# Millvale House Napier Limited - Millvale House Napier

## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Millvale House Napier Limited

**Premises audited:** Millvale House Napier

**Services audited:** Hospital services - Psychogeriatric services

**Dates of audit:** Start date: 7 March 2024 End date: 7 March 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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

Millvale House Napier was originally owned by Bupa (was previously known as Gladys Mary Rest Home) and is located in Napier. The facility closed October 2023 and has remained vacant. Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Napier Limited will operate. The new owners recently purchased the building and are in the process of refurbishing one wing at a time.

This partial provisional audit was conducted to assess the facility for preparedness to provide psychogeriatric level care across 15 beds in a refurbished wing of a 30-bed facility. The service plans to open 14 April 2024. DCNZ is experienced in providing psychogeriatric level care with eight of their current nine homes providing this level of care.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing hospital- psychogeriatric level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

An operations coordinator and clinical manager have recently been appointed to oversee the facility with support from the regional clinical manager.

Improvements are related to opening of the refurbished facility, including completing induction, competencies, staffing and contracts for medical and pharmacy services.

## Ō tātou motika │ Our rights

Not Audited

## Hunga mahi me te hanganga │ Workforce and structure

The business plan and strategic plan includes a mission statement and operational objectives. There are two Managing Directors who provide a proactive hands-on approach and are closely involved in the day to day running of the organisation. They are supported by a DCNZ organisational management team which provides mentoring and support to the local facility management teams. There is an organisational clinical team that will work with the management team at Napier. External advisors are engaged to provide advice on cultural safety, clinical issues and other areas of expertise as needed. There is a staffing and rostering policy. The service is in the process of employing staff who will complete induction days prior to opening. Human resources are managed in accordance with good employment practice. There is a 2024 training plan in place.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

There is a documented activity plan which will be implemented by the activity coordinator with support from caregivers.

Medication policies reflect legislative requirements and guidelines. There is a secure medication room. The registered nurses and medication competent caregivers will be responsible for administration of medications. Education and medication competencies are to be completed during the induction days prior to opening.

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

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

The facility has two wings off a central entrance and reception area. Only one wing is currently being opened. The new owners are in the process of refurbishing the wing. They are re-painting the interior, opening a wall between two lounges to make one big lounge and closing off one lounge so the unit is fully secure.

There is preventative maintenance work sheet in place. Hot water tests have yet to be completed. A building Warrant of Fitness expires 1/11/24.

Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.

All new equipment has been purchased for the new psychogeriatric (PG) wing. Equipment/furniture is yet to be installed. All resident rooms are single and communal bathrooms are available.

The wing is accessed via a keypad entrance. The wing has a spacious lounge with a large dining room, and kitchenette off the side of the lounge. The communal area is spacious and allows for groups or individual activities and space for mobility equipment. The secure garden outdoor area also includes access from the lounge via a covered archgola which includes seating. There is plenty of places to wander.

There is an approved fire evacuation scheme. Staff will receive training around emergency management during the induction period. There is a call bell system linked to staff phones. There are security procedures in place. There is plenty space for medical equipment, continence products and PPE storage with shelving.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator will initially be the clinical manager. Education is to be provided to staff at induction to the service and is included in the education planner. Antimicrobial data is to be collated and monitored monthly. Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements.

There is a secure sluice, and a secure laundry situated off the wing that includes a dirty to clean flow.

