

Henrikwest Management Limited - Catherine Lodge Retirement 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Henrikwest Management Limited
Premises audited:	Catherine Lodge Retirement Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 August 2022 End date: 2 August 2022
Proposed changes to current services (if any):	Reconfiguration of services to convert all 35 rest home beds to dual purpose rest home/hospital beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	28



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 tatou 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 haumaruru | 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

Catherine Lodge Retirement Home (Catherine Lodge) provides rest home level care for up to 35 residents. It is owned and operated by Henrikwest Management Limited. There have been no significant changes since the previous certification audit in February 2021. A new facility manager, who is a registered nurse, was appointed in April 2022. This person is supported by the previous manager who is employed part-time as the office coordinator carrying out audit and other quality improvement activities.

The purpose of this partial provisional audit was to establish the level of preparedness of the provider to become certified to provide hospital level care. The owner is wishing to convert all 35 rest home beds to dual purpose rest home/hospital beds. Te Whatu Ora Northern Region are aware of the request to make this change.

The audit process included review of policies and procedures, review of medication records (electronic) and staff files and training records, observations and interviews with a resident, managers, one of the two owners, and staff.

There are no areas requiring improvement. The service provider is adequately prepared to manage hospital level care.

Ō tatou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Henrikwest Management Limited are the governing body and assume accountability for delivering a high-quality service. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at regular intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities through meeting forums. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

The facility meets the needs of residents at rest home level of care and is suitable for residents needing hospital level care. The facility was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. A call bell system meets the needs of residents. Security is maintained.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. The facility manager/registered nurse is an experienced and trained infection control coordinator and leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control and were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Not applicable to this audit.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	0	0	0	0
Criteria	0	85	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> •defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation •appointing an experienced and suitably qualified person to manage the service •identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals •demonstrating leadership and commitment to quality and risk management <p>One of the two owners/managing directors of Henrikwest</p>

		<p>Management Limited interviewed reported that Catherine Lodge is one of three facilities owned and operated by Henrikwest Management Limited and that the three sites are overseen by a general manager(GM) and regional manager (both interviewed during the audit). The other two sites deliver care to both rest home and hospital residents. The rationale for the reconfiguration is to support 'aging in place'. At the time of audit there was one resident who was receiving hospital level care, under special dispensation. The owner/managing director reported that, to date, Catherine Lodge has had few difficulties in recruiting both registered and non-registered staff, and that the transition is planned to be a gradual staged process as the current residents require increased care. Any new hospital level residents will be admitted based on the availability of staff and the overall acuity of the total residents.</p> <p>The owner/managing director reported regular contact with the management team, both formally through reports and more informally through the daily use of an electronic communication platform. Reports reviewed were comprehensive including thorough analysis of quality and safety measures, with trending over time. All three managers interviewed were aware of clinical, regulatory, legislative and the contractual requirements to provide hospital level care, including staffing requirements.</p> <p>Although policies and procedures and the Māori Health Plan support meaningful inclusion of Māori and Pacific peoples, the governance group/managing directors and leadership team have yet to fully apply these in practice as required in the Nga Paerewa Standard. Training and competencies in Te Tiriti, health equity and tikanga for the owners/managing directors and staff, review of barriers and outcomes and establishing systems to demonstrate input from Māori are areas requiring further development to meet the Standard. A cultural officer role is established with some cultural contacts available and under development. At the time of audit there were no residents who chose to identify as Māori. There was a mix of other cultures including Pasifika, Asian and Chinese. The regional manager can speak Mandarin and there is a wide range of cultures within the workforce, reflecting the resident cultural mix. Supporting tangata whaikaha (people with disabilities) has focused on ensuring the environment</p>
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		<p>supports their needs and any individual requirements are met.</p> <p>The facility manager has been in the role since April 2022 and is experienced in the role, having worked in similar roles within the aged care sector. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service holds contracts with the DHB (Health New Zealand) for rest home level care and Long-Term Chronic Health Conditions (LTCHC). At the time of audit, there was one resident receiving hospital level care under a special dispensation. All other residents were receiving rest home level care. The previous resident receiving care under an individual treatment mental health contract is no longer at the facility.</p> <p>There will be no changes required to the governance and leadership structure to accommodate hospital level residents.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, regular resident and whānau satisfaction surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections, pressure injuries and falls. Residents, whānau and staff contribute to quality improvement occurs through satisfaction surveys and meetings. The quality improvement plan identifies 25 actions related to quality and risk management and is reviewed and reported on annually, as sighted. The very recent satisfaction survey (August) showed that residents were satisfied or very satisfied with the service, with a few individual comments identifying areas for improvements which have been addressed. Policies are provided through an externally contracted service and adapted as necessary to each site.</p> <p>Monthly and yearly analysis of a range of quality indicators, graphed and trended over time, with a full explanation as to trends is a strength of the service. This information is shared at management and staff meetings. Relevant corrective actions are developed and</p>

