

# Ambridge Rose Villa Limited - Ambridge Rose Villa

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## Introduction

This report records the results of a Certification 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:** Ambridge Rose Villa Limited

**Premises audited:** Ambridge Rose Villa

**Services audited:** Dementia care

**Dates of audit:** Start date: 25 November 2022 End date: 25 November 2022

**Proposed changes to current services (if any):** The service has applied for a reconfiguration of beds from 25 to 26 dementia beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 25

# 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.

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Ambridge Rose Villa provides dementia level of care beds for up to 26 residents. There were 25 residents on the day of the audit.

The service is operated by Ambridge Rose Villa Limited. The owner/chief executive officer is the facility manager who is supported by the other co-owner/manager, nurse manager and chief operating officer. There is one governance body and CEO for the three facilities they own. Families interviewed spoke positively about the care provided.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora – Health New Zealand Counties Manukau. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with a resident, relatives, staff, management, and general practitioner (GP).

This audit included verifying the increase of dementia beds from 25 to 26 as suitable for use.

The certification audit identified improvements around completing interRAI assessments and long-term care plans in a timely manner.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service are fully attained.

There is a Māori health plan and Pacific health plan and the ethnicity awareness policy stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pasifika peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support, personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, and families is promoted and was confirmed to be effective. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The governing body assumes accountability for delivering a high-quality service. The owner/CEO and nurse manager are actively involved with services provided.

The purpose, values, direction, scope, and goals for Ambridge Rose Villa have been documented. Performance is monitored and reviewed at planned intervals via the quality and risk programme and management team meetings.

The quality and risk management systems are focused on improving service delivery and care. Family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning, supports safe equitable service delivery. The service seeks to employ adequate staff to cover the reconfiguration of the secure dementia unit.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The nurse manager is responsible for each stage of service provision. The nurse manager assesses, plans, and reviews residents' needs, outcomes, and goals with family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The nurse manager and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The diversional therapist and activity coordinators provide and implement an interesting and varied activity programme which includes outings, entertainment and meaningful activities, as detailed in the individual activity plans created for each resident.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. All referrals, discharges and transfers from the facility are coordinated with the family/whānau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The facility is secure. The building holds a current warrant of fitness. All medical equipment has been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in cardio-pulmonary resuscitation (CPR) and first aid is on duty at all times.

Trial evacuations are conducted. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

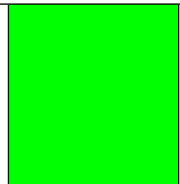
Subsections applicable to this service are fully attained.

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were two infection outbreaks reported since the last audit that were managed effectively.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the nurse manager who is a registered nurse. There are no restraints currently in use at Ambridge Rose Villa. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use 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.

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	26	0	1	0	0	0
Criteria	0	163	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. There is a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in Māori and English.</p> <p>The service has residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. Relatives of Māori residents interviewed stated that cultural needs were met, and the service supported them to link with family/whānau. Residents (where able) and family/whānau are involved in providing input into the resident’s care plan, activities, and dietary needs, as confirmed during interviews with one resident and seven relatives.</p>

		<p>Interviews with the owner/chief executive officer (CEO), chief operations officer (COO), nurse manager (NM), and staff (three health care assistants (HCAs), chef, diversional therapist (DT), and a housekeeper) described cultural support as per the policy and the care plans reviewed evidenced a Māori-centred approach. The interviewed staff members further confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are employed.</p> <p>The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit.</p> <p>The service has contacts with Māori health support people through a local kaumātua who provides opportunities for the service to learn about Māori customs and culture.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The owner/CEO and NM reported that cultural and needs assessments would guide staff in the delivery of safe equitable services to Pasifika peoples. There is a Pacific people’s policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. Cultural safety support training has been provided to staff. The service employs Pasifika staff and supports increasing Pasifika staff capacity in all levels of the organisation, as vacancies and applications for employment permit. Residents (where able) and whānau identify individual spiritual, cultural and other needs as part of the care planning process. This was consistently seen in all sampled residents’ files. The service follows the Ola Manuia Pacific Health and Wellbeing plan 2020-2025.</p> <p>Advice can be accessed through Pasifika staff and Te Whatu Ora - Health New Zealand Counties Manukau. The owner/CEO is seeking advice on appropriate services that will help Ambridge Rose Villa improve the service provided to residents that identify as Pasifika, this includes establishing working relationships/networks in the community to ensure the needs of Pacific residents are met. The CEO and COO are planning to work in partnership with Pacific communities and organisations, to enable better planning, support, interventions, and</p>

