

Beattie Community Trust Incorporated - Beattie 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:	Beattie Community Trust Incorporated
Premises audited:	Beattie Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 February 2026 End date: 2 February 2026

Proposed changes to current services (if any): The provider notified of their intention to reconfigure existing nine beds on Kowhai wing and one bed in Rimu wing to dual-purpose beds.

A partial provisional audit was completed and verify the suitability of the nine rooms in Kowhai wing ready for use for dual purpose use, and one room in Rimu wing will be suitable upon the completion of improvements required.

As a result of the reconfiguration the dual-purpose beds will increase from 10 to 20 and the rest home only beds will decrease from 26 to 16 beds. The total number of beds will remain unchanged.

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

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Beattie Home provides rest home, hospital (medical and geriatric), and dementia level of care for up to 58 residents. In total there are 26 rest home level beds, 10 dual purpose beds (rest home or hospital level) and 22 secure dementia beds. On the day of the audit there was 57 residents in care.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify ten rest home beds as suitable for dual purpose use. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with managers.

The partial provisional audit verifies the suitability of the nine rooms in Kowhai wing ready for use for dual purpose use, and one room in Rimu wing will be suitable upon the completion of improvements required.

The service has addressed three of the four shortfalls identified in the previous audit related to timeliness of assessments, care planning, and infection surveillance. Improvements continue to be required around care plan reviews.

The partial provisional audit identified the requirement of improvements made to the physical environment of room 15A in Rimu wing and the management of standing orders.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The organisational business and quality plans inform the site-specific operational objectives. There is a transitional (business) plan in place that is being operationalised.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The registered nurses and enrolled nurses are responsible for interRAI completion and care planning development. The care planning process reflects the contractual requirements, appropriate interventions to manage the care of the residents.

All meals are prepared on site in a well-established operational kitchen. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef provides oversight of food services. There is a spacious dining area to support rest

home and hospital level residents. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent healthcare assistants are required to administer medications. Secure storage for medications is in place. An electronic medication system is used.

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

The nine beds in Kowhai wing are verified as suitable for dual purpose; one room in Rimu wing requires improvement prior to occupancy. There are communal spaces with access to the outdoors. Nine rooms have ensembles.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management, have completed an orientation to the building, and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A clinical leader is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning and laundry services. The internal audit schedule is in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The Trust Board are committed to maintain a restraint free facility. The staff completed training around restraint elimination and competency assessments. Competencies are completed annually. A registered nurse with support from one clinical leader is appointed as the restraint coordinator. An approval group is in place and maintain a restraint free environment. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	10	0	2	1	0	0
Criteria	0	42	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Beattie Home provides rest home, hospital (medical and geriatric), and dementia level of care for up to 58 residents. In total there are 26 rest home level beds, 10 dual purpose beds (rest home or hospital level) and 22 secure dementia beds. There are two rooms (dual purpose that can be shared). Both were shared on the day of the audit by residents (unrelated to one another).</p> <p>On the days of the audit there were 57 residents: 28 rest home level (including two on respite [one was on a younger person with disability contract]); seven hospital level; and 22 dementia level. Aside from the residents one younger person on respite, all others were under the age-related residential care contract (ARRC).</p> <p>The provider notified HealthCERT of their intention to covert nine rest home rooms in Kowhai wing and one Room in Rimu wing to dual purpose use. A partial provisional audit was completed and verifies the suitability of the nine rooms in Kowhai wing ready for use for dual purpose use, and one room in Rimu wing will be suitable upon the completion of improvements required. As a result of the reconfiguration the dual-purpose beds will increase from 10- 20 and the rest home beds will decrease from 26 to 16 beds. The total number of beds will remain unchanged.</p>

