# Ambridge Rose Villa Limited - Ambridge Rose Villa

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Q-Audit Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s 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:** Ambridge Rose Villa Limited

**Premises audited:** Ambridge Rose Villa

**Services audited:**

**Dates of audit:** Start date: 23 June 2020 End date: 23 June 2020

**Proposed changes to current services (if any):** Transition of Rest Home services to Dementia Care Services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 13

# 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 outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

Ambridge Rose Villa has capacity to provide dementia level of care beds for up to 25 residents. There were 13 residents on the day of the audit. The service is operated by Ambridge Rose Villa Limited. The owner/chief executive officer (CEO) who is the facility manager, is supported by the nurse manager, chief operating officer (COO) and a facility manager from a sister facility.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service’s contract with the district health board to assess the preparedness to transition from rest home care to dementia level of care. The audit process included review of residents’ and staff records, observations and interviews with management, staff and a general practitioner. This audit found the provider was prepared to provide dementia level of care services.

There were no identified areas requiring improvement.

## Consumer rights

Nil

## Organisational management

Business strategic management plan include the scope, direction, goals, values and mission statement of the organisation. A transition project action timeline is in place. Monitoring of the services provided is regular and effective. An experienced and suitably qualified person manages the service. The owner/chief executive officer (CEO) is the facility manager supported by the nurse manager (NM), chief operating officer (COO) and a facility manager from a sister facility.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

## Continuum of service delivery

The multidisciplinary team, including nurse manager and general practitioner, assess residents’ needs on admission. Planned activities are appropriate to the residents’ assessed needs and abilities. Medicines are safely managed and administered by staff with current medication competencies. All medications are reviewed by the general practitioner (GP) every three months or when required.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals are prepared on-site, and the kitchen is well equipped for the size of the service. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. There are nutritious snacks available 24 hours a day.

## Safe and appropriate environment

The existing facility is a previous structure that has been renovated to a dementia unit. The facility meets the needs of the residents and is clean and well maintained. There is a current building warranty of fitness. Electrical equipment is tested as required. Communal areas and individual rooms are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating. There is provision and availability of additional resources and equipment to meet the needs of the residents.

Waste and hazardous substances are professionally managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry service is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised.

## Restraint minimisation and safe practice

There are clear and detailed documented guidelines on the use of restraints, enablers, and challenging behaviours. There were no residents using restraint or enablers at the time of the audit. Staff interviewed demonstrated a good understanding of restraint and enabler use and receive ongoing education in the management of challenging behaviours. There is a security gate at the entrance of the service which is controlled by access control swipe cards.

## Infection prevention and control

The infection control programme is developed in consultation with the relevant key stakeholders. The environment is managed in a way that minimises the risk of infection to residents, staff, and visitors. The infection control coordinator (ICC) is responsible for monitoring infections, surveillance of data, trends and implementing relevant strategies. There was no infection outbreak reported since the last audit.

## Summary of attainment

The following table summarises the number of standards 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)** |
| **Standards** | 0 | 17 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 37 | 0 | 0 | 0 | 0 | 0 |

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