		evaluation of the health and wellbeing of Pacific peoples, to improve outcomes for residents who identify as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff at Ambridge Rose Villa understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau and the resident interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were residents and staff who identified as Māori on the audit days. The NM reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives by involving them in the assessment process to determine residents' wishes and support need. There are cultural policies which outlines tikanga best practice guidelines to follow.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau and one resident confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Residents' files sampled confirmed that each resident's individual cultural, religious, social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The NM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility's secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. All residents have an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before</p>

		<p>entering.</p> <p>All staff have completed cultural training as part of orientation and annually. The NM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Family/whānau members reported that residents' property and finances are respected. Professional boundaries are maintained. The management team reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and systemic racism. Family members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. The owner/CEO stated that there have been no reported alleged episodes of abuse, neglect, or discrimination towards residents. There were no documented incidents of abuse or neglect in the records sampled.</p> <p>The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori residents admitted to the service. This was further reiterated by the NM who reported that all outcomes are managed and documented in consultation with residents, enduring power of attorney, (EPOA)/whānau/family and Māori health organisations and practitioners.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I</p>	FA	<p>Family/whānau reported that communication was open and effective, and they felt listened too. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and</p>

<p>feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Te Whatu Ora- Health New Zealand Counties Manukau if required. Staff can provide interpretation as and when needed and use family members as appropriate. The NM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The NM reported that verbal and non-verbal communication cards, simple sign language, use of EPOA/whānau/family to translate and regular use of hearing aids by residents when required is encouraged.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the activated enduring power of attorney (EPOA). The resident under the younger person with a disability (YPD) contract has been approved by MOH to continue to live in the same community. The service ensures an appropriate informed decision-making process is followed with a Welfare Guardian appointed to support this.</p> <p>Consent forms include vaccinations. Staff, the resident and family/whānau members interviewed could describe what informed consent was and knew the residents/family had the right to choose. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Resident files and interviews confirmed involvement in decision</p>

		making.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The service has a complaints management policy and procedures in place that align with the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints sighted in the register had been resolved. There had been one complaint in 2021 and two complaints in 2022 year to date. The other complaint required involvement of the Health and Disability Commissioner (HDC) and was resolved amicably.</p> <p>Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff. Relatives/ EPOA are advised of the complaints process on entry to the service. This includes written information around making complaints. Family/whānau interviewed describe a process of making complaints that includes being able to raise these at family/residents' meetings, putting a complaint (which can be anonymous) in the suggestion box, or directly approaching staff or the management team.</p> <p>The COO reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<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>	FA	<p>The service is operated by Ambridge Rose Villa Limited. The owner/chief executive officer (CEO) is the facility manager who is supported by the other co-owner/manager, nurse manager (NM) and chief operating officer (COO). There is one governance body and CEO for the three facilities they own.</p> <p>The NM, COO, and owner/manager report to the CEO. Monthly reports to the Board showed adequate information to monitor performance is reported including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management and financial performance. The strategic business plan 2022-2028 includes the scope, direction, goals, values, and mission statement of the organisation. The management team meet every two months and</p>

