

Amberley Resthome 2013 Limited - Amberley Resthome and Retirement Village

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 The DAA Group Limited, 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](#).

The specifics of this audit included:

Legal entity: Amberley Resthome 2013 Limited

Premises audited: Amberley Resthome and Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 March 2024 End date: 6 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: 19



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 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
	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
	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

Amberley Rest home and Retirement Village is certified to provide rest home level care for up to 21 residents.

Twelve of the beds, known as studio units, are extensions to the rest home hallways and are owned under an Occupational Right Agreement. All but two have residents who have been assessed as requiring rest home level care.

The service is privately owned and operated by a facility manager and their partner. A clinical nurse manager assists the facility manager in the day-to-day operations.

This certification audit process against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with the facility manager, residents, family/whānau, staff, and a general practitioner.

No areas were identified that require improvement.

Ō tātou 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 fully attained.

Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their family/whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

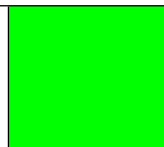
Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The management and governing body team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities.

An integrated approach includes collection and analysis of quality improvement data, identifies 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.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.

Subsections applicable to this service fully attained.

When people enter the service a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident/family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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

Includes two 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 fully attained.

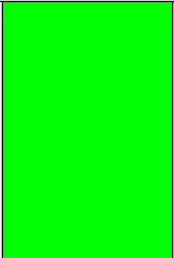
The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan.

Electrical equipment has been tested as required. Calibration records were current. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements.

Residents and family/whānau reported a timely staff response to call bells.

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

Includes five 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 fully attained.
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The facility manager (FM) and clinical nurse manager (CNM) ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. The CNM is also the trained infection control coordinator (CNM/ICC) and leads the programme.

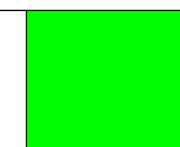
The CNM/ICC is fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care-specific infection surveillance is undertaken at facility level with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and mitigation of transmission of infections. With support from external contractors, waste and hazardous substances are professionally managed. Laundry services are managed internally and are effective.

Here taratahi | Restraint and seclusion

Includes four 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 fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body, management team and staff, and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, monitoring process, with regular reviews is in place should any restraint be used.

Staff described a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

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	27	0	0	0	0	0
Criteria	0	168	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)
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](#).

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>Amberley Rest home and Retirement Village (Amberley Rest Home) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available should any residents identify as Māori.</p> <p>There were no residents who identified as Māori on the days of the audit.</p> <p>Amberley Rest Home is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>There was a staff member who didn't identify as Māori but had a close family affiliation, on the day of the audit. This person was the cultural advisor and the FM reported they would support residents and staff if required. A cultural advisor from the local marae, Tuahiwi, also provides cultural advice and support. The facility manager (FM) has established links with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury).</p>

		<p>Residents and family/whānau interviewed reported that staff respected their right to manu Motuhake. Staff reported they include tikanga in their practice and are learning te reo Maori.</p> <p>The FM reported, and documentation confirmed staff have attended cultural safety training. Staff reported they have attended Treaty of Waitangi and cultural safety training.</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>	FA	<p>Amberley Rest Home works to ensure Pacific peoples' worldviews, cultural and spiritual beliefs are embraced. There were staff who identified as Pasifika who bring their own skills and expertise. Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments are completed at admission.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan is available for reference.</p> <p>A Pacific plan with cultural guidelines and standard operating procedures has been developed with input from the wider Pasifika community. This includes Pacific models of care and guides staff to deliver culturally safe services to Pasifika people.</p> <p>There were residents of Pasifika heritage who didn't identify as Pasifika at the time of the audit.</p> <p>Amberley Rest Home identifies and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service. The FM has links with the Pasifika community. For example, an external person of Pasifika heritage has been contacted to provide training to the staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters in te reo Māori and English around</p>

