

# Chatswood Lifecare Limited - Chatswood Retirement Village

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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:

**Legal entity:** Chatswood Lifecare Limited

**Premises audited:** Chatswood Retirement Village

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

**Dates of audit:** Start date: 15 September 2023 End date: 15 September 2023

**Proposed changes to current services (if any):** The facility has completed a new development of 13 care suites. The new care suite wing consist of 13 spacious ground floor level care suites, connected to the existing ground floor care suite by an extension of an existing corridor. All 13 care suites were verified as suitable as dual-purpose suites.

With the addition of the 13 dual-purpose care suites will have a total of 127 beds all in one building including a 25-bed rest home, 29 bed hospital (all dual purpose), 30 serviced apartments and studio apartments (all certified for rest home level of care and including one room certified for double occupancy), and 42 care suites (all dual purpose). The service plans to open the care suites as soon as possible.

**Total beds occupied across all premises included in the audit on the first day of the audit: 64**

# 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

Chatswood Retirement Village currently provides rest home and hospital (geriatric and medical) care for up to 113 residents. On the day of audit there were 64 residents.

This partial provisional includes verifying stage seven of the facility build extensions which includes verifying 13-bed care suites as suitable for dual purpose rest home and hospital level care. With the addition of the 13 dual-purpose care suites the service will have a total of 126 beds. The service plans to open the care suites from 26 September 2023.

The village manager and clinical manager are experienced in managing aged care. They are supported by the operations director.

The audit identified the 13-bed dual-purpose care suites, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care.

There are improvements required by the service around the completion of external decks and fire drill and fire evacuation procedure.

## **Ō tatou motika | Our rights**

Not Audited.

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

There is a current quality plan and transition plan around the increase in bed numbers. The clinical manager oversees the service in the absence of the village manager.

There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, registered nurse (RN), and so on.

An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete unit standards qualifications. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Adequate RN cover is provided 24 hours a day, seven days a week. Many of the staff are long-serving and senior in their roles.

With the addition of the dual-purpose care suites a new roster has been developed which includes the employment of an enrolled nurse on morning shift and an additional caregiver on each shift. Additional staff will be rostered as occupancy increases.

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

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and senior caregivers' complete annual medication competencies and medication education. There is safe storage for medication.

The service has a contracted kitchen service and kitchen staff are employed by the contracted business. All meals are prepared and cooked on site. The kitchen is large enough to manage the increase in meals. There is a six-weekly seasonal menu which has been reviewed by the caterer's dietitian. Dietary needs are known with individual likes and dislikes accommodated. The kitchen also delivers food in hotboxes and covered trays to the residents' rooms and serviced apartments. Food is served directly to the adjacent dining room for hospital level residents and transported to the rest home and apartments dining room in hot boxes.

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

There is a code of compliance certificate issued on 28 August 2023 for the new building. There is a full-time maintenance person. All new furniture and equipment has been purchased as required. The new beds are connected to the care centre by fire safety doors. Rooms are personalised and all have ensuites.

There is a secure garden area off the lounge with paths, seating, and gardens with a high fence. All resident rooms have sliding doors leading out onto a deck that opens onto a garden area.

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.

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 an approved fire evacuation scheme.

There is a nurse call bell system available in each resident room and ensuite. There is thermostatically adjusted heat pumps in each resident room and underfloor heating in the ensuites. The care suites can also access several communal lounges across the rest home, hospital, and serviced apartments.

The service has a documented emergency and disaster plan in place. The fire evacuation scheme has been updated and approved by the fire service. Civil defence and emergency supplies are in place. Call bells are in place throughout the facility. Security procedures are implemented.

General living areas and resident rooms are appropriately heated and ventilated.

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

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is the clinical manager. The programme is developed by an external contractor and the IC committee meets two-monthly. The infection control programme is well established, and an annual review is completed.

All linen and personal clothing are laundered on site by experienced laundry staff. The laundry has defined clean/dirty areas and an entry and exit door and keypad access.

Infection surveillance is an integral part of the infection control programme. There is a comprehensive Covid-19 policy related to all levels of pandemic management. There are plentiful supplies of PPE and processes around isolating residents if needed. There has been one outbreak since the previous audit in March 2023.

