

# Banbury Park Limited - Banbury Park

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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:

<b>Legal entity:</b>	Banbury Park Limited
<b>Premises audited:</b>	Banbury Park
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 August 2023 End date: 7 August 2023
<b>Proposed changes to current services (if any):</b>	Banbury Park opened its dual-purpose unit in May 2023. This audit included verifying a new-20 bed dementia unit. The total bed numbers within the facility will be 84. The service is planning to open on 11 September 2023.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	13



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō 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 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

Banbury Park is a purpose-built care facility that opened May 2023. The facility initially opened the 64-bed dual-purpose (hospital and rest home) unit of care suites. There are currently 13 residents. Stage two included opening a 20-bed dementia unit which is located adjacent to the dual-purpose unit.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide dementia level of care. The audit verified that the dementia unit, staff roster, equipment requirements, documented systems and processes are appropriate for providing dementia level of care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new unit.

With the addition of the dementia unit, the total bed numbers at Banbury Park will be 84. The service is planning to open the dementia unit on 11 September 2023.

Banbury Park Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a Board of Directors who have experience in owning and building aged care facilities, including dementia units.

There is an experienced management team. The facility nurse manager (registered nurse) has many years in managing aged care facilities, including another Qestral facility. A clinical nurse manager supports the facility nurse manager, and both have experience in dementia level care.

The corrective actions required by the service are all related to the completion of the landscaping, fire evacuation approval, and orientation.

## **Ō tatou motika | Our rights**

Not Audited.

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

The business plan includes a mission statement, values, and operational objectives. There is a current quality plan and transition plan around the increase in bed numbers and providing dementia level care.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete the required dementia unit standards. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

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

Medication policies reflect legislative requirements and guidelines. The service utilises an electronic medication system. There is a secure nurse's station. Registered nurses and senior healthcare assistants responsible for administration of medicines complete education and medication competencies.

A diversional therapist will oversee the activities in the dementia unit. The programme will be across seven days and include community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences.

All meals and baking are prepared and cooked on site. Food is to be transported in hot boxes from the main kitchen to the dementia unit kitchenette. Residents' food preferences and dietary requirements are identified at admission. Special dietary requirements and dislikes are accommodated. Snacks are available 24/7. The service has a current food control plan.

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

There is a full-time maintenance person. Emergency systems are in place in the event of a fire or natural disaster. There is always a staff member on duty with a current first aid certificate. There is a draft fire evacuation scheme for the dementia unit.

All new equipment has been ordered for the dementia unit. The dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into a secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. There are two wings off the communal area, each with 10 studio units. All rooms have ensuites and four studio units have small lounge areas.

There is a large garden area off the lounges with paths. All resident rooms have sliding doors leading out onto a small patio. There is a circular indoor-outdoor floor and plenty of areas to wander.

There is a nurse call bell system available in each resident room that links to staff phones. The dementia unit is secure with a double door foyer entrance. There is underfloor and central heating and heat pumps throughout the unit.

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

The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The infection control coordinator (IC) is the clinical nurse manager with a defined job description that outlines the role and responsibilities. The infection control team, which includes representatives from each area of the service, meet bimonthly.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There are communication pathways to address significant infection and antimicrobial events.

Covid-19 response plans are in place and the service has access to personal protective equipment and supplies.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

Laundry is done on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## **Here taratahi | Restraint and seclusion**

There is commitment from governance and management to maintaining a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a

registered nurse. The service is restraint-free. Staff have completed training around restraint and managing behaviours that challenge.