		<p>implemented to address any shortfalls. Progress against quality outcomes is evaluated. The part-time office coordinator (previous facility manager) is focused on audit activity and quality processes.</p> <p>The GM and facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. One example demonstrated open disclosure principles. The service is yet to become familiar with the National Adverse Event Reporting Policy. The GM was familiar with essential notification requirements. There have been no essential notifications exception for the Covid-19 outbreak in March 2022 and notification to the change of facility manager.</p> <p>No changes will be required to the quality and risk management systems with the addition of hospital level residents.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe care. The facility adjusts staffing levels to meet the changing needs of residents. Catherine Lodge has an experienced and stable workforce with several caregiving staff having worked at the facility for many years who function as senior caregivers and are competent in medicines administration. All staff are current with first aid certification requirements and there is an RN (the facility manager) on site five days a week and on call. There is also RN cover available from the regional manager and the flexibility to share staff, as needed, between the three sites owned by Henrikwest Management Ltd. There are two health care assistants (HCAs) who work on a casual basis to cover for unplanned leave, one who is training to become an RN. In addition to HCAs and senior HCAs, there is also a designated team leader role (a senior HCA) on each morning shift seven days a week. One 'housekeeper' and one cook are also rostered seven days a week</p>

		<p>each morning. A diversional therapist is employed five days a week Monday to Friday. To date, Catherine Lodge has not had difficulties in recruiting HCAs or RNs and no bureau (external) staff have been required to cover any shifts. Staff and managers spoken of a team approach to care delivery, which was key in providing services during a Covid-19 outbreak.</p> <p>All managers interviewed were familiar with the staffing requirements to provide hospital level care having been involved in other facilities already providing this level of care. The intention at Catherine Lodge is to transition gradually and safely as the current residents develop increased clinical needs. Any new residents seeking hospital level care will be admitted as staffing gradually increases and it is safe to do so. The intention is to move from the current ratio of 10 residents to one caregiver towards five residents to one caregiver for those receiving hospital level care. Two newly recruited caregivers are about to commence employment, with the aim of developing these people as senior caregivers. Recruitment for RNs is underway with one fulltime RN position well advanced. The current RN discussed the option of 12 hour shifts to provide adequate RN cover as the number of RNs increase. There is already one hospital level resident (special dispensation) being safely cared for by the current staff. Appropriate equipment is available to support this person (e.g., a hospital bed, hoist, shower chair). Those working in housekeeping roles are cross trained to function as HCAs. All support roles will be reviewed as the number of hospital residents gradually increase. Night cover is currently by two HCAs, one being a senior.</p> <p>Continuing education is planned annually, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. The RN has recently reassessed medicines competencies. Yearly training in relation to Te Tiriti, cultural safety and Māori health has occurred and the recent development of a specific cultural assessment tool is soon to be implemented. Several care staff have either completed or commenced a New Zealand Qualification Authority education programme and a full training calendar of education has been implemented, despite Covid disruptions. All staff were current with requirements at the time of audit, as sighted in a sample of training records. Education has</p>
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		<p>included clinical areas appropriate to support hospital level residents (e.g., falls prevention, skin integrity and pressure injury prevention and urinary continence).</p> <p>Staff support residents/whanau to participate in the service through assisting completion of satisfaction surveys and at residents' meetings.</p> <p>Staff and managers reported a team and family environment at Catherine Lodge and that staff meetings and debriefs provide a safe forum for discussions and support.</p> <p>The planned staffing arrangements and training programme is adequate to meet the gradual transition to hospital level care.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Orientation records showed a thorough process covers all necessary requirements. The RN/facility manager, recently employed, reported the process was adequate. Staff performance is reviewed and discussed at regular intervals. Staff ethnicity data is not yet recorded. This was discussed on site and is an area for development. Personnel records are held securely and only accessible by those with the authority to do so. Records were well organised.</p> <p>A debrief process occurs after any significant event, with examples discussed with the facility manager.</p> <p>No changes will be required to the current personnel systems to accommodate hospital level residents.</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>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. The senior HCA interviewed had a thorough understanding of processes. The RN/facility manager has recently</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>reassessed all those administering and acting as a second 'checker' and reviewed administration systems. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs on receipt and following the return of any resident from acute care (as sighted on the day of the audit). All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. An example of a resident who administers one medication was observed and met safe practice. All residents are supported to understand their medications, this would include any Māori residents.</p> <p>A recent medication error was discussed with the facility manager, and this was well managed.</p> <p>No changes will be required to medication management systems for hospital level care residents, apart from closer onsite RN oversight 24 hours a day, seven days a week.</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</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. A qualified dietitian has reviewed the menu. All aspects of food management comply with current legislation and guidelines. Temperatures are monitored and recorded as defined by the cook. The service operates with an approved food safety plan and registration (13 March 2023 expiry).</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>plan. A board in the kitchen alerts kitchen staff to any individual requirements, as sighted. Any specific cultural diets are catered for with examples discussed with the facility manager and the cook. Any culturally specific te ao Māori requirements can and would be catered for.</p> <p>Evidence of resident satisfaction with meals was verified by in satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, as sighted during the audit. The dining area has the space to accommodate any residents with mobility and other equipment. Several residents choose to eat their meals in their own rooms.</p> <p>The cook and managers interviewed reported that no changes will be required to accommodate hospital level care residents. The cook has experience in the provision of soft diets and was confident that the requirements of any resident would be met.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There was a current building warrant of fitness. Maintenance records and observation demonstrated regular maintenance is occurring.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Safe handrails are provided in corridors, which are wide enough for residents with walking support equipment. Several items of equipment are already available to support residents requiring an increased level of care, including hospital beds (two), a hoist, sitting weigh scales, showering chairs, high seats, for example. Bedrooms are large enough to accommodate more equipment in line with residents requiring hospital level care. The managers interviewed reported that they are familiar with the equipment required to provide hospital level care, as for their two other sites. The GM reported that any extra equipment will be provided to meet the needs of the individual</p>