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

Not Audited.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	11	0	2	0	0	0
Criteria	0	84	0	2	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>Chatswood Retirement Village provides rest home and hospital level care for up to 113 residents. There are 25-bed rest home beds, 29 bed hospital (all dual purpose), 30 serviced apartments (with one verified at the previous audit as suitable for double occupancy) all certified for rest home level of care, and 29 care suites (all dual purpose).</p> <p>At the time of the audit, there were 64 residents in total: 34 rest home level (including five residents in apartments and 15 residents in care suites); 30 hospital level including one resident under an end-of-life contract, one on a younger persons disabled contract (YPD) and eight in care suites). The remaining residents were funded by the age-related residential care (ARRC) contract or private paying.</p> <p>This partial provisional includes verifying stage seven of the facility build which includes verifying 13-bed care suites as dual purpose. With the addition of the 13 dual-purpose care suites the service will have a total of 126 beds. Overall, the building includes a 25-bed rest home wing, 29 bed hospital (all dual purpose) wing, 30 serviced apartments and studio apartments (all certified for rest home level of care and including one</p>



	<p>certified for double occupancy), and 42 care suites (all dual purpose). The service plans to open the care suites from 26 September 2023.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care which are provided by an external consultant.</p> <p>Two directors (operations director (RN) and financial director) form the governing board. The directors who have experience in owning and building aged care facilities. There is a business plan for 2019 to 2023. The plan sighted outlined the scope, direction, and goals of Chatswood and describes annual goals and objectives that support outcomes to achieve equity and addressing barriers for Māori. A terms of reference is in place and the board meet two monthly with the village manager, the clinical manager, and accounts manager. The operations director visits three or more times per week and is accessible on call at all times. Both the village manager and clinical manager provide bimonthly reports. The quality advisor visits monthly and reviews all quality activities and attend the quality meeting.</p> <p>The directors have worked in the aged care sector for a number of years as owner/general manager of another nearby aged care facility. The service is managed by a full-time village manager (VM), who is non-clinical, and has been at the facility for one year. The VM has worked in the aged care sector for several years and is suitably skilled and experienced for the role. Responsibilities and accountabilities are clearly defined. The VM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements.</p> <p>The directors and village manager ensure that tāngata whaikaha have meaningful representation and are consulted on the implementation of solutions, on ways to achieve equity and improve outcomes for residents. The external consultant has incorporated meaningful Māori representation, and input into organisational operational policies. The governance team have completed cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. The management team are committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (eg, infection control and adverse events). The management team have a relationship with a representative of Nga Hau E Whā National Marae. An integrated Māori</p>
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		<p>health plan is incorporated into governance (including business planning, quality, and risk management) and clinical aspects. The focus is to improve Māori health through clinical assessment and organisational policy and procedures.</p> <p>The village manager and clinical manager have maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and has open communication with the directors at all times.</p> <p>There is a documented Quality Assurance and Risk Management programme that is implemented and monitored through the monthly quality committee meetings. The quality advisor prepares a monthly report which is tabled to the quality committee and directors.</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 biannual education and training schedule being implemented that includes mandatory training across 2022 and 2023. Online training can be accessed by all staff, with a record of completion on the electronic management system being monitored by the VM and CM. Toolbox talks are held when required or at handovers, facilitating the collection and sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register. The service embeds cultural values in their mandatory training programmes and competencies.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 51 caregivers, 28 have completed their level four qualification and 17 have completed their level three qualification. Training for clinical staff can access external training through Te Whatu Ora - Waitaha Canterbury. Registered nurse specific training viewed included: wound care, interRAI and first aid. There are 12 RNs, with nine RNs being interRAI trained.</p> <p>The staffing policy meets with the safe staffing hours and aligns with the</p>

		<p>ARRC contract with Te Whatu Ora -Waitaha Canterbury. There are two RN's on each morning shift and at least one on afternoon and night shifts. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. As part of the transition plan and increasing resident numbers the service has introduced a new enrolled nurse position to oversee the 13 care suites (under the supervision of hospital RN) and a new caregiver position on afternoon and morning shifts. The night shift will remain similar to current staffing as numbers are only expected to increase marginally and then decrease as the old rest home building is transitioned across to the new wing of rest home beds behind the reception area.</p> <p>Existing staff support systems include wellbeing initiatives, birthday recognition and the provision of support to promote health care and staff wellbeing. Staff interviewed report a positive supportive work environment.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are stored securely. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their onboarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The orientation programme has been developed for all staff and has been implemented. All current staff have evidence of completed orientations which supports all staff to provide a culturally safe</p>