## 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	12	0	2	0	0	0
Criteria	0	90	0	3	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

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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>Banbury Park is a purpose-built care facility that initially opened May 2023. The facility is across one level and includes a total of 61 dual-purpose (hospital and rest home) care suites across four wings. Two wings of 20 larger care suites were initially verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms at any given time. Total dual-purpose beds are 64. On the day of audit there were 13 residents (4 hospital and 9 rest home, including one respite resident).</p> <p>This partial provisional audit was completed in respect of verifying a new purpose built 20-bed secure dementia. This audit was completed with an on-site tour of the environment, review of documentation and interview with the facility nurse manager and clinical operations manager. This audit verified the dementia unit as suitable to provide dementia level care. The total bed numbers will increase across the service to 84. The service plans to open the dementia unit on 11 September. All care suites within the dementia unit are identified as having Occupational Right Agreements (ORAs) or are premium care suites.</p>



	<p>Banbury Park Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a Board of Directors who have experience in owning and building aged care facilities, including dementia units and villages. Banbury Park has set a number of quality goals and transition plan, and these also link to the organisation's business plan.</p> <p>The Governance Board consists of seven Board members; three who are on the executive management team. One Board member identifies as Māori and oversees the Māori Health governance for the group. All Board members and the senior management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The Board meets six-weekly and the executive team report to the Board. A weekly and monthly reporting structure informs the senior executive team and Board.</p> <p>The executive management team (chief operating officer, clinical operations manager, project manager, technology development manager, and chief financial officer) are responsible for the overall leadership of the organisation. The clinical operations manager for the organisation is a registered nurse, who holds overall responsibility for clinical governance. The four facility nurse managers across the organisation (including the facility nurse manager at Banbury Park) report to the clinical operations manager. They also provide input into policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa.</p> <p>There is a documented quality and risk management plan for Banbury Park that was implemented on opening and is monitored through the scheduled quality meetings.</p> <p>The Banbury Park business plan (2023/2024) has clearly identified their mission, services, and values which link to the strategic direction of Qestral Ltd. Identified business goals are documented. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery.</p> <p>The facility nurse manager (registered nurse) has been in the role at another Qestral facility before commencing at Banbury 7 February 2023. The manager has a background in management of aged care and other</p>
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		<p>healthcare facilities.</p> <p>The clinical nurse manager was appointed March 2023. The management team have completed over eight hours annually of training in relation to managing a hospital and rest home and have previous management experience across dementia units.</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 and safe staffing ratios. The roster provides sufficient and appropriate coverage for the initial opening of the dementia unit. There are further rosters available that cover the increase of resident numbers. The service has sufficient staff currently employed to cover the initial roster of the dementia unit, as well as the current dual-purpose unit. The facility nurse manager advised they will be interviewing for more staff as they progress with occupancy.</p> <p>The facility nurse manager and clinical nurse manager work full time (Monday to Friday). On-call cover is to be shared between them. There are currently six RNs employed to date and four are interRAI trained. A registered nurse will be rostered set hours daily within the dementia unit. Three of the registered nurses come from other dementia units. A unit coordinator is to be employed once resident numbers have increased.</p> <p>The initial draft roster reviewed (across seven days) includes a registered nurse in the morning and one- two healthcare assistants (HCAs) across the morning and afternoon shift, depending on resident numbers. On night shift, there is a healthcare assistant.</p> <p>The service has employed an experienced activity coordinator (diversional therapist in training) across the dual-purpose unit who will provide oversight and support to the HCAs providing activities within the dementia unit. The service is currently interviewing for a further activity coordinator to work within the dementia unit.</p> <p>There is an annual education and training schedule documented and this commenced on opening. The education and training schedule lists compulsory training and competencies which includes cultural awareness training and a Māori cultural competency, which also addresses inequities. There are role specific training modules and quizzes on the Spritely online learning platform developed for staff. External training</p>