	<p>A Trust board member (interviewed) explained the governance structure. The Trust board is comprised of seven people who have held community level positions and were nominated and voted onto the Trust Board. The board work closely with the general manager to discuss and review concerns, have oversight on health and safety issues, agree on strategic processes, monitor progress against projects, and ensure compliance with legislative, contractual, and regulatory requirements. The board actively support the implementation of the Māori responsiveness strategy and the quality and risk management plan.</p> <p>The purpose, values, direction, scope, and goals for the organisation are defined. The care philosophy is resident centred and include the Eden principles. Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focussed on improving service delivery and care. Goals include improved efficiencies, workforce development and retention, service improvement (including reduction in falls and incidents overall), occupancy/sustainability, reputation, and public relations.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from board level down to facility level, with corrective actions being filtered through all committees at all levels. A board member is invited to attend resident meetings.</p> <p>The general manager is a registered nurse with many years' experience in management and who has been in the role for four years. The general manager is supported by two clinical nurse leaders (one for the dementia unit and one for the rest home/hospital), an associate clinical manager (and educator), marketing and communications leader, food services team leader, facilities leader, business services manager and relationships leader. The associate clinical manager and clinical leaders have overall clinical responsibility.</p> <p>There is a documented clinical governance policy. Clinical governance is implemented into the care services through a system and strength-based philosophy incorporating safety, competence, evaluation and continuous improvement. The clinical nurse leaders have delegated clinical responsibility and manage the team of caregivers and registered nurses to</p>
--	--

		<p>ensure the provision of safe and appropriate clinical practice, care, and services.</p> <p>The general manager, two clinical leaders and the associate nurse manager were interviewed and explained their roles and responsibilities in the organisation. There is a transition plan in place as part of the business plan 2025-2026 with annual business goals, a mission statement and care philosophy that reflects a person and family/whanau centred approach to care. There are no changes to governance or management as a result of the verification of additional dual-purpose beds, or as a result of the refurbishment of rooms.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The quality and risk management system is well established with a suite of clinical and non-clinical policies that form the foundation for service delivery. The suite of policies includes adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31 reporting) and severity assessment code one and two escalation and notification to the Health Quality and Safety Commission. The clinical care manager and general manager have both an understanding of the reporting process.</p> <p>All residents' adverse events are documented on the electronic management system. Adverse events are investigated, signed off in a timely manner and family/whanau are notified of all events as per the open disclosure policy requirements.</p> <p>The clinical leaders collate and analyse all events monthly. Where trends are identified potential risk is mitigated with a corrective action plan. Adverse events include (but not limited to) skin tears, bruising, falls, unwitnessed falls, witnessed falls, medication errors, pressure injuries and challenging behaviour. Benchmarking occurs and data is available for staff to view on the electronic dashboard. Incidents and the subsequent corrective actions are discussed at the monthly combined quality meeting and the staff meeting. Quality, health and safety goals and progress towards attainment are discussed at the various meetings.</p> <p>There will be no changes to the implementation of the quality system and reporting of adverse events.</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 transitional roster provides sufficient staff and appropriate coverage for the effective delivery of care and support. The additional staff are rostered to reflect the potential change in acuity. The general manager stated there are no rest home residents in Kowhai wing that require immediate change in level of care. The numbers of staff reflected in the roster is sufficient to meet the needs of the residents. The transitional roster reflects an additional caregiver rostered for the morning, afternoon and night shift.</p> <p>There is a casual pool of staff to call upon, and no additional recruitment of staff is required. Registered nurses work 12-hour shifts and cover the roster 24/7. There are sufficient numbers of medication competent caregivers and first aiders on shift.</p> <p>The clinical leaders work full time from Monday to Friday and provide after hours on-call cover. In the absence of the clinical leaders, clinical oversight is provided by the associate nurse manager and the general manager, with support from the facility manager (an RN) from the sister facility.</p> <p>Staff and residents will be continued to be informed when there are changes to staffing levels and documented in meeting minutes. A floater shift can be added to the roster as acuity of residents' further change. Short notice absences will be continued to be covered by casual staff.</p> <p>There are separate kitchen staff, maintenance, and housekeeping staff to perform non-clinical tasks. Some non-clinical tasks including laundering of personal clothing and washing of dishes, are included in daily tasks performed by caregivers over the weekends.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, activities staff, and the van driver have a current first aid certificate.</p> <p>All caregivers are encouraged to complete New Zealand Qualification</p>