		<p>environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed and included residents who requiring monitoring for repositioning, neurological observations, blood glucose levels and food and fluid intake. The clinical management policy and procedure guides RNs in the development of care plans. Resident files confirmed family/whanau are involved in the development and evaluation of the care plan.</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>There were 19 residents with 32 current wounds (five chronic wounds, skin tears, abrasions, and skin lesions). All wounds reviewed had comprehensive wound assessments, including photographs (for complex wounds) to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the Nurse Maude clinical nurse specialist. There were no pressure injuries at the time of the audit. Adequate clinical supplies and equipment is provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the registered nurses complete monitoring charts, including bowel chart, reposition charts, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up, and relatives are notified following adverse events (confirmed in progress note entries). Opportunities to minimise future risks are identified by the unit coordinator or clinical manager, who reviews every adverse event before closing. Neurological observations were completed as per the updated falls management policy and neurological observation policy. The previous</p>

		partial attainment (Ngā Paerewa Health and disability services standard NZS 8134:2021 criteria 3.2.4) has been addressed
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed blisters for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system.</p> <p>All medications are stored securely. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There is one partly self-medicating resident in the rest home that is deemed competent, and their medication remains in a locked drawer. The medication policy describes the procedure for self-medicating residents, and this has been implemented as required. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and families/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents are</p>

		<p>involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and/or family/whānau.</p> <p>There is a house GP that visits 2x weekly and is on-call 24/7 and has agreed to taking on more residents with the increase in certified beds. The current medication room is centrally located with adequate medication trollies and will service the new 13 bed wing.</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 food services at Chatswood Retirement Village are provided by an external catering company. The external catering company employ all food service staff. A qualified chef is the kitchen site manager who oversees food services. There is a second chef rostered for weekends and a team of catering and kitchen assistants for the morning and afternoons. All meals and baking are prepared and cooked on site. All food service staff have completed online food safety training.</p> <p>There is a current food control plan that expires 30 January 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily.</p> <p>The chef was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RNs, unit managers or clinical manager. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes and food allergies.</p> <p>There is a nutritional policy that guide weight management. Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents experiencing unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. Caregivers interviewed had a good understanding of tikanga guidelines related to food. The chef described how they would provide menu options culturally</p>

		<p>specific to te ao Māori if requested by residents.</p> <p>A registered dietitian has reviewed the six-week seasonal menu. The service caters for residents who require texture modified diets, puree/soft and other foods. The food is served by the chef from a bain-marie directly to the residents in the adjacent hospital dining room. The meals to the rest home, care suites and apartments are plated and delivered in scanned hot boxes where caregivers will serve the meals. Some residents prefer to receive their meals to their rooms; food going to rooms are kept in the hotbox till it is served.</p> <p>Residents provide verbal feedback on the meals through the monthly resident meetings, which is attended by the chef and or kitchen site manager. Resident preferences are considered when menus are reviewed.</p> <p>Residents will share the current dining room or meals can be delivered on trays from hot boxes if residents choose to eat in their rooms. There is adequate space in the dining room for the additional residents. There is a contingency plan in place should space become limited.</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>Chatswood Retirement Village has existing dual purpose care suites, rest home, hospital, and serviced apartment services. Thirteen additional care suites have been built on the ground floor connecting to an existing care suite. The new building holds a current code of compliance issued on 28 August 2023.</p> <p>The maintenance person works full time and oversees the annual preventative and planned maintenance plan. The gardening service is contracted out. The visual inspection of indoors and outdoors evidenced that existing areas are well maintained. The building, art and décor is reflective of peoples' cultures and supports cultural practices.</p> <p>There is a maintenance request book is located at reception, this is checked daily and signed when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Hot water temperatures in the thirteen new care suites were checked on the day of audit. Essential contractors/tradespeople are</p>

		<p>available as required. Maintenance and calibration of equipment have been completed in October and November 2022.</p> <p>Each of the care suites has a large room that acts as both a bedroom and sitting area (it has a small kitchenette) in one area alongside the ensuite bathroom. The kitchenette has a fridge and over bench cupboards. The care suites are fully furnished, carpets and fittings have been installed. Call bells are appropriately placed and functional. The care suites and ensuites are spacious and provide space for hospital level equipment and mobility equipment. There is thermostatically adjusted heating in the living area and ensuites, and handrails in each ensuite. The corridors are wide with handrails and both artificial and natural lighting promoting safe mobility. There is plenty of natural light in the new rooms and all have windows or sliding doors.</p> <p>There is an enclosed garden surrounding the new unit with decked ramp access to a chip gravel path. Landscaping is in progress with planting and bark gardens evident. There is a courtyard garden positioned between the new and existing care centre unit. A plan is in place to erect safety barriers around the external deck of each room. Outdoor areas landscaping are fenced off preventing unauthorised access. There are existing outdoor areas providing seating and shade that can be utilised by residents in the meantime.</p> <p>As part of the construction of the 13 new care suites, the service engaged their Māori staff, residents and family/whānau for feedback and consideration of how designs, art and environments reflect the aspirations and identity of Māori. The current construction has no impact on the mobility or freedom of any residents and is cordoned off for noise and dust control. The contractors manage site risks and hazards appropriately.</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</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New</p>