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are available in both languages.</p> <p>Interviews with visitors, the general practitioner (GP), and a Te Whatu Ora health professional who supports some residents at the facility, confirmed that staff are respectful and considerate of residents' rights in line with the Code, including the involvement of independent advocacy when required. This was confirmed by observation during the audit. There was an overarching sense of warmth, kindness and respect shown by staff to all residents and visiting family/whānau. Observation and conversation with the local GP supported this view.</p> <p>Resident meetings provide the opportunity for residents to express their preferences with respect to areas such as food and activities. Family/whānau engagement is supported and encouraged, both with respect to visits to the facility and where possible taking family members out for short periods.</p> <p>There were no Māori residents at the facility during the audit, but the facility management acknowledged that they respect and uphold Māori autonomy and mana Motuhake when they have Māori residents.</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. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The facility supports residents in a way that is inclusive and respects residents' identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>All staff working at Amberley Rest Home are educated in Te Tiriti o Waitangi and cultural safety and although there were no residents identifying as Māori on the days of the audit, when discussed with the CNM, staff understood what Te Tiriti o Waitangi means to their practice. Māori words and language are utilised on signage and posters throughout the facility. The FM acknowledged that when they have Māori residents they respect and uphold Māori autonomy,</p>

		<p>language, and mana Motuhake.</p> <p>Examination of the clinical notes indicated that staff are aware of how to act on residents' advance directives, personal wishes and how to maximise independence wherever possible. Residents verified that they are supported to do what is important to them, and this was observed during the audit and during the document review where care plans were individualised. Residents have personalised activities that they can enjoy in the privacy of their own rooms, including listening to music, craft activities and knitting.</p> <p>Staff maintain and respect residents' privacy. All residents have a private room and staff knocked and waited for a response before entering.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Amberley Rest Home included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. There was no evidence of any form of abuse having occurred at this facility.</p> <p>A holistic model of health is promoted at Amberley Rest Home with an individualised approach that aims to achieve the best outcomes for all. Staff sign a code of conduct when they commence with the service and those staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Staff understood what Te Tiriti o Waitangi means to their practice.</p> <p>Policies and procedures are in place that focus on abolishing institutional racism, and there is a determination to address racism should it arise. Staff interviewed stated that they felt comfortable raising any issues with management should they arise.</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 feel</p>	<p>FA</p>	<p>Residents and their family/whānau at Amberley Rest Home reported that communication is open and effective, and they felt</p>

<p>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>listened to. All residents and family/whānau interviewed said they were comfortable raising concerns with staff and management.</p> <p>Information is provided to residents at resident meetings where they can discuss areas such as food provided and the choice of activities available to residents. Residents and family/whānau are also sent a quarterly newsletter by the facility.</p> <p>Changes to residents' health status were communicated to residents and their families/whānau in a timely manner. This was confirmed both by residents' families and the GP, and by review of the documentation. Incident reports evidenced family/whānau were informed of any events or incidents. Documentation supported family/whānau or Enduring Power of Attorney (EPOA) contact and that contact with outside agencies has occurred when needed. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p> <p>Amberley Rest Home has access to interpreter services and cultural advisors/advocates when required.</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>Residents and/or their legal representatives are provided with the information necessary to make informed decisions. Residents and family/whānau felt empowered to actively participate in decision-making and they are provided with the necessary information on which to base their decisions. The nursing and care staff observed understood the principles and practice of informed consent and of individual preference, whether it be how they take their medications, where they eat their meals or the timing and extent of personal cares.</p> <p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>

		When required, the activated EPOA was included in discussion and decision-making alongside the resident in question.
<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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception.</p> <p>The Code was available in te reo Māori, sign language and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes.</p> <p>Staff reported they knew what to do should they receive a complaint. The FM is responsible for complaints management and follow-up.</p> <p>Complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>The FM reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed, as are staff and an external cultural advisor. There have been no complaints received by Māori to date.</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</p>	FA	<p>The FM and their partner are the owners and governing body. They assume accountability for delivering a high-quality service supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori and Pasifika advisors. They have owned the Amberley Rest Home for 11 years.</p>