	<p>other issues are discussed as they occur on a regular basis.</p> <p>The service provides dementia level care for up to 26 residents. There were 25 residents receiving services on the day of the audit. At the time of the audit there were 24 residents assessed as requiring dementia level of care (all under the age-related residential care (ARRC) contract). There is one resident under the age of 65 (on a younger person with a disability (YPD) contract) with a rest home level of care special dispensation in place. The service provides a day care programme for maximum of two residents for five days a week. The NM reported that there were no residents currently attending the day-care programme.</p> <p>The NM is supported by the management team which consists of the owner/CEO (facility manager), owner/manager, and the COO. The management team meets every two months. All members of the management team are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement.</p> <p>The owner/CEO has over 20 years' experience in the health care sector while the NM has over 14 years industry experience. The COO is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements.</p> <p>The owner/CEO interviewed explained the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided to residents who identify as Māori. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori model of care. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The management team attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity.</p> <p>The owner/CEO and COO reported that the service has meaningful relationships with kaumātua/kuia at governance, operational and</p>
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		service level, that is appropriate to the size and complexity of the organisation.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Ambridge Rose Villa has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; a regular guardian and staff satisfaction survey; policies and procedures; clinical incidents including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results and with other sister facilities.</p> <p>The COO described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Family and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from 14 respondents, in the guardian satisfaction survey conducted in May (2022), were favourable with minimal corrective actions identified and these have been implemented. All policies and procedures reviewed have been updated by an external consultant to meet the requirements of the Ngā Paerewa Standard.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of 19 incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. The COO and NM understand and have complied with essential notification reporting requirements. There have been two section 31 notifications completed since the last audit; related to resident who escaped and one notification to Public Health about the Covid-19 outbreak.</p> <p>The COO advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The</p>

		<p>service has systems and processes in place to critically analyse organisational practices at the service/operations level, aimed to improve health equity within the service. Contacts with local cultural advisors is ongoing. Staff were trained in the Treaty of Waitangi, te reo and tikanga and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. The resident and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced healthcare assistants with support from NM.</p> <p>The NM works 40 hours a week from 8 am - 4 pm Monday to Friday and is available on-call 24/7 a week. All staff maintains current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); resident rights; continence management; culture and support; advance directives; pain management; chemical training; advocacy; acute deterioration; understanding dementia; dementia and behaviour that challenge; manual handling; safe medicines management; vital signs; abuse and vulnerability; restraint minimisation; first aid; fire evacuation; complaints; and enduring power of attorney. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's funding and service agreement. Of the 20 healthcare assistants employed, 14 had completed dementia level of training and 4 are currently in training. The NM has dementia level training. Staff cover care of people with disability in their NZQA health and wellbeing</p>

		<p>qualification, ongoing training, communication, advocacy, abuse prevention, ageing process, and management of chronic conditions.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The ethnic origin for each staff member is documented on their personnel records and used in line with health information standards. The NM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving healthy equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of six staff files were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions.</p> <p>Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment including management of emergencies. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>The ethnic origin for each staff member is documented on their personnel records. A process to evaluate this data is in place and this is</p>

		reported to the CEO/owner at management meetings. Following incidents, the owner/CEO, owner/manager, COO, and the nurse manager are available for any required debrief and discussion.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting GP and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The NM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. Records sampled were integrated. The NM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Ambridge Rose Villa is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The nurse manager (registered nurse) screens the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The nurse manager described reasons for declining entry</p>