		<p>opportunities are available for registered nurses and HCAs.</p> <p>All HCAs are encouraged and supported to complete Health &amp; Wellbeing level 3 and 4 (through Careerforce). There is support from an assessor. There are currently 19 HCAs working at Banbury Park. Nine of the 19 will do rostered shifts within the dementia unit. Of the nine HCAs, four have already completed the dementia standards. Advised that all staff will be supported to complete the dementia standards. The organisation also has an approved Nursing Council Competence Assessment Programme (CAP) training programme. Specific dementia training was also completed as part of the orientation weeks. Further training is to be completed for staff rostered in the dementia unit around the physical environment, including call bells and fire safety/drill.</p> <p>Staff completed competency assessments as part of their orientation on opening (eg, fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety). Additional RN competencies cover medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; and wound management. A selection of healthcare assistants completed medication administration competencies.</p> <p>Information supporting the employee assistance programme (EAP) is provided to staff on employment. All staff complete code of conduct training to ensure a positive supportive workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and</p>	<p>FA</p>	<p>The service has Human Resource (HR) policies, HR recruitment processes, induction orientation and training package, documented job descriptions, new employee package, employee handbook and resources. Individual HR files are kept for each staff member. Seven staff files were reviewed, all included required documentation and completed orientations. The service validates professional qualifications as part of the employment process. The service has a contract with Third Age Health to provide medical services. A nurse practitioner (NP) visits twice weekly and will visit more frequently as resident numbers increase. The NP is available on call after hours.</p> <p>There is a contracted physiotherapist (four hours a fortnight) and a</p>

<p>services.</p>		<p>contract with a local pharmacy.</p> <p>A register of practising certificates is maintained. There is an appraisal policy. Three-month appraisals are scheduled to be completed following induction and in the process of being completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. All current staff completed the week's orientation 17-21 April, prior to opening and required competencies were completed at this time. Competencies that were completed by staff at induction included: fire safety; hand hygiene; falls prevention; aging process; communication; personal cares; restraint; challenging behaviours; infection control; personal protective equipment; manual handling; and health and safety. Additional RN competencies cover medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; and wound management. A selection of healthcare assistants completed medication administration competencies. Staff induction also includes palliative care/Te Ara Whakapiri training. Staff rostered in the dementia unit will have an environmental induction to the unit the week before opening.</p> <p>The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>There is a personnel file policy. Ethnicity data is identified during the employment application stage.</p> <p>The service has policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and</p>	<p>FA</p>	<p>There is currently an activity coordinator (diversional therapist in training) working across the dual-purpose unit. The service is currently interviewing for an activity coordinator for the dementia unit. Initially the HCAs will be involved in supporting residents with activities under the direction of the activity coordinator. It is proposed that activities will also involve daily routines, such as folding washing and preparing the table. The proposed roster and sample calendar provided for activities Monday to Sundays to 4.30 pm. The facility nurse manager advised plenty of resources are</p>

<p>unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>available to deliver the activities.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events. A monthly calendar and monthly newsletter will also be emailed to family.</p> <p>A copy of the programme which has the daily activities will be displayed and includes individual and group activities. Example of planned activities will meet the cognitive, physical, intellectual, and emotional needs of the residents with dementia. The sample of the activities programme include entertainers, church services and van outings.</p> <p>The service will facilitate opportunities to participate in te reo Māori through the use of Māori language on planners, on doors of key areas, and participation in Māori language week and Matariki. Māori phrases are incorporated into the activity's planner, and culturally focused activities are planned for. There are links with local schools.</p> <p>There is a documentation policy related to activities that include a social and cultural profile to be completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan will be developed within 21 days and is to be reviewed six-monthly. A resident attendance list will be maintained for activities, entertainment, and outings.</p> <p>There is an opportunity to provide feedback on activities at the meetings and through annual surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service uses blister packs, and an electronic medication management system is in place. The service has a contract with a local pharmacy.</p> <p>There is a spacious secure medication room off the lounge of the dementia unit that will also be utilised as a nurses' station. Registered nurses and senior HCAs will be responsible for medication management; competencies have been completed as part of induction week. The medication room includes locked cupboards, a hand basin, and a secure</p>