		<p>Authority (NZQA) through Careerforce. There are 35 caregivers in total, 13 of whom have achieved NZQA level three or above. There are 25 caregivers regularly work in the dementia unit and 13 of these have completed the dementia standards. Twelve are in the process of completing the required training.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, and insulin competencies. At the time of the audit there were nine registered nurses including the general manager. Eight have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</p> <p>The workforce management, roster and education plan is verified as suitable for the reconfiguration of services.</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>The general manager stated all staff have been recruited for the safe management of the residents at rest home, hospital and dementia level of care. Four staff files (caregivers) of staff recruited since September 2025 were reviewed included evidence of: completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that include: outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</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 then annually. The newly employed staff had the completed documentation on file.</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.</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>	<p>PA Low</p>	<p>The service is using an electronic resident management system. The clinical leaders have a care planning schedule in place to ensure compliance with care planning timeframes.</p> <p>Registered nurses are responsible for the completion of resident interRAI assessments and care plans. Three resident files (one rest home, one hospital and one in the dementia unit) for residents who had been admitted within the last four months had been reviewed and all have a documented initial interRAI assessment within set time frames completed. The shortfall identified at the previous audit for criterion# 3.2.1 related to the completion of initial interRAI assessments has been addressed.</p> <p>Care plans evidence sufficient care guidance and detail to guide caregivers in the management of residents' care. Three further resident files (two hospital and one in the dementia unit) evidence sufficient pain monitoring, infection control support and behaviour management. The shortfall identified at the previous audit for criterion # 3.2.3 related to care plan interventions has been addressed. Evaluations for one of the three files were not completed; therefore, the shortfall identified at the previous audit related to criterion # 3.2.5 will remain.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There is a suite of medication policies documented for the service that meets good practice and legislation. There is an established electronic medication administration system in place. The service will continue to be delivered using prepackaged medications. There is an established pharmacy contract in place Registered nurses and medication competent staff have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>The clinical leads explained that all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>There is a secure medication room at the nurse station with appropriate handwashing facilities, bench space for medication preparation, a fridge, appropriate shelving, locked cupboards and secure storage. There is a</p>

		<p>stainless-steel trolley for wound care and medication trolley. Temperatures in the medication room and fridge temperature are monitored daily. There is a heat pump in the medication room that can be adjusted as needed. Temperatures in the medication room are within accepted ranges.</p> <p>There is a documented process where all stored medications are checked monthly for expiration dates and opening dates including medications stored in the resident locked drawers. The schedule of three-monthly chart reviews by the GP will continue.</p> <p>When the medication charts and medication system was reviewed for this audit, it was noted that the service uses standing orders which are documented and approved by the GP and used by the registered nurses; however, the standing order document does not meet the requirements of the Ministry of Health's Standing Order Guidelines. Therefore criterion# 3.4.7 is opened at this audit to document the finding.</p> <p>Twelve electronic medication charts were reviewed. Standing orders are in use and implemented. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for PRN medications; and the effectiveness of PRN medications were consistently documented in the electronic medication management system and progress notes.</p> <p>There are no changes to the medication system as a result of the reconfiguration of services.</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 is situated adjacent to the centrally located dining room and fully operational. The kitchen is managed by a food service team leader and the systems and processes are well established. The general manager interview explained the current four weekly menu (reviewed by a dietician in December 2024), incorporation in the menu of cultural preferences, allergies, food consistency and residents likes and dislikes. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. The cook reported they accommodate residents' requests.</p>

		<p>There is a verified food control plan which is current. Kitchen staff have attended safe food handling training.</p> <p>There is a centralised dining room area. There is a serving kitchenette that is operational with all the equipment needed for serving and heating of food. Food is served directly to residents from the kitchen bain marie. A tray service is available, and food is transported in hot boxes.</p> <p>Diets are modified as required and the kitchen staff are made aware of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>There is sufficient space in the dining room area with appropriate seating to provide a pleasurable dining experience. There are lip plates and appropriate utensils available to promote/maintain independence with eating.</p> <p>There are no changes to the food services as a result of the reconfiguration of services.</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>Beattie Home is a single level purpose-built care facility. Buildings, plant, and equipment shall be fit for purpose. The nine beds in Kowhai wing were built around 2016, and the wing is directly to the right from the reception area. There is a current building warrant of fitness (expires 7 January 2027).</p> <p>A planned maintenance schedule is well established include testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and clinical equipment. All equipment is new. Hot water temperature monitoring has commenced, and the reviewed records are within the recommended ranges.</p> <p>There is a secure nurse's office and treatment/ medication room.</p> <p>Kowhai wing: The nine rooms (rooms 25-33) in Kowhai wing are spacious to provide care for two residents with enough space to move around the</p>

