training is to be led by the IPC coordinator as part of the induction weeks prior to opening the new building (link 2.4.4).</p> <p>Personal Protective Equipment (PPE) is ordered by the clinical manager in conjunction with the facility manager and a comprehensive stock balance is maintained to support any outbreak. Adequate PPE stocks were available and ready for opening. The clinical manager (IPC coordinator), and facility manager have both had input into the design and location of hand basins/ hygiene stations etc. There are sufficient hygiene stations available.</p> <p>Policies include single use items, healthcare associated infection surveillance and the built environment. Cleaning procedures are in place around shared medical devices, such as stethoscopes.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori and other languages applicable to the resident and staff mix. The clinical manager confirmed how they work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti.</p> <p>There are no changes to the infection control programme as a result of the verification of dual-purpose beds.</p>
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<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 infection control programme is documented in a suite of policies, which includes anti-microbial stewardship (AMS). Monthly quality data related to infections, including the quantity and duration of antimicrobial use associated with individual residents, will be collected as it is currently for the existing service, and this was described. The clinical manager interviewed confirmed the procedure for surveillance of infections, and to determine whether a resident meets the criteria for an infection before liaising with the GP for antimicrobial prescribing. There is a contract with a local medical provider (GP) who works in partnership with the staff around the evaluation of the effectiveness of the AMS programme. There are no changes to the antimicrobial programme as a result of the verification of dual-purpose beds.</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>Monitoring and benchmarking systems (the electronic resident management system) are in place to capture surveillance data. Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic database, which generates a monthly analysis of the data. Standardised definitions are utilised, and ethnicity is gathered as part of the surveillance activities. The CM described processes that are already implemented, including end of month analysis that will include trends identified, and corrective actions for infection events above the target of key performance indicators. Monthly comparisons of data is captured. Benchmarking occurs internally. Outcomes are discussed at the infection control team meeting, clinical, quality, staff, and management meetings. There are documented processes for clear communication pathways to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. There are no changes to the surveillance of the infection control programme as a result of the verification of dual-purpose beds.</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</p>	FA	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p>

<p>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>All laundry for the dual purpose unit will be initially done off site; a contractor has already been sourced. The morning HCA will dispatch the clean laundry to the resident's room; the afternoon HCA will fold the clean laundry receive. The provider propose to bring the laundry service back to be done on site. The staffing plan include two laundry assistants.</p> <p>Linen trolleys have been purchased. There are adequate centrally located linen cupboards on each floor. Management described an adequate process of transporting dirty and clean linen between the floors. The laundry equipment is monitored as part of the preventative maintenance programme.</p> <p>Lockable cleaning trolleys have been purchased, and there are secure cleaning cupboards designed to store cleaning equipment and trolleys when not in use. Cleaning staff have been recruited to provide cleaning duties seven days a week.</p> <p>There are sluice rooms on each floor which are fully fitted and furnished. Each sluice room has separate handwashing facilities and a sanitiser, and adequate bench space with a large basin. There were appropriate equipment placed in each sluice room and in the laundry.</p> <p>Training and education in waste management, chemical safety, and infection prevention is included within the staff training during their onboarding process and as a component of the mandatory training (link 2.4.4). There are internal audits related to cleaning and laundry that is overseen by the IPC coordinator. There are no changes to governance of the environment as a result of the verification of dual-purpose beds.</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 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Induction weeks have been planned. This will include mandatory training courses and competencies to be completed at the same time. Fire safety training, specialised fire warden training for senior staff and first aid training, are planned to occur during the induction weeks prior to opening. First aid is part of the induction programme to ensure a first aider is available on each shift. Other topics include infection control, chemical training, waste management and safe food handling.</p> <p>Competencies that are required to be completed by staff at induction include: medication; insulin; safe moving and handling including hoist training; infection prevention and control; hand hygiene; and restraint.</p>	<p>Induction weeks scheduled are yet to occur and all staff will complete required inductions packages, competencies, fire and emergency training, fire drill, first aid and orientation to new equipment.</p>	<p>Ensure all staff complete the proposed induction programme.</p> <p>Prior to occupancy</p>

<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	All equipment has been purchased new. The resident areas are fully decorated and able to be furnished prior to occupancy. The physical environment provides for safe mobility. There is a documented preventative maintenance plan to ensure all equipment is compliant and safe. There is a stage one CPU obtained; however, a stage two is yet to be issued to allow overnight stay.	A stage two CPU is yet to be obtained.	<p>Ensure the stage two CPU is obtained prior to opening.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	There is a courtyard area off the central reception area of the ground floor. Landscaping/planting is in the process of being fully completed. It was noted that paving still requires completion around the sides of the building adjacent to the landscaped garden areas, and this is potentially a risk for residents. Walkways with seating and shade is in place.	The paving around the sides of the building requires completion.	<p>Ensure the external areas are completed to provide for safe mobility.</p> <p>Prior to occupancy</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	The fire evacuation scheme has been submitted for approval by the fire service. Dominion Home have a suite of policies and procedures in relation to emergency preparedness. Fire exits and signage has been installed throughout the facility.	There is no approved fire evacuation scheme for the new building.	<p>Ensure there is an approved fire evacuation scheme prior to occupancy.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related</p>	PA Low	Emergency equipment, including an advanced resuscitation aids, have been purchased, and evacuation chairs are being purchased prior to occupancy. Fire safety training, specialised fire warden training for senior staff and first aid training, are planned to occur during the induction weeks prior to opening; however, at the time of the audit	Induction has not yet commenced, and staff have not yet completed a fire drill related to the new building.	<p>Ensure all staff complete a fire drill related to the new building.</p> <p>Prior to</p>

risk.		the induction has not yet commenced, and staff have not yet completed a fire drill related to the new building. Dominion Home education schedules include these topics as ongoing education annually.		occupancy
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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.