<p>policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>The FM confirmed their knowledge of the sector, regulatory and reporting requirements and maintains currency within the field and through legal advice, sector communication, training, community memberships, Te Whatu Ora Waitaha Canterbury, and colleagues.</p> <p>The governing body has access to a legal team who monitor changes to legislative matters and have access to domestic and international legal advice.</p> <p>The FM has been in the role for 11 years, has 19 years aged care experience, and has completed management courses. An experienced clinical nurse manager (CNM) provides clinical support to the FM, while the administrator who is also the diversional therapist (DT) provides administration support.</p> <p>When the FM is absent, the CNM carries out all the required duties under delegated authority with support from the DT.</p> <p>The 2024-2026 business plan includes the vision, mission statement, and goals. The goals include a commitment to reduce infections and eliminate the use of restraint.</p> <p>The clinical team, guided by the clinical governance policy and a CNM discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the meetings were sighted.</p> <p>The governance team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting processes through feedback mechanisms, and purchasing equipment.</p> <p>A sample of management meeting minutes showed reporting is of a consistent format and includes adequate information to monitor performance. The reports include information on occupancy, adverse events, medication errors, infection prevention, wounds, care plan reviews, food safety, training, quality, audits, equipment and general business. The FM, CNM, DT, a representative from the health care assistants (HCAs) and a cleaner attend.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is</p>
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		<p>occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau, and health care assistants' (HCAs') knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The FM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from family/whānau, and external cultural advisors.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced positive feedback.</p> <p>The FM described the equity focus and has completed the online training requirements.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury to provide age-related residential care (ARRC) rest home level, for up to 21 residents.</p> <p>On the day of audit, 19 residents were receiving care. One resident was assessed as needing hospital level care on 13 February 2024 by Te Whatu Ora Waitaha Canterbury Older Persons Mental Health.</p> <p>One other person was in the public hospital and there was one empty bed.</p> <p>Eleven of the care studio units were occupied.</p> <p>One resident was receiving care under the long-term chronic health contract (LTCHC).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities,</p>

<p>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>	<p>monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed.</p> <p>The last resident, and next of kin survey were completed in October 2023. Results were above average. Comments included a resident expressing that their needs are being met and that staff are quick to respond to the call bell. The next staff survey is due to be completed by the end of October 2024.</p> <p>The FM is responsible for quality. The quarterly management meeting minutes confirmed there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. Separate staff meetings cover infection control, adverse events, complaints, compliments, training, nil restraint being used, staffing, and quality improvements. A sample of meeting minutes evidenced comprehensive reporting. The FM reports to their partner informally with an annual formal business planning meeting.</p> <p>Quality improvement initiatives include a new servery benchtop being installed, and an HCA undertaking mental health first aid training to provide support and advice to staff and residents should the need arise.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2024 internal audit schedule was sighted. Completed audits include laundry and cleaning, infection prevention, environment, and training. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks. The facility is guided by the documentation</p>
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		<p>including a matrix in the quality assurance and risk management policy. The register was sighted.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. Whilst Amberley Rest Home is following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The FM understood and has complied with essential notification reporting requirements. Examples were discussed. One section 31 notification relating to damage to the building at reception following a motor vehicle incident was forwarded to HealthCERT on 20 January 2023. The response from HealthCert was sighted.</p> <p>There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they were learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks against the industry standards against relevant health performance indicators, for example infections, skin care and falls. The FM reported that the benchmarking data compares positively. Graphs were sighted.</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</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 (24/7). A Safe Rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. Residents and family/whānau and staff</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>interviewed confirmed there were sufficient staff. HCAs provide the laundry service as part of their rostered duties. Housekeeping positions cover six days a week with HCAs providing the service as required on the seventh day. A maintenance person, cooks and an administrator are also employed with contracted hours to suit the facility. Bureau staff have been used to cover night shift for four weeks due to staff unwellness. There were staff who have worked in this care home for between four months and thirteen years.</p> <p>All residents with an Occupation Right Agreement who are receiving rest home level services have the same access to all staff and these numbers are taken into account when rosters are developed as they are in the same corridors as other rest home level care residents.</p> <p>At least one staff member on duty has a current first aid certificate.</p> <p>An after-hours on-call system is in place with the CNM providing clinical cover and the FM providing support for all other areas 24/7. A casual RN is available to provide on-call cover should the CNM be unavailable. The FM reported that the North Canterbury external paramedic service is available to provide support after hours. The GP is available until 8pm. Staff reported, and the FM confirmed, that after-hours support is also available through the emergency consultation video calling service. Staff reported that good access to advice is available when needed.</p> <p>The FM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, medication, first aid, cultural training, restraint, manual handling and wound care competencies confirmed the training.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The FM and staff reported that staff hold level two and/or level three New Zealand Qualification Authority (NZQA) education qualifications. The CNM is an assessor ensuring staff are undertaking the NZQA qualifications as needed.</p>
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<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>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of five staff records reviewed confirmed the organisation's policies were being consistently implemented. Position descriptions were documented and were sighted in the files reviewed.</p> <p>The FM described the procedure to ensure professional qualifications are validated prior to employment. Current annual</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>practicing certificates were sighted for two registered nurses, two enrolled nurses, four general practitioners, and the podiatrist. All were current. The diversional therapist's level four qualification was sighted, as was the current registration for the pharmacist, and dietitian.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff described their orientation and were buddied with an experienced staff member for up to six days. Orientation includes abuse and neglect, first aid and civil defence equipment and how to use it, Code of Health and Disability Services Consumers' Rights (the Code), complaints, hand hygiene, behaviours of concern, professional boundaries, safe restraint, documentation, cultural safety, fire safety, falls, health and safety, incident reporting, laundry service, and personal cares.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Amberley Rest Home is now using electronic record keeping for newly employed staff. Ethnicity data is recorded, was sighted in staff files, and is used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<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>	<p>FA</p>	<p>Policies and procedures guide staff in the management of information.</p> <p>Backup database systems are held by the online external provider. Staff have a username and unique log in to access the online resources.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. No personal or private residents'</p>