<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The management team keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which captures ethnicity on the electronic clinical management system. The service is able to filter this information to gather specific entry and decline rate data pertaining to Māori.</p> <p>At the time of audit, the service had one vacancy. The service receives referrals from the NASC service, Te Whatu Ora – Health New Zealand Counties Manukau, and directly from whānau.</p> <p>The service has an information pack relating to the services provided at Ambridge Rose which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents and staff members identifying as Māori. The service currently engages with a local kaumātua in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</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>PA Low</p>	<p>Five resident files were reviewed, including one resident who had been funded as a younger person with a disability prior to the service becoming a dementia unit and now had dispensation from the Ministry of Health to remain in the service. The nurse manager (NM) is responsible for conducting all assessments and for the development of</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>care plans. There was evidence of family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and family/whānau contact records. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system in order to formulate an initial support plan, completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan.</p> <p>Policy requires long-term care plans to be completed within 21 days of admission for long-term residents; however, this had not occurred within the required timescale for two residents admitted this year. First interRAI assessments had not been completed within the required timescales for three of five residents. Care plan and interRAI evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals for those residents who had been in the service for more than six months. The care plans reviewed were resident focused and individualised; however, not all long-term care plans reviewed identified all support needs and interventions to manage medical needs/risks. Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP visits routinely once every two weeks and provides out of hours cover. The GP (interviewed) commented positively on the excellent communication and quality of nursing at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented. The service contracts with a</p>
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	<p>physiotherapist as required and a podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora – Health New Zealand Counties Manukau.</p> <p>Healthcare assistants conduct a room-by-room walkabout handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written electronically every shift and as necessary by HCAs and are reviewed daily by the nurse manager. The nurse manager further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported their needs and expectations for their whānau were being met. When a resident's condition alters, the staff alert the nurse manager who then initiates a review with the GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>Current wounds included skin tears, and a wound infection. All wounds reviewed had comprehensive wound assessments including photographs to show healing progress. An electronic wound register and wound management plans are available for use as required. The wound nurse specialist is available as required for involvement with pressure injuries and chronic wound management should the need arise. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment 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>Healthcare assistants and the nurse manager complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour on the electronic record as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury, as per policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one full-time diversional therapist and two activity coordinators who lead and facilitates the activity programme seven days per week.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Residents who do not participate regularly in the group activities are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team/HCAs.</p> <p>Each resident has an individualised, 24-hour activities plan which are comprehensive and reviewed at least six-monthly. The YPD resident assists the activity staff in organising and facilitating activities, which the staff report gives the resident a sense of purpose and achievement.</p> <p>The service provides a range of activities such as: crafts; exercises; bingo; cooking; quizzes; sing-alongs; movies; and weekly van trips. At least two staff accompany residents on outings, one of whom being CPR/first aid trained. Residents enjoy visits to local beaches, parks, gardens, and shopping centres. Community visitors include entertainers, church services and the local Māori community representatives. Themed days such as Matariki, Waitangi, Anzac Day and the Melbourne Cup are celebrated with appropriate resources available. Cultural themed activities are integrated into the activities programme and include rakau exercises, hymns in te reo Māori and native arts and crafts. A local kaumātua visits and advises on participation in community initiatives. Staff and residents are encouraged to use te reo and the facility has everyday Māori words and their meanings prominently displayed in resident areas.</p> <p>Families/whānau and the resident interviewed spoke positively of the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p>



<p>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.</p>		<p>Staff were observed to be safely administering medications. The nurse manager and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs 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.</p> <p>Medications were appropriately stored in the medication trolley and medication room. 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 drug chart has a photo identification and allergy status identified. There were no self-medicating residents. No standing orders were in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. The nurse manager described working in partnership with the current Māori resident to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>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.</p>	<p>FA</p>	<p>The executive chef oversees the on-site kitchen supported by the on-site chef. All cooking for lunch and dinner meals is undertaken on site, with meals being served directly into the dining room from the kitchen. Residents are able to eat in their room if they prefer. There is a seasonal four-week rotating menu, which was last reviewed by a dietitian in 2021. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the nurse manager.</p> <p>The kitchen is able to meet the needs of residents who require special diets. The executive chef and on-site chef (interviewed) work closely with the nurse manager, with resident's dietary profiles and any</p>

		<p>allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>There is a food control plan expiring June 2023. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Family/whānau meetings, and one to one interaction with care staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa and the service is working towards having culturally appropriate dishes specific to Māori residents included in the menu.</p> <p>Family/whānau and the resident interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</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</p>	FA	<p>The building holds a current building systems status report, issued in lieu of warrant of fitness (due to Covid restrictions) which expires March 2023. There are maintenance personnel available for eight hours per day, five days per week, plus on-call after hours. There is a</p>