## Here taratahi │ Restraint and seclusion

The restraint policy is in place and is supported by a Restraint Approval Group. Restraint minimisation education is to be conducted twice annually. The policy considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 8 | 0 | 6 | 0 | 0 | 0 |
| **Criteria** | 0 | 84 | 0 | 8 | 0 | 0 | 0 |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale House Napier Limited will operate. Millvale House Napier was originally owned by Bupa (was previously known as Gladys Mary Rest Home) and is located in Napier. The facility was providing rest home and dementia level care closed October 2023 and has remained vacant. The new owners recently purchased the building and are in the process of refurbishing one wing at a time.  This partial provisional audit was conducted to assess the service for preparedness to provide psychogeriatric level care across 15 beds in a refurbished wing of the 30-bed facility. The service plans to open 14 April 2024. DCNZ is experienced in providing psychogeriatric level care with eight of their current nine homes providing this level of care. There is a transition plan around the opening of the facility.  Over the next 6 months the organisation needs to refurbish the remaining wing with the intention of eventually having 30 PG beds.  Dementia Care NZ has a corporate structure that includes two directors/owners and a governance team of managers which includes: an operations management leader; quality manager; public relations and marketing manager; a clinical advisor; two regional clinical managers (North and South Island); and a national training coordinator. The two Directors meet weekly to discuss governance matters. They guide the development and approval of business plans and respond to benchmarking, and high-risk events.  The ‘Strategic Communication, Engagement and Governance Advisor’ role is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors this includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan.  The governance body monitors key metrics on equity including the number of staff identifying as Māori, the number of residents identifying as Māori. The directors help to facilitate relationships between iwi and hapu relevant to their residents as needed. Māori health planning documents have been developed with support of cultural advisors.  Dementia Care NZ has a Māori Health Plan with a focus on improving the cultural care, further developing partnerships with local iwi, improving staff knowledge and practice of tikanga, and improving Māori language skills. The organisation’s Directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, Whānau and staff members are supported. Dementia Care NZ is working with an organisational cultural advisor to ensure these needs are met.  Dementia Care NZ surveys families after six weeks of care, conducts annual surveys and resident surveys to understand the needs of the different users of their services. Annual surveys include a request for ideas for their business plan. This will be implemented from opening at Millvale Napier.  Focus groups of residents or their EPOA at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas.  Dementia Care NZ works closely with Health New Zealand - Te Whatu Ora to ensure the care meets the needs of the local community. The Directors have been working with Health New Zealand - Napier to determine the needs.  Dementia Care NZ has an overarching strategic plan (2021 to 2024) and a related business plan (2023-2024) that is developed in consultation with managers and reviewed annually.  Regular quality meetings are held at each of DCNZ homes to raise quality improvements and identify risks and mitigations. These meetings are attended by Dementia Care NZ managers. These meetings with be implemented on opening at Millvale Napier. Benchmarking between homes is also used to identify risks emerging at particular homes. Risks, issues, and outcomes from these local meetings are reported through to the organisational risk meeting if needed and to the general meeting.  An organisational risk meeting is held monthly to analyse organisation-wide risks to be reported to the Directors, and to rate the severity of the risks and investigate measures to mitigate the risks. The notes from the risk meeting and a risk matrix are reported through the general meeting. Urgent risks are raised with the Directors and responded to immediately as needed.  Both directors and all of Dementia Care NZ’s management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training.  A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting which the regional clinical managers attend. Issues and outcomes from the Clinical Governance Meeting are discussed with the directors and reported through the general meeting.  An operations coordinator (non-clinical) has been appointed to the role at Millvale Napier (commencing 4 April 24) and will report to the operations management leader. The operation coordinator has a background in aged care in staffing administration and as an activity coordinator. A clinical manager (CM) has been appointed. The CM has worked in the role at a sister DCNZ site and has experience with residents requiring specialist hospital (PG) level care. The regional clinical manager will support the new clinical manager role. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | There is a staffing policy that describes rostering requirements. There is a specific draft roster for the opening of the first home of 15 beds. Initially on opening there is a registered nurse rostered 7.45 to 4.15pm, 4pm to 12am and 11.45 pm to 8am. A caregiver is rostered 7-3pm and 7-1pm. A homecare assistant 8-1pm. In the afternoon a caregiver is rostered 3pm – 12am and 4.30pm – 9pm. A homecare assistant from 5pm – 8pm. At night a caregiver is rostered from 12am to 8am. Depending on resident numbers and acuity this roster would be adjusted accordingly. A diversional therapist is rostered 10am – 4.30pm.  