		<p>keypad entrance. There is a medication fridge and controlled drug safe purchased for the treatment room. A medication trolley has been purchased for each side of the facility.</p> <p>The medication management policy includes management of self-administration. However, self-administration of medication will not be used in the dementia environment.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system. Medication errors will be collated as part of the quality and risk management programme. There will be no standing orders.</p> <p>The medication room can be temperature controlled.</p> <p>Residents and relatives will be informed about changing medications and their side effects. All over the counter vitamins, supplements or alternative therapies will be reviewed, and prescribed by the nurse practitioner.</p> <p>The facility manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place. This is also included in the policy.</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 main kitchen is situated between the two dining rooms in the dual-purpose unit. The kitchen is designed in three parts: one for cooking, one area for dishing, and one for clearing up. The commercial kitchen includes pantry, walk-in chiller, and stand-up freezer. There are two doors from the kitchen that open up to the two dining rooms. A further plug has been installed since the previous partial provisional, so the computer area is not next to the sink. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Freezer, fridge, end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. The internal audit schedule includes food service audit.</p> <p>Food is probed for temperature and transferred to the hot box and will be transferred to the dementia unit kitchenette for serving.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Snacks will be available 24/7 in the dementia unit, with daily plated sandwiches to be kept in the dementia unit fridge.</p>

		<p>Breakfast will be made in the dementia unit kitchenette. All appliances in the dementia unit (such as boiling water system) have safety locks.</p> <p>The residents in the dementia unit will have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>The chef is involved in theme months, particularly during cultural theme months and celebrations. The menu can be substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can cater for cultural needs specific to te ao Māori.</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>There is a maintenance person. Reactive and preventative maintenance is in place. The planned maintenance schedule includes (but not limited to) resident's equipment checks, calibrations of weigh scales and clinical equipment, and testing and tagging of electrical equipment. Hot water tests have been tested in the dementia unit and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required. A code of compliance has been obtained for the dementia unit.</p> <p>Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.</p> <p>All new equipment has been ordered for the dementia unit.</p> <p>The dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into a secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The dining room allow for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a sunroom located at the end of each of the two wings. The sunrooms have doors opening to paths that circulate around the large external garden area. There is plenty of places to wander with no dead-ends.</p> <p>There are two wings off the main communal area, each with 10 studio rooms. Fourteen studio rooms are of similar footprint with a full ensuite. There are four studios with a small lounge and separate bedroom and</p>

	<p>ensuite.</p> <p>Residents' rooms are spacious, door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family/whānau and friends to socialise with the resident. Coloured doors are used to assist residents to find their rooms. Central heating within the rooms is available and can be individually set within the room. All rooms have an external sliding door that opens to a small deck and the garden area. All rooms have ample light and ventilation. All doors leading to the outside are connected to the alarm system and are locked automatically at night.</p> <p>The dining area is lino, and the lounge area is carpeted. The hallways and rooms are carpeted. All ensuites throughout the dementia unit allows for the use of mobility equipment. Ensuites have handrails, underfloor heating, are dementia friendly with sensor motion lights, coloured toilet seats, and taps in traditional appearance (separate coloured hot and cold taps).</p> <p>There is a visitor toilet in the foyer area outside the secure unit. A communal toilet is located off the main communal area. Flowing soap, hand gel dispensers and paper towels were not yet installed in all areas.</p> <p>There is a secure nurse's station combined with medication storage. The temperature in the room can be manually adjusted. The view from the nurses' station continues to allow supervision of residents in the lounge when staff are in the nurse's station. There is increased lighting in hallways and communal areas. There is safe access to all communal areas.</p> <p>There is a large secure garden area accessible from the lounge/dining room and off the sun lounges. Seating and shade are available. Landscaping is in the process of being completed. External pathway lights are in the process of being installed. Shrubbery is being planted to deter residents from the external high fence.</p> <p>There is plenty space for medical equipment, continence products and PPE storage with shelving.</p> <p>One of the architects involved in the designs of the buildings is part of</p>
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		Tuahiwi. The architect has awards for his cultural input into design.
<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 disaster management policy (includes the pandemic plan) outlines the specific emergency response and evacuation requirements for each site, as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>A fire evacuation plan is on place for the dual-purpose unit (approved with the New Zealand Fire Service 20 March 23). The draft fire evacuation for the dementia unit is currently with the fire service. A list of civil defence supplies is available for each wing. There is emergency water stored in a 5,000-litre tank.</p> <p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme.</p> <p>All staff currently employed have a current CPR certificate which was completed during the orientation week.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The facility has a generator in the event of a power failure.</p> <p>The service has a mobility van and there is a transportation policy.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bell system is operational and connected. Sensor mats can be connected to the call bell and the nurse call system provides for a staff assist button. The system software can be monitored. The system includes an electronic beam management technology, which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night, the ensuite light automatically comes on.</p> <p>All external doors can electronically be locked from the nurse's station. The dementia unit is secure with a double door foyer entrance. All keypads are functional.</p> <p>There is an intercom system at the main entrance and is connected to the</p>