		<p>information was on public display during the audit.</p> <p>The facility maintains quality records on a secure electronic system which complies with current standards and guidelines.</p> <p>The service is not responsible for NHI registration.</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 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>FA</p>	<p>Residents are welcomed into Amberley Rest Home when they have been assessed and their level of care requirements confirmed by the local Needs Assessment and Service Coordination (NASC) agency. The accepting or declining of residents is based on availability of appropriate rooms at the service level required and clinical safety. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements.</p> <p>No residents identifying as Māori were at the facility at the time of the audit. However, the facility has processes in place to identify admission and decline rates for Māori and non-Māori. Māori health workers at Te Whatu Ora and non-government organisations are available to provide support for Māori considering entry into the facility.</p> <p>Although a resident is rarely declined entry, the decision is based on clinical safety and the availability of a room at rest home level of care, and there are processes in place for communicating the decision to the person and/or family/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>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</p>	<p>FA</p>	<p>Six resident clinical files were reviewed, including one using tracer methodology.</p> <p>In all the clinical files reviewed, a care plan was developed by an RN following an assessment, including consideration of the person's lived experience and their individual cultural needs, values, and beliefs. The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietitian input where required. Assessments are based on a range of clinical</p>

<p>whānau to support wellbeing.</p>		<p>assessments and include resident and their family/whānau input. Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, and review/evaluation time frames all met contractual requirements in the files reviewed.</p> <p>Short-term care plans were instigated within an appropriate time frame and were followed and updated by care staff in the files reviewed, and then closed or transferred onto the long-term care plan as required.</p> <p>Although there were no Māori residents at the facility at the time of the audit, the CNM and staff were aware of the importance of providing person-centred care that considers Māori constructs of oranga and which values and supports the goals and holistic focus of pae ora for Māori and their whānau.</p> <p>A GP from the local medical practice visits on a regular basis to review residents, or as required for residents of clinical concern. Residents that are more mobile can also visit the GP practice with the support of facility staff when necessary. The GP interviewed confirmed that issues can be discussed by telephone or email and medications can be changed or added remotely on the electronic medication system either by them or by the dedicated after-hours service. The facility also receives clinical support when requested, from the Nurse Maude Palliative Care Nurses and the Te Whatu Ora Gerontology Nurse Specialists in Christchurch. The GP spoken to during the audit expressed confidence in the care provided by the facility and stated that in their experience, concerns were escalated to the medical practice, after hours services, or St Johns appropriately.</p>
<p>Subsection 3.3: Individualised activities</p> <p>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</p>	<p>FA</p>	<p>A trained diversional therapist is present at the facility five days a week, with HCA's providing activities for residents at the weekend. Planned activities and entertainment provided for the residents include music, housie and scrabble, exercise classes and trips out on the facility minibus. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Where able, residents were enabled to attend</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>community activities of their choice and participate in activities that are of interest to them, including indoor bowls in Rangiora where residents from other facilities are also present.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests as confirmed by a resident that had recently been admitted to the facility.</p> <p>Independence is encouraged when appropriate and safe, but residents that are more mobile are supported to spend time both in the well maintained and characterful facility gardens as well as outside the facility itself when clinically safe to do so.</p> <p>There were no residents identifying as Māori at the time of the audit, but staff explained that when there were, they were supported to participate in te reo Māori and to value and encourage their individual cultural needs as appropriate.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded in the review of 12 medication charts.</p> <p>There is space for documenting residents' allergies and sensitivities on the medication chart and in the resident's record and these were all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. The medication fridge temperature was noted to be correct during the course of the audit. Medications were stored securely in a locked room in accordance with requirements.</p>