The management team are in the process of interviewing for staff for the opening of the facility. There is currently two registered nurses (RNs) employed to date (nil interRAI trained) and a further two RNs yet to be appointed. The clinical manager is interRAI trained. There are five caregivers currently employed which will cover the initial opening of the wing. The operations coordinator has been employed and will complete 20 hours in that role and 20 hours providing activities. The operations coordinator has previous experience as an activity coordinator in aged care. The organisation will support her to become a trained diversional therapist.  The service continues to interview and working towards hiring a home assistant (cover cleaning and laundry), and a further cook. One trained Cook has been employed to date.  The caregivers will be supported to complete the required dementia standards within 18 months. The organisation has an educator (assessor) who will support them through the required training.  A competency programme is to be implemented for all staff with different requirements according to work type. Core competencies are required to be completed annually as per policy. Commencement of these are planned during the induction days. Annual competencies include (but not limited to) cultural, medication (link 3.4.3), restraint, and moving and handling.  There is an annual education and training schedule for 2024 which covers all mandatory training as well as a range of topics related to caring for the older person. The organisation’s orientation programme ensures core competencies and compulsory knowledge/topics are addressed.  Registered nurses will be encouraged to participate in internal and external education programmes. These programmes may be offered through DCNZ advanced learning, or through Health New Zealand, or via specialist services.  The annual training programme exceeds eight hours annually. Training is conducted in-house or via zoom and led by the DCNZ educator (also a mental health registered nurse). There is an attendance register required for each training session and educational topics offered.  All staff are required to complete DCNZ Best Friends dementia training. Registered nurses are required to complete CPR training (link 4.2.4) and first aid training is offered to staff as part of the training programme.  Staff will complete cultural safety training which will include understanding Māori health outcomes, disparities, and health equity trends. The cultural training module/competency provided will ensure staff are culturally competent to provide high quality care for Māori.  Supervision and coaching at DCNZ continue to be strategies used to develop key employees and build strong teams. Advised that clinical supervision will be strengthened over the next year as part of the Professional Development Programme. Supervision is strongly supported by the role of Clinical Support & Quality Team Leader.  The organisation supports an employee assistance programme which is available to all staff. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | PA Low | There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal.  A two-day induction programme is planned for all new staff prior to opening. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment to Māori. The organisation collects ethnicity data for employees and maintains an employee ethnicity database.  Staff files are held securely. Reference checking, and police checks are obtained through recruitment. Qualifications, and annual practicing certificates for the registered nurses are maintained. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.  There is an appraisal policy in place. Staff with less than one year of service receive an appraisal following completion of their orientation and at six months of service.  Staff will have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing as described in policy. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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 unplanned, which are suitable for their age and stage and are satisfying to them. | FA | A diversional therapist is yet to be appointed; however, the operations coordinator (previous experience as an activity coordinator) will provide 20 hours of activities initially. There is an organisational diversional therapist lead that supports the activity team at each home. The activity coordinator will develop and coordinate with staff on the delivery of the activity programme. There are resources available for caregivers to use after hours and when the activity coordinator is not on shift.  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.  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. Residents who do not participate regularly in group activities will be visited one-on-one.  Residents’ participation and attendance in activities will be recorded in the resident records. Residents will have an individualised activities assessment and activity care plan which will consider normal routines across 24/7. This will be completed by the registered nurses with support by the activity coordinator and integrated within the electronic care plan.  Community visitors will include entertainers, and church services. Special events like birthdays, St Patricks day, Matariki, Easter, Father’s/Mother’s Day, ANZAC day, Christmas, and theme days are on the programme and will be celebrated with appropriate resources available. The service ensures that staff are trained to support Māori residents in meeting their cultural needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori.  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 is an opportunity to provide feedback on activities at the meetings and through annual surveys |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | DCNZ has organisational policies documented around safe medicine management that meet legislative requirements. The registered nurses and medication competent caregivers who will administer medications will be assessed annually for competency. Education around safe medication administration is to be provided at induction and annually thereafter.  