		nurses' station. The CCTV within the communal areas, outdoors and hallways is functional.
<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) are an integral part of Qestral's business plan and objectives of the quality and risk management plan.</p> <p>Banbury has as part of their management team, personnel with expertise in IPC and AMS. There is an infection control committee that includes a cross section of staff. The committee meets bimonthly.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the organisation's clinical operations manager through the online reporting platform. Collation of infection data is collected by the infection control nurse, and trends are analysed and presented at the bimonthly infection control meetings. Internal benchmarking occurs across the organisation and the clinical operations manager provides reports to the Board.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse, the organisations clinical operations manager, the nurse practitioner, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, the nurse practitioner, wound nurse, and Te Whatu Ora Health New Zealand - Waitaha Canterbury when required.</p> <p>The clinical manager is the infection control nurse and has completed training for the role. There is a documented IPC role description.</p> <p>There are adequate resources to implement the infection control programme at Banbury Park, including the new dementia unit.</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>	FA	<p>The designated infection control coordinator (IC) is supported by the facility nurse manager and clinical operations manager.</p> <p>There are outbreak kits and supplies of personal protective equipment available.</p>

<p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The 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. Policies and procedures are reviewed annually by Qestral head office, in consultation with infection control coordinators. Managers meet monthly as a group which also includes discussion of infection prevention and control. Policies are available to staff on the electronic library.</p> <p>Policies include aseptic techniques through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities, and hand sanitisers available in all areas.</p> <p>There are policies and procedures in place around reusable and single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The IPC policies acknowledge the importance of providing information around infection control for Māori residents in te reo Māori and encourage culturally safe practices. Handwashing and sneeze etiquette posters can be accessed in te reo Māori.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation when required. The service checks that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies will be completed in the week of orientation and the proposed orientation includes personal protective equipment (PPE) and hand hygiene competencies. Residents and families/whānau will be kept informed and updated on infection matters in emails, and newsletters.</p> <p>The infection control nurse and clinical operations manager had input into the new dementia unit and procurement of good quality consumables, including PPE and wound dressing products.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme</p>	<p>FA</p>	<p>There is an antimicrobials stewardship policy that covers leadership</p>

<p>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>		<p>commitment, accountability, drug expertise, action, tracking, reporting and education. The policy is appropriate for the size, scope, and complexity of the service. Compliance on antibiotic and antimicrobial use is evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes for current rest home and hospital residents. This will be implemented for dementia residents as well. Monthly monitoring templates on the online platform include signs and symptoms and antibiotics prescribed.</p> <p>Bimonthly infection control committee meetings commenced with the opening of the facility and are used as an avenue to discuss antibiotic prescribing. Prophylactic use of antibiotics is not considered to be appropriate.</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>	<p>FA</p>	<p>There is a documented surveillance programme that is an integral part of the infection control programme and describes the responsibilities around surveillance.</p> <p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic infection register. All infections are reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Qestral facilities. Dementia infection stats will be separated out. Infection control surveillance is discussed at the bimonthly infection control committee meeting which commenced on opening.</p> <p>Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are scheduled, with corrective action templates for areas of improvement.</p> <p>Visitors are requested to sign in through a screening process and health declaration at reception. Ethnicity data is collected on the electronic 'surveillance form submissions' and analysed by Qestral. The data is used to inform future strategic planning and service delivery and reporting through to the Board. This has commenced at Banbury Park.</p> <p>There are documented processes in place to isolate infectious residents</p>