<p>and safe way, including during an emergency or unexpected event.</p>		<p>Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last drill taking place March 2023. Email confirmation of a planned trial evacuation by compliance fire protections services scheduled for 20 September 2023 was sighted. Staff receive training at orientation and annually related to emergency management. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. Civil defence supplies are stored in an identified cupboard and checked at regular intervals as part of the environmental audits.</p> <p>A generator is available on site and gas cooking. There are adequate supplies in the event of a civil defence emergency, including ceiling water tanks to provide residents and staff with over the required three litres per day for a minimum of three days. A minimum of one person trained in first aid is available at all times.</p> <p>There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. There are call bells and emergency bells in all resident rooms and communal areas. The system software can be monitored. Staff complete night security checks.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.</p>
<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</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted. Infection matters and rates are raised at bimonthly staff and monthly quality and clinical meetings. Infection control is part of the business and quality plans. The governing body receive monthly progress reports on quality goals relating to infection prevention; surveillance data; outbreak data and outbreak management; infection prevention related audits; and resources and costs associated with infection control and AMS on a monthly basis, including</p>

<p>regional concern.</p>		<p>any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora -Waitaha Canterbury. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p> <p>There are no changes required to the infection control programme with the increase in beds.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse (clinical nurse manager) oversees the infection control and antimicrobial stewardship (AMS) programme across the service. The job description outlines the responsibility of the role. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora -Waitaha Canterbury which provided a forum for discussion and support related to the Covid-19 response framework for aged residential care services. The service has a pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online study in infection control. There is good external support from the GP, laboratory, and Te Whatu Ora -Waitaha Canterbury nurse specialists. There are outbreak kits readily available and sufficient stocks of personal protective equipment.</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 team and training and education of staff. Policies and procedures are reviewed by the directors and management in consultation with the infection control nurse. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment and items. Infection prevention and control policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Infection control practices include laundry and cleaning practices that reflect Māori participation when required and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and</p>

		<p>disinfected after use and prior to next use. The external provider has included the new criteria in cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The infection control nurse has input into the procurement of medical supplies. The director confirmed there has been a process for clinical and infection control expertise with the new build. The clinical manager has input into procurement processes for equipment, devices, and consumables used in the delivery of health care.</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 staff orientation and included in the annual training plan. handwashing posters in te reo were visible around the facility and further information in te reo can be accessed online as required. staff were observed to implement culturally safe practices.</p> <p>There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There are no changes required to the implementation of the infection control programme with the increase in beds.</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>	<p>FA</p>	<p>The service has antimicrobial use policies and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting and clinical meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There are no changes required to the antimicrobial programme with the increase of beds.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Chatswood infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, and annually. The service receives email notifications and alerts from Te Whatu Ora- Waitaha Canterbury for any community concerns.</p> <p>Infection control surveillance is discussed at facility meetings. Infection control surveillance is discussed at the bimonthly infection control committee meeting. Staff are informed through the variety of meetings held at the facility. Results of surveillance and recommendations for improvement are shared at governance meetings. The service is incorporating ethnicity data into surveillance methods and reported monthly. Internal benchmarking is completed by the clinical nurse manager. External benchmarking is monitored against other facilities using the same electronic resident management system. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information for any community concerns.</p> <p>There has been one outbreak (Covid-19 in June 2023) since the last audit, which was appropriately managed, residents, family/whanau and staff were debriefed, and the relevant organisations notified.</p> <p>There are no changes required to the surveillance programme with the increase in beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sanitiser in the laundry, with stainless steel bench and separate handwashing facilities. The laundry is situated centrally on the ground floor and in close proximity to the new wing. Eye protection wear and other personal protective equipment (PPE) are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site which is operational seven days a week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen observed to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The clinical nurse manager is involved in the completion of cleaning and laundry audits.</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 new building and plant have been built to comply with legislation. The building is completed, and a code of compliance has been obtained. Hot water temperatures have been checked in the new resident areas. The outdoor landscaping is well underway with planting in progress and external paths. There are decks outside each individual resident rooms, however protective safety railings have not yet been completed as planned.	i). The deck safety railing have not been completed.	<p>i). Ensure deck safety railing are completed before occupancy.</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	Six monthly trial fire evacuations are conducted and was last completed March 2023. A fire drill is scheduled with the new care suites prior to occupancy.	A fire drill is scheduled with the new care suites prior to opening.	<p>Ensure a fire drill is completed in the new care suite area.</p> <p>Prior to occupancy days</p>

## 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.