<p>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>maintenance request book for repair and maintenance requests which is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours as required. A gardener is employed to look after the gardens and grounds.</p> <p>Doorways from external areas are accessed via swipe card, and corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas are secure, and gardens have seating and shade. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for their residents.</p> <p>All bedrooms have ensuites, with additional toilets located throughout the building in common areas for resident, staff, and visitor use. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes if required.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Residents and family/whānau are encouraged to personalise bedrooms for the residents, as viewed on the day of audit.</p> <p>There is a dining area and lounge, and a whānau room with library and activity resources. There is also a separate activities room, external to the main building, accessible through a covered walkway. All communal areas are easily accessible for residents with mobility aids.</p> <p>All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating.</p> <p>The service has no current plans to undertake new building construction, however they do have links with local kaumātua which enable them to ensure that consideration of how designs and environments reflect the aspirations and identity of Māori is achieved</p>
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		should any construction occur in the future.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Trial evacuation drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, candles, torches, continent products, and a gas BBQ. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>Regular visual checks on residents are conducted by staff and where required, sensor mats are used to alert staff if residents need assistance. The NM reported that the YPD resident is encouraged to use the call bell system if they need help.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas. Family/whānau know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a COVID-19 screening questionnaire, and temperature monitoring. Contact information is collected for tracing should this be required.</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 regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to a quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The nurse manager is the infection control coordinator, and reported they have full support from other members of the management team regarding infection prevention matters. This includes time, resources, and training. Two-monthly staff and management meetings include discussions regarding any residents of concerns, including any infections. The infection control coordinator has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training, as verified in training records sighted. Additional support and information are accessed from the infection control team at the local Te Whatu Ora – Health New Zealand Counties Manukau, the community laboratory, and the GP, as required. The infection control coordinator has access to residents’ records and diagnostic results to ensure timely treatment and resolution of any infections. There were two infection outbreaks reported since the previous audit which were managed according to MoH guidelines and reported to the CEO and COO immediately.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The nurse manager oversees and coordinates the implementation of the infection control programme. The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection control coordinator’s job description. The NM has completed external education on infection prevention and control for clinical staff.</p> <p>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 owner/CEO and is linked to the quality improvement programme. The infection control programme is reviewed annually, and</p>

		<p>it was current.</p> <p>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 infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources including personal protective equipment (PPE) were available on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The infection control coordinator consults with the management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora-Health New Zealand Counties Manukau. The owner/CEO stated that the infection control coordinator will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the owner/CEO. 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. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</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,</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs 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. Work is in progress to include ethnicity data in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented</p>

<p>and with an equity focus.</p>		<p>where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Family/whānau/EPOA were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with one resident and family/whānau.</p> <p>There were two infection outbreaks reported since the previous audit. These were managed appropriately with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is one designated cleaner who is available five days a week. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The cleaner has attended training appropriate to their roles. The NM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Healthcare assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All HCAs have received training and documented guidelines are available. The effectiveness of laundry</p>



		<p>processes is monitored by the internal audit programme. The HCAs and cleaning staff demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the nurse manager. At the time of the audit, the facility was restraint free.</p> <p>The use of restraint (if any) would be reported in the clinical, staff and quality meetings. The restraint coordinator interviewed described the focus on restraint minimisation. Restraint minimisation is included as part of the mandatory training plan and orientation programme. The CEO and COO are committed to keeping the facility restraint free, as evidenced in policy and interview on the day of audit.</p>

## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	The nurse manager (registered nurse) is responsible for the residents' assessments and the development of long-term care plans. A review of the residents' files reflected that not all documentation was completed within timeframes.	<p>(i). Three out of five interRAI assessments had not been completed within the required timescales for residents entering the service.</p> <p>(ii). Long-term care plans had not been completed within 21 days for two of five long-term residents.</p>	<p>Ensure an interRAI assessments and long-term care plans are completed within 21 days of admission.</p> <p>90 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.