		when required. There is an outbreak management and Covid-19 policy.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There is a waste disposal policy. Management of waste and hazardous substances is covered during induction of new staff and is included as part of the annual training plan.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. There is enough PPE and equipment available such as aprons, eyewear, gloves, and masks. These will be stored within the medical equipment store of the dementia unit.</p> <p>The proposed draft roster evidences cleaning will be provided across seven days. Currently there is four FTE and one part-time cleaners across Banbury Park. They also share laundry duties while resident numbers are low.</p> <p>Cleaning products are dispensed from an in-line system. There is a designated locked storeroom for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys have been purchased. Waste bins are available for transport of hazardous waste and are transported to and from the facility using a separate entrance next to the laundry in the main dual-purpose unit.</p> <p>There are laundry policies and procedures. There is a laundry situated in the dual-purpose unit with two doors access (one entry, one exit to demonstrate a dirty to clean flow). There is a sluice, two commercial washing machines and two commercial dryers. There is also a separate clean laundry/folding and storage of clean linen area. The room has keypad entry. Covered linen trolleys have been purchased. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule, with oversight from the infection control coordinator. There is a small laundry within the dementia unit that can be used for personals. This room is secure, but staff can also do washing with the support of residents.</p>
Subsection 6.1: A process of restraint	FA	The restraint approval process is described in the restraint policy and

<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>procedure, The policy aligns with Ngā Paerewa Standard 2021. The policy provides guidance on the safe use of restraints. This policy includes guidance related to emergency restraint. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. A restraint approval committee meets three to six-monthly depending on whether restraint is used, or the service is restraint free. The meeting includes a process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used. Banbury Park remains restraint-free since opening and the restraint committee last met July 2023.</p> <p>The purpose of the restraint policy is to ensure that services are provided in a way that recognises the specific needs of residents and does not involve the use of restraint, except in exceptional circumstances.</p> <p>The reporting process to the Board includes data gathered that supports the ongoing safety of residents and staff.</p> <p>Restraint minimisation for all staff was completed at orientation on opening and scheduled annually. The training includes a competency assessment. Training around challenging behaviours and management of residents with dementia was also completed at this time.</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 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	The building is complete. There are spacious gardens and landscaping within the secure garden area still in the process of being completed.	Landscaping is in the process of being completed. The decks off the resident rooms are slightly raised up above the garden area which potentially is a fall hazard.	<p>Ensure landscaping is completed. Ensure the gap between the decks and the garden area is addressed to minimise potential falls.</p> <p>Prior to occupancy days</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	A fire evacuation plan has been lodged for approval with the New Zealand Fire Service. Smoke alarms, sprinkler system and exit signs are in place in the building.	A fire evacuation plan is documented and has been lodged for approval with the New Zealand Fire Service.	<p>Ensure the fire evacuation scheme is approved.</p> <p>60 days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers</p>	PA Low	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part	Specific fire evacuation training is to be completed for the staff working in the	Ensure specific fire drill and emergency management training is

<p>shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>of the annual training programme. Staff training in emergency management and a fire drill is to be completed for all staff commencing at the induction prior to opening.</p>	<p>dementia unit the week before opening.</p>	<p>completed for staff working in the dementia unit prior to opening.</p> <p>Prior to occupancy days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.