The service is implementing medimap and training/competency will be completed at induction prior to opening. A contract with a local pharmacy is yet to be confirmed. Medimap is to be established. All medications once delivered will be reconciled against the medication chart. Advised that any discrepancies are fed back to the supplying pharmacy. A contract for GP services is yet to be confirmed.  There is a secure medication room in the new unit that includes a cooling heat pump, locked cupboards, locked safe, hand washing, area for medication trolley and area for fridge.  Due to the nature of the service (psychogeriatric) there will be no residents self-administering medications. Over-the-counter medication is considered during the prescribing process and these along with nutritional supplements, will be documented on the medication chart as per policy. Advised there will be no standing orders used.  The Director described how they work in partnership with residents and family/whānau who identify as Māori across the organisation to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | PA Low | The main kitchen is situated in the second wing and spacious; advised no refurbishment is required to the main kitchen at this stage. There are working ovens, fridges, and freezer in the main kitchen. The service has employed a qualified chef for opening and further kitchen staff will be employed as resident numbers increase. Meals will be transported in a hot box to the kitchenette off the dining room in the wing.  The menu has been approved by a dietitian. Food preferences and cultural preferences are encompassed into the menu, A food control plan has been registered with MPI.  Kitchen fridge, food, and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food.  The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and provided to the kitchen. Advised that any changes to residents’ dietary needs will be communicated to the kitchen as per policy.  Special equipment such as 'lipped plates' and built-up spoons will be available as needs required. Equipment has yet to be purchased for the new dining room/kitchenette and kitchen to ensure they are fully functional. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | PA Low | The facility was originally owned by Bupa and was closed October 2023. The facility has two wings off a centre reception area. This audit included verifying one wing of 17 rooms which will be opened as a secure psychogeriatric unit. This wing previously was a secure dementia unit. The new owners are in the process of refurbishing the wing. They are re-painting the interior, opening a wall between two lounges to make one big lounge and closing off one door to the lounge. The service plans to refurbish the remaining wing (not included as part of this audit) within the next 6 months.  There is preventative maintenance work sheet in place. Advised that initially contractors will be used with support from the directors. Hot water tests have yet to be completed. A building Warrant of Fitness expires 1 November 2024  Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.  All new equipment has been purchased for the new psychogeriatric (PG) wing. Equipment/furniture is yet to be installed.  The PG unit is off the reception area and there is a visitor entrance into a secure foyer. The wing is accessed via a keypad entrance. The has a spacious lounge with a large dining room and kitchenette off the side of the lounge. The communal area is spacious and allows for groups or individual activities and space for mobility equipment. The wing has a long corridor that leads to an external door which leads to paths and a spacious garden area. The garden area is currently overgrown. There is plenty of places to wander. The secure garden outdoor area also includes access from the lounge via a covered archgola which includes seating.  Residents’ rooms 1-8 and room 11 are narrow and will have limited space for extra’s such as a lazy-boy chair and maybe more suitable for more mobile residents. Room 9-10, 12-17 are larger and more suitable for higher levels of care and the safe use and manoeuvring of mobility aids. Door openings are wide enough to allow the movement of lazy-boys and wheelchairs. Residents can personalise their rooms. There are ceiling heaters in the resident rooms and a heat pump in the lounge area.  The dining area is lino, and the lounge area is carpeted. The hallways and rooms are carpeted. There is one mobility bathroom with shower, toiler, handrails. Privacy can be ensured. There is another toilet that has enough room for staff to support the resident. Three resident rooms have ensuite toilets. These ensuite toilets are small and would only be suitable for a more mobile resident. Flowing soap, hand gel dispensers and paper towels were available throughout the wing.  There is a visitor toilets in the foyer area outside the secure unit.  There is a nurse’s room within the unit. There is plenty space for medical equipment, continence products and PPE storage with shelving.  The Director interviewed stated they are looking for a local cultural advisor in the area and will have the home blessed prior to opening. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | PA Low | The director advised that the service is carrying over Bupa Gladys Mary’s evacuation procedure which was approved by the fire service 21 April 2009. Emergency management policies that include a pandemic plan outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures (Civil Defence and Emergency Disaster Management Plan) guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.  The fire service has reviewed the removal of a lounge wall and closing of an entrance and has confirmed there is no impact to the fire evacuation plan as this is not a fire wall or fire exit. A fire drill is scheduled with new staff during the induction days. Emergency management including CPR training for RNs is scheduled to occur as part of induction.  Smoke alarms, sprinkler system and exit signs are in place in the building. The facility can access a generator in the event of a power failure.  There are call bells in the residents’ rooms, communal bathrooms, and lounge/dining room areas. The call bell system is operational and connected. Sensor mats can be connected to the call bell. The system software can be monitored.  