	<p>king single electric beds, The rooms are currently able to accommodate a portable hoist, staff and equipment should hospital level care residents be admitted. The general manager stated the rooms will be fitted with ceiling hoists as and when the current residents occupying the rooms transition to hospital level care. Noting that the existing dual-purpose beds have ceiling hoists. The service has portable hoists available to the staff.</p> <p>The nine rooms in Kowhai have a separate bedroom and ensuite shower/toilet.</p> <p>The nine rooms are accessible from the main entrance and built around a corridor. Hallways are wide and promote safe mobility with the use of mobility aids. There are resting bays to promote safety when residents mobilise down the hallway to the main recreation and dining areas. There are disability access toilets near the central dining/lounge area and near reception.</p> <p>Fixtures, fittings, and flooring in all areas are appropriate and able to be cleaned effectively.</p> <p>There is an extensive equipment list provided as part of the transition plan and include oxygen concentrators, mobility equipment, lazy boy chairs, other clinical equipment, pressure relieving equipment, ceiling hoists and a capex request for the refurbishment of room 15A in Rimu wing.</p> <p>Residents can bring personal items to furnish their rooms.</p> <p>All lounge areas have level footing access to the outdoors and gardens. There are ramps for wheelchair access to the gardens. There are appropriate seating and shade in the gardens.</p> <p>Flooring is non-slip and appropriate for ease of cleaning. There is a built-in shower bench and appropriate handrails within the shower area and toilet. Each room has at least one external window, providing natural light, and there are adequate ventilation and heating throughout the rooms. There are individual heating controls in the rooms.</p> <p>There is a large, centralised lounge/dining area with a kitchenette where residents can choose to have their meals. The lounge/dining area have access to a landscaped outdoors.</p> <p>Room 15A in Rimu wing</p>
--	---

		<p>This room is situated directly opposite the nurse's station and have access to two large shower/toilet areas (adjacent to the nurses' station). The room is carpeted with built in cabinetry and a handbasin with flowing soap. The room has a french door that leads to the outside, the general manager interviewed and the capex reviewed evidence a quote was obtained to remove the French door and fit the room with a ceiling hoist. This room is smaller in size and if not suited for hospital level care without the improvements planned. Once the ceiling hoist is in place and the french door replaced with a window, the room will be suitable for hospital level care.</p> <p>There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori.</p> <p>The nine rooms in Kowhai wing are suitable for dual purpose use (even without the use of ceiling hoists). The room in 15A is not suitable for hospital level care but will be in the future once the improvements are made.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation. A business continuity plan is documented.</p> <p>A fire evacuation scheme has been approved by Fire and Emergency New Zealand (13 March 2021).</p> <p>Each new employee has been orientated to the building and completed six monthly fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A sprinkler system is in place with mimic panels in the nurse stations. In the event of a power outage there is back-up power available, access to a large generator is available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. All registered nurses, activity staff and a selection of caregivers are required</p>

		<p>to hold a first aid certificate. There is a first aid trained staff member rostered on duty 24/7.</p> <p>The building is secure after hours. Visitors have access to the building via a phone /intercom system and can be identified prior to entering the building. Staff will complete security checks at night and there are security cameras installed in communal spaces and hallways.</p> <p>There are operational call bells in the ensuites, bedrooms and communal lounge areas.</p> <p>Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms.</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>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external aged care consultant and their infection control specialists, including the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee, and training and education of staff. The clinical lead (dementia unit) is the infection control coordinator and has completed the required training specific to their roles and responsibilities.</p> <p>Policies and procedures are reviewed annually by the consultant who collaborates with the infection control coordinator. The infection control programme links to the overarching strategic direction. The quality programme and the infection control programme are reviewed, evaluated, and reported on annually.</p> <p>The clinical care lead had consultation and involvement related to the reconfiguration of the service.</p> <p>The infection prevention and control programme is sufficient to manage the reconfiguration of services and will remain unchanged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised</p>