		<p>resident, as is the case for the one current hospital resident.</p> <p>Shared spaces suited the needs of the resident group, with several small and large areas available for residents and their visitors to gather. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. There have been no changes to the facilities, including the 35 individual rooms (one of which is a double room used for 'couples'), since the previous audit. There are no plans for any changes; however, input from cultural advisors would be sought should this occur.</p> <p>Residents and whānau were happy with the environment as noted in resident and whanau satisfaction surveys and resident meetings. The facility was warm and well ventilated during the audit. Each room has a heater that can be controlled by the resident.</p> <p>The facilities are adequate to provide hospital level care.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained for emergencies as noted in orientation and ongoing training records. First aid training for staff was current. The New Zealand Fire Service have approved the fire evacuation plan. Adequate supplies for use in the event of a civil defence emergency meet the needs of 35 residents and staff. A BBQ is available for alternative gas cooking.</p> <p>Call bells alert staff to residents requiring assistance. These are available in all areas and were noted to be responded to promptly during the audit. There have been no complaints or concerns raised in relation to call bell responses. Appropriate security arrangements are in place.</p> <p>No changes are required to emergency and security arrangements to provide hospital care.</p>
Subsection 5.1: Governance	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service,

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>has been approved by the governing body, links to the quality improvement system and is reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the owners/managing directors and the leadership team, as confirmed by the owner. Daily communication using an electronic platform supports reporting, including any influenza or Covid-19 infections. Infection related data is gathered, analysed, graphed, and trended monthly and yearly with a comprehensive report provided.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The facility manager/RN holds the role of infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme with reporting lines to the leadership team/manager and the owner/directors. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support, having held this role in other aged care facilities. A job description for the role was sighted and discussed. Advice is sought when making decisions around procurement relevant to care delivery. The programme is overseen by the infection control committee made up of the IPCC/facility manager and the GM. External advice is sought from the public hospital, public health service and contracted GP service as and when required.</p> <p>Infection control policies, as for other policies, are supplied by an external consultancy service, and cover the necessary components based on current accepted good practice. There are limited reusable devices, and these are managed as appropriate.</p> <p>Staff are familiarised with policies during orientation and ongoing education, as noted in the training calendar and records. HCAs were observed to follow policies correctly, including handwashing and use of personal protective equipment (PPE).</p> <p>A pandemic plan is documented, and staff interviewed were familiar with systems. An outbreak of Covid-19 occurred in March 2022 with all but two residents and two staff infected. Daily contact was</p>

		<p>maintained with the DHB, and the outbreak was managed according to the plan and advice. Appropriate Covid-19 screening of visitors is occurring based on current advice including rapid antigen testing (RAT).</p> <p>Residents and whanau are educated on infections and the pandemic plan, as needed. This is managed with both electronic communication and individual telephone calls to whanau as necessary (e.g., during the Covid-19 outbreak, and for individual resident's infections). Education resources are not currently available in te reo Māori. Cultural advice into the programme has yet to be sought.</p> <p>No changes to the current infection control programme are required to manage hospital level residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The service liaises with the GP or nurse practitioner in relation to antibiotic prescribing. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement in consultation with the GP and nurse practitioner.</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</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>Results of the surveillance programme are shared with staff, the owners/managing directors and includes a comprehensive analysis, graphing and trending of data. All laboratory specimens are followed up and the types of bacteria and infections are analysed. Reasons for</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>any increase or decrease in infections are noted and actions taken where necessary. An increase in respiratory infections in June was closely monitored and managed including communication with the GP and nurse practitioner.</p> <p>Surveillance does not yet include ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. There has been an increase in cleaning of high touch points during the Covid-19 pandemic. The facility was clean and tidy during the audit.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well (as evidenced in satisfaction surveys and resident meeting minutes reviewed), and the facility is kept clean and tidy. This was confirmed through observations of the laundry where there is clear demarcation between clean and dirty areas.</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.

No data to display

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 of this audit.

No data to display

End of the report.