All external doors outside the wing are electronically locked. The PG wing is secure with keypad entrance. All keypads are functional. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | There is an organisational infection control plan and Antimicrobial Stewardship policy which aligns with the strategic document and approved by governance and links to a quality improvement programme.  A registered nurse will be appointed as IC coordinator at Millvale Napier, initially this will be the clinical manager. This IPC coordinator will be supported by the DCNZ regional clinical manager and other members of the management team regarding infection prevention matters. This includes time, resources, and training. Infection control is part of meeting templates which will be introduced at Millvale Napier. All DCNZ homes report infection prevention incidents and issues to the directors monthly, via the clinical governance meeting report and urgent or significant issues are required to be reported to the directors immediately.  There is an infection control coordinator job description. Additional support and information is also accessible through the infection control team at Health New Zealand- Te Whatu Ora, the community laboratory, and the GP, as required. The infection control coordinator will have access to residents’ records and diagnostic results to ensure timely treatment and resolution of any infections. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection control coordinator’s job description. The clinical manager will oversee this role initially.  The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the director and is linked to the quality improvement programme. The organisational infection control programme is reviewed annually.  The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the standard and include appropriate referencing.  The Outbreak Management plan, Outbreak Plan Covid 19, Pandemic Plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) have been purchased for the opening of Millvale Napier.  The infection control coordinator will have input into related clinical processes that impact on health care associated infection (HAI) risk through the organisations clinical governance group.  New staff will receive education around infection control practices during the induction days prior to opening and through scheduled annual education sessions.  The infection control coordinator will consult with management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. A clinical advisor has been involved in the consultation process for proposed upgrades to Millvale Napier.  There are documented procedures around Medical reusable devices, shared equipment, and single-use items. The single use clinical items policy also guides staff around cleaning, disinfection shared equipment. Infection control audits are scheduled as part of the quality programme.  Hand washing and sanitiser dispensers are readily available around the facility. The Māori health plan ensures staff will practice in a culturally safe manner and this is covered through the induction programme and education programme. The service has educational resources in te reo Māori |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme is reviewed annually and has been approved by the clinical governance group and directors of DCNZ. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.  The GP has overall responsibility for antimicrobial prescribing according to policy. Monthly records of infections and prescribed treatment are required. This practice is implemented across other DCNZ homes. Antimicrobial stewardship data is being collected across the organisation. The organisations antimicrobial stewardship committee meets quarterly, reviews this data, and provides a summary along with any relevant issues for consideration by the directors. The infection control coordinator at each home and regional quality managers review organisational antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance policy is appropriate for the size and complexity of the service. Infection data is to be collected, monitored, and reviewed monthly. The data is collated, and action plans are to be implemented. Across the organisation, the healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Staff meeting minute templates include infection rates and audit outcomes as headings. Results are to be reported through management reporting to the directors. Surveillance of healthcare-associated infections includes gathering ethnicity data. Advised that this data is to be reported to staff, management, and the clinical governance group. Monthly reports are then provided to the directors.  There is an outbreak management policy. The policy requires communication with family/whanau. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and the sluice room. The sluice in the wing is secure and includes handwashing and a sanitiser.  New PPE has been purchased which includes masks, gloves, goggles, and aprons.  Home assistants are responsible for cleaning and laundry. Cleaning guidelines are provided. There is locked storage available where cleaning equipment and supplies will be stored. Cleaning schedules are documented. The operations manager will have oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits scheduled to be completed once open.  Home assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. There are two commercial washing machines, one domestic washing machine and one commercial dryer. Laundry trolleys have been purchased for the home. There is adequate storage for clean linen. All home assistants will receive training at induction prior to opening. The effectiveness of laundry processes is to be monitored by the internal audit programme. Satisfaction surveys include questions related to cleaning and laundry processes. Internal audits are to be monitored by the infection control coordinator and any corrective actions are identified and implemented. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The new service aims to be restraint-free. The governance body includes objectives around elimination of restraint. The service’s restraint policy includes the definitions of restraint, which aligns with the HDSS:2021 standard. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint). All staff receive education in restraint twice annually. The restraint coordinator is the clinical manager (registered nurse). There is a national Restraint Approval Group that meets 6 monthly. The policy includes least restrictive practices, de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort. Where restraint is used across the organisation, data is be collated, analysed, and reported along with the quality data which is reported to the directors |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 2.3.1  Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Low | There is a staffing policy that describes rostering requirements. There is a specific draft roster for the opening of the first home of 15 beds.  The management team are in the process of interviewing for staff for the opening of the facility. There is currently two registered nurses (RNs) employed to date (nil interRAI trained) and a further two RNs yet to be appointed. The clinical manager is interRAI trained. There are five caregivers currently employed which will cover the initial opening of the wing. A second cook, home assistant and diversional therapist are yet to be employed. | The service is currently interviewing to employ sufficient number of staff to cover the initial roster on opening, this includes registered nurse cover 24/7 | Ensure staff are employed to safely cover the opening roster, including registered nurses to cover 24/7  Prior to occupancy days |
| Criterion 2.4.4  Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided. | PA Low | Induction days have been planned. This will include policies/procedures and competencies. All staff will complete a fire drill, and specific equipment training during these days. | Induction days are scheduled prior to opening and all staff will complete required inductions packages, competencies, and orientation to new equipment | Ensure all inductions and competencies are completed.  Prior to occupancy days |
| Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service. | PA Low | There is a secure medication room in the new unit that includes a cooling heat pump, locked cupboards, locked safe, hand washing, area for medication trolley and area for fridge. The service is planning to implement medimap and is still in the process of confirming contracts with a local pharmacy and medical practice/GP service. | (i) Equipment for the medication room is yet to be purchased and installed. (ii) a contract with a pharmacy and a medication practice/GP service is yet to be confirmed. | (i) Ensure the medication room is fully functional, (ii) Ensure a pharmacy contract and GP services is confirmed.  Prior to occupancy days |
| Criterion 3.4.3  Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy. | PA Low | There is a policy around administration and management of medications that includes an expectation that staff who administer medication, have an annual competency and relevant training. Training is planned for staff to complete medication competencies on orientation to the service. | New staff who will be administering medications have not yet completed medication competencies | Ensure all staff administering medications have competencies completed  Prior to occupancy days |
| Criterion 3.5.6  All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines. | PA Low | The main kitchen is situated in the second wing and is fully functional and spacious. There is a fridge and freezer. Meals will be transported in a hot box to the kitchenette off the dining room in the wing. Not all equipment is yet purchased for the kitchen and kitchenette | Equipment has yet to be purchased for the new dining room/kitchenette and kitchen to ensure they are fully functional | Ensure equipment is purchased and the kitchenette, dining room and kitchen are fully functional  Prior to occupancy days |
| Criterion 4.1.2  The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence. | PA Low | The facility was originally owned by Bupa and was closed October 2023. The facility has two wings off a centre reception area. This audit included verifying one wing of 17 rooms which will be opened as a secure psychogeriatric unit. This wing previously was a secure dementia unit. The new owners are in the process of refurbishing the wing. They are re-painting the interior, opening a wall between two lounges to make one big lounge and closing off one door to the lounge. Hot water tests have yet to be completed. The secure garden outdoor area also includes access from the lounge via a covered archgola which includes seating. The garden area is currently overgrown. | (i). Refurbishment is in the process of being completed. (ii). Hot water tests have yet to be completed. (iii). Equipment/furniture is yet to be installed. (iv) The outdoor secure garden area is overgrown. | (i). Ensure all refurbishment is completed as planned; (ii) Ensure hot water temperatures to resident areas do not exceed 45 degrees; (iii) Ensure all equipment/furnishings are in place; (iv) Ensure the garden area has been tidied up and paths fully accessible and safe.  Prior to occupancy days |
| Criterion 4.2.3  Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part 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. | Specific fire evacuation training/drill is yet to be completed for new staff. | Ensure specific fire drill and emergency management training is completed for staff working in the PG wing prior to opening  Prior to occupancy days |
| Criterion 4.2.4  Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service. | PA Low | 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. Staff are in the process of being employed and all registered nurses who do not have a current CPR certificate will complete this at induction. | Staff are in the process of being employed and all registered nurses who do not have a current CPR certificate will complete this at induction. | Ensure there is a staff member across 24/7 with a current CPR certificate  Prior to occupancy days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.