<p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>definitions are available and were available to collect infection data. Infection data is collected and benchmarked. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator is responsible for collating and analysing infection data on a monthly basis and reporting the results and corrective actions at various meetings. Information regarding infections is discussed at handovers and with the RNs as confirmed during interviews. The programme of surveillance includes reporting of ethnicity data and is included in the board reports and annual review of the infection control programme (sighted). Therefore, the criterion # 5.4.4 has been included in this report and addressed.</p> <p>The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged.</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. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Linen is hired and laundered off site twice a week and delivered the same day. There is a dedicated housekeeper doing laundry tasks Monday to Fridays till 2.30 pm. There is an existing centralised laundry for personal clothing and cleaning of mopheads. There is a clear clean and dirty flow in the laundry with separate folding area. Linen is transported in covered trolleys to the linen cupboards. A smaller type commercial washing machine, and dryer is available to manage delicate personal items.</p> <p>There is a sluice/laundry area in Rimu wing and accessible from Kowhai wing. There is a separate sluice area with a sanitizer, handwashing facilities and bench space. The flooring is appropriate for ease of cleaning. There is a separate cleaning cupboard. The general manager stated there are chemical handling procedures, but no mixing of chemicals occurs. The appropriate PPE is available in the sluice/laundry and cleaning room.</p> <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and cleaning rooms. Cleaning products were in labelled bottles. Housekeeping staff have trolleys which are safely stored when not in use. A sufficient</p>

		<p>amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff training include knowledge on donning and doffing of PPE.</p> <p>The housekeepers work five days a week and are responsible for cleaning and laundry. Caregivers are responsible for simple cleaning tasks over weekends. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The housekeepers have attended training appropriate to their roles. The associate clinical manager has oversight of the facility testing and monitoring programme for the built environment.</p> <p>Washing temperatures are monitored and maintained to meet safe hygiene requirements. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards in covered bags on trollies. There is enough space for linen storage.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The business plan and quality plan evidence commitment of the governance body to eliminate restraint. The service reports elimination strategies and its success/or not to the Board at staff meetings.</p> <p>Restraint use competencies have all been completed as part of orientation or following the restraint education. Behaviour management and de-escalation training are completed annually and evidenced high attendance numbers.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-</p>	PA Low	Care plans evidence goal setting. Three resident files (two hospital and one in the dementia unit) were reviewed. Evaluations for one of the three files were not completed; therefore, the shortfall identified at the previous audit related to criterion # 3.2.5 will remain.	One hospital level resident had no evaluations documented.	<p>Ensure there is a documented evaluation of care six monthly and as needed.</p> <p>90 days</p>

<p>assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.7 Where standing orders are used, the relevant guidelines shall be consulted to guide practice.</p>	<p>PA Moderate</p>	<p>Ministry of Health's Standing Order Guidelines is part of the medication management policies of the service and uploaded as part of the services suite of policies.</p> <p>When the medication charts and medication system was reviewed for this audit, it was noted that the service use standing orders which is documented and used by the registered nurses; however, the standing order document does not meet the requirements of the Ministry of Health's Standing Order Guidelines. Therefore criterion# 3.4.7 is opened at this audit to document the finding.</p> <p>The standing order is documented with a scope and include items listed, dosage, route, maximum of dosage in 24 hours, indications for use and contraindications. The registered nurses document administration of the items given in the progress notes and on the electronic management system `note` section with the effectiveness noted. The GP reviewed and signed the document annually.</p>	<p>The standing order document does not reflect the issuer, the required clinical documentation to be completed, period for which the standing order applies and if countersigning is required/or not.</p>	<p>Ensure the standing order document meets the requirements of the Ministry of Health's Standing Order Guidelines.</p> <p>60 days</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>	<p>PA Low</p>	<p>Room 15A in Rimu wing is smaller in size and there is not enough space for a sling hoist to be moved around the bed. The general manager confirmed the plan is to fit the room with a ceiling hoist as seen in the transition plan with capex plan included.</p> <p>The room has a hand basin and has easy access to the communal toilet and shower. There is a French door but no other window. The french door can be opened for ventilation. The general manager interviewed stated, and the transition plan and capex reviewed evidence that the French door will be replaced with a window.</p>	<p>Room 15 A is not yet suitable for hospital level care and needs improvement made:</p> <ul style="list-style-type: none"> (i). Replacement of the french door with a window. (ii). Fitting of a ceiling hoist. 	<p>Ensure the required improvements are made to Room 15 A prior to using it for hospital level care.</p> <p>Prior to occupancy</p>
--	---------------	---	--	--

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.