		<p>Controlled drugs were also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the required stock checks.</p> <p>Standing orders were not used.</p> <p>No residents were self-administering their medications at the time of the audit. However, if self-medication by residents occurs, the correct processes and policies are in place for this to be carried out safely.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes were discussed with them and with either the GP or the RN on duty. Interviews with the RN and EN confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau. The management of any specific medical condition was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their family/whānau.</p> <p>Documented evidence was seen of individual cultural needs and preferences being respected and supported when discussing and prescribing medications.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The food service provided at Amberley Rest Home is in line with

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in July 2023 and any recommendations made at that time had been implemented. The kitchen manager and the sighted menu verified that menu options available included meals that are nutritional, sound, and varied and which can be adapted for specific cultural needs.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with a Ministry of Primary Industry (MPI) approved multi-site food verification plan and registration (sighted).</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, food allergies and modified texture requirements are accommodated in the daily meal plan and are readily available for kitchen staff to refer to. All residents have opportunities to request meals of their choice and the kitchen will address this. The kitchen prepares culturally specific foods for those residents who request them. Food intolerances and specific diets were clearly documented so that all kitchen staff are aware. Food is prepared on site and delivered to residents in a safe and hygienic manner.</p> <p>Interviews, observations, and documentation verified residents are very satisfied with the meals provided. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided by staff in a respectful and supportive way that was not rushed. Fluids are regularly provided for residents both in the resident lounges and in their rooms</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>FA</p>	<p>Transfer or discharge from Amberley Rest Home is planned and managed safely to cover current needs and to mitigate risk whilst ensuring that residents receive the care they require in a timely fashion. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau. This</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>		<p>included the transfer of documentation such as interRAI assessments and clinical information as appropriate, whilst maintaining resident confidentiality and privacy. Family/whānau reported being kept well informed during the transfer of their relatives. When required and practical, staff or family/whānau members travel with residents being transferred. Cultural support is also accessed when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 14 October 2024.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule, which was sighted.</p> <p>Residents and staff confirmed they know the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>Equipment tagging and testing is current as confirmed in interviews with the FM, maintenance personnel, and observation. Current calibration of biomedical records was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs. The FM reported that appropriate equipment such as wheelchairs, which are considered to be communal equipment, are available when needed for example, on outings to appointments. The facility is accessible to meet the mobility and equipment needs of people receiving services.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to engage in activities. The studio units have their own library/lounge</p>

		<p>area.</p> <p>The dining area and the lounge area are spacious and enable easy access for residents and staff. Residents can access the library/lounge for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>All 12 studio units have their own ensuite with a toilet, shower and hand basin. The nine other rest home rooms have a hand basin only in them. There is one shower and three toilets available for the residents in these rooms. The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and family/whānau and staff reported the adequacy of bedrooms. Twelve of the rooms are in studio units, each of which is occupied under an Occupation Right Agreement.</p> <p>There is batten heating in the ceilings of all rooms, including residents' bedrooms, which are thermostatically controlled, although can be individually altered according to personal preferences. Underfloor heating is in the hallways and studio units. Additional heating is provided by four heat pumps in communal areas. The heat pumps assist with cooling in summer. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit. Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>The FM reported, and documentation confirmed, that a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. The FM would also contact the local council and iwi.</p>
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<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>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 19 January 2017.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 2 October 2023. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire training. Staff files evidenced staff are trained in emergency procedures. HCAs confirmed their awareness of the security arrangements, emergency procedures and attend regular fire drills. Fire extinguishers, hose reels, call boxes, floor plans, sprinklers, alarms, exit signs, and fire action notices were sighted. Staff reported attending fire safety training in October 2023 and records confirmed this.</p> <p>The FM reported that both RNs and staff have a current first aid certificate. Current first aid certificates were sighted in the files reviewed except for the casual RN who was sourcing a copy.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, and PPE were sighted. Supplies were last checked in March 2024. The FM reported that there is a water storage tank located in the attic of the facility. Additional bottled water was sighted. This meets the National Emergency Management Agency recommendations for the region. The FM reported that alternative lighting, and cooking facilities are available.</p> <p>Appropriate security arrangements are in place. The FM reported</p>

		<p>and staff confirmed that doors and windows are locked at a predetermined time and checks are made during the shifts. Residents are informed of the emergency and security arrangements at entry. Residents and family/whānau were familiar with emergency and security arrangements. A call bell at the main door enables visitors to alert staff after hours.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, were linked to the quality improvement system, and were being reviewed and reported on yearly. The current business plan included a goal to reduce infections.</p> <p>Amberley Rest Home has IP and AMS programmes outlined in its policy documents. The FM and CNM oversee the IP and AMS programmes at the facility and information is fed back to staff, residents and family/whānau as required. Expertise and advice are sought following a defined process. The facility can access IP and AMS expertise through Te Whatu Ora Waitaha Canterbury and outbreaks can be escalated through them when required. Additionally, advice can be accessed through the local medical centre, laboratory, external community health providers and the attending GPs.</p> <p>Infection prevention and AMS information is discussed at facility level in staff meetings. Infection prevention and control information includes ethnicity data.</p> <p>Minutes evidenced the reporting of issues and significant events.</p> <p>The Pandemic Plan has been tested through the outbreak of Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The CNM is also the infection prevention and control coordinator (CNM/ICC). This person is responsible for overseeing and implementing the infection prevention and control programme with reporting lines through to the FM.</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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The facility's infection prevention and control coordinator have appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Consultation with tāngata whenua has occurred in the writing of policies to ensure infection prevention and control policies, procedures and practices are culturally safe. Working in partnership on this issue acknowledges the spirit of Te Tiriti o Waitangi. Educational resources are available in te reo Māori for residents when required.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Staff, residents and their family/whānau are educated about infection prevention in a manner that meets their needs. This was observed during the audit with respect to a resident that had a potentially transmissible infection.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. 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</p>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials with the intention of optimising antimicrobial use and minimising harm within the organisation and facility. It was developed using evidence-based antimicrobial prescribing guidance and relevant expertise. It is regularly reviewed, and the programme is appropriate for the size, scope, and complexity of the facility.</p> <p>Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials.</p>

<p>the needs, size, and scope of our services.</p>		<p>Monthly records of infections and prescribed antibiotic treatment were maintained, and shared with the FM, who escalates them through to staff, GP, and Te Whatu Ora Waitaha Canterbury as required. Advice on antibiotic use at the facility was available from the GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections within Amberley Rest Home is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, including those relating to ethnicity. Possible causative factors, and action plans are implemented. The CNM/ICC and FM oversee the surveillance of infections. Data from the facility is graphed and recommended follow-ups are made, which are shared with staff and residents and family/whānau as applicable. Data shared with residents and their family is anonymised. Infections being monitored include those of the urinary tract, respiratory tract, wound and skin, and COVID-19. The facility has linked its infection surveillance data with ethnicity data.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness by the CNM/ICC, via the internal audit system and ongoing observations by staff and management. Staff involved have completed relevant training, described safe practices during interviews and were observed to carry out duties safely. Chemicals were stored securely. All housekeeping practices were described within documentation that is readily available.</p>

		<p>Laundry is undertaken on-site. Residents and family/whānau reported that the laundry was managed well, and there were no specific concerns related to residents' laundry identified in the residents' satisfaction survey or when discussed with residents during the audit. The laundry area was kept clean and tidy, which was confirmed through observations. There were clearly demarcated clean and dirty areas within the laundry.</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>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy and is a goal in the business plan. The FM, CNM and staff confirmed the commitment to this.</p> <p>At the time of audit, no residents were using a restraint. The FM reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The CNM is the restraint coordinator providing support and oversight for any restraint management should it be used. Their position description was sighted. The CNM reported restraint has not been used at the facility.</p> <p>There are processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy. Minutes reviewed evidence nil restraint reported.</p> <p>The FM is involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint free training, and management of challenging behaviours. Staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint reported to governance for over three years subsections 6.2 and 6.3 have not been audited.</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.

No data to display

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

No data to display

End of the report.