

# Ambridge Rose Manor Limited

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## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Ambridge Rose Manor Limited
<b>Premises audited:</b>	Ambridge Rose Manor
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 22 October 2015      End date: 22 October 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	102

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards 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 standards 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 standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Ambridge Rose Manor is an aged care facility that provides rest home and hospital level of care for up to 104 residents. Strengths of the organisation include advanced use of technology in the linking of the care, quality and risk management systems.

An unannounced surveillance audit was conducted against the Health and Disability Services Standards and the services' funding contract with the Counties Manukau District Health Board. The onsite audit included the review of documentation and residents' files, observations and interviews. Interviews were conducted with management, staff, residents, family/whanau and a general practitioner to verify the documented evidence. This audit report is an evaluation of the combined evidence on how the service meets each of the relevant standards.

This audit included the follow up of the three shortfalls identified in the previous certification audit, related to the advanced directives, medicine reconciliation and restraint assessments. These have been fully addressed with the actions implemented embedded into practice. From this audit there are no new areas identified as requiring improvement.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Communication is open and honest, with this being reported as one of the strengths of the service. The resident, and where appropriate, their family, are informed of any adverse events. When required the service has access to interpreting services.

There is an easily accessible complaints process. There are no outstanding complaints at the time of audit.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The service is managed by a suitably qualified and experienced management team. The organisation's mission statement and vision have been identified in the business plan. Planning covers business strategies for all aspects of service delivery in a coordinated manner to meet residents' needs.

There is an electronic quality and risk system and its processes support safe service delivery. Corrective action planning is implemented to manage any areas of concern or deficits identified, with documentation showing the evaluation and follow up of the corrective actions. The quality management system include an internal audit process, complaints management, resident and relative satisfaction surveys and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff. A number of projects related to the quality and risk systems are currently works in progress, and

with further evaluation, review and evidencing of how these projects will impact on resident safety and satisfaction. These projects has the service ideally placed for potentially gaining continuous improvement ratings at the next audit.

The service implements the documented staffing levels and skill mix that exceeds contractual requirements. Human resources management processes implemented identify good practice and meet legislative requirements. Staff receive ongoing education that reflects current accepted good practice.

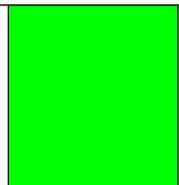
## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents receive timely, competent and appropriate services that meet their assessed needs and desired outcome/goals. The residents are admitted with the use of standardised risk assessment tools. Short term care plans are consistently developed and evaluated when acute conditions are identified. The long term care plans are reviewed every six months. Planned activities are appropriate to the needs, age and culture of the residents. Meal services meet the individual food, fluids and nutritional needs of the residents.

All medication charts are reviewed by the GP every three months. There are no expired or unwanted medications. The controlled drugs register is current and correct.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current building warrant of fitness. There has not been any change to the layout of the building that has affected the building warrant of fitness or approved evacuation scheme.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are clear and comprehensive policies and procedures that meet the requirements of the restraint minimisation and safe practice. There is a current restraint register. Risk management plans are in place when residents are using restraints. All staff receive training on the use of restraints and enablers. Staff demonstrate good knowledge regarding restraints and enablers.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Infection prevention and control policies and procedures are clearly documented and implemented to minimise risk of infection to residents, staff and visitors. The type of surveillance is appropriate to the size and complexity of the service. Infection rate data is collected, recorded, analysed and reported. Recommendations to reduce the infection rates are discussed during staff meetings.

## Summary of attainment

The following table summarises the number of standards 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)
<b>Standards</b>	0	9	0	0	0	0	0
<b>Criteria</b>	0	24	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The previous audit identified an area for improvement related to advance directives. This is now addressed as the service has implement the medically indicated "not for resuscitation" forms for residents deemed incompetent to make a decision. Staff demonstrated knowledge on acting on advance directives.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There are complaints forms available and easily accessible and displayed at the reception area. The complaints sampled comply with time frames of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). Where possible the organisation tries to exceed this time frame and address any complaints within two working days.</p> <p>The residents and families reported that it is easy to make a complaint if they wish to. Staff demonstrated awareness of how to manage a complaint. Complaints have been received through the formal complaints form, verbal or email feedback. The complaints sampled included the nature of the complaint, investigation, actions</p>

		<p>taken and follow up to the complainant. The complaints register records the dates, complaints and how they were addressed. There have been two external complaints that have been closed, with no further actions required.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family report they receive open and honest communication from staff and management. They report that being kept informed and the way that the staff communicate with them about changes is a 'real strength' of the service.</p> <p>The service has processes for accessing an interpreter. There are some residents who have English as their second language, though staff report that they are able to communicate effectively with all residents. There are a number of staff who are able to speak the main language of these residents.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The service provides rest home and hospital level of care for up to 104 residents. At the time of audit there were 102 residents, which included 14 rest home residents and 88 hospital level of care residents. Services are planned to meet the needs of the residents at mostly hospital level of care and there is a lower number of rest home level of care residents. All the beds are dual purpose and there is a mix of the rest home and hospital level of care in each of the six areas. Appropriate processes are in place to ensure the socialisation of the rest home residents and that the hospital level of care residents get the required level of care. Staffing is based on as if all residents are assessed as needing hospital level of care.</p> <p>The mission and philosophy of the organisation is clearly documented, and reviewed at the quarterly strategic management meetings. The service is in the process of reviewing and changing their mission, vision and goals. At the time of audit the service is working with an external management consultancy company to restructure the staffing and management.</p> <p>The owner/CEO has the overall responsibility for the running and strategic direction of the service. The owner/CEO has a job description that includes their authority, accountability, and responsibility for the provision of services. The manager has a background in business and management. The owner/CEO is the chair of an aged care association. The owner/CEO has in excesses of eight hours annual education related to the management of an aged care service.</p> <p>The owner/CEO is supported by six member management team, which includes the owner/CEO, owner/manager, chief operating officer, quality manager, clinical manager and the registered nurse supervisor. There are management meetings monthly and strategic direction meetings quarterly. The clinical manager who has the responsibility for the clinical aspects of service delivery. The clinical manager is a registered nurse, who has been at the service for over 11 years and in the clinical manager role for 4 years. The clinical manager has a job description that outlines their responsibilities. There are team leaders in each area that report to the RN</p>

		<p>supervisor and clinical manager. There is a clinical manager/leader on site seven days a week.</p> <p>The resident s families and GP all report that care and services are provided to a 'high' quality.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Information is gathered and entered in an electronic storage system. The organisation has an electronic quality and risk management system. The electronic governance and risk programme was introduced in the past 12 months. The systems are linked to all aspects of service delivery. Action plans are sent electrically to the person responsible for implementing the action. There are a number of projects/quality improvements that are works in progress that with ongoing evaluation, improvement and refinement, could have the potential to be rated at the continuous improvement rating at subsequent audits.</p> <p>The organisational policies and procedures are developed by an aged care consultant and have been personalised to the service. The policies are updated and reviewed at least two yearly or when there are changes to legislation or best practice. The policies are reviewed annually. The policies include the organisational and RN responsibilities for the implementing and use of interRAI. Only current versions of documents are available to staff. Staff sign to say that they have read the current policies.</p> <p>The risk and quality management systems cover the key components of service delivery. There is an audit schedule which is adhered to. Staff demonstrate knowledge of the quality and risk management systems and report that they are fed back the results and implement corrective actions as required.</p> <p>Quality data is collected through internal audits, staff and family satisfaction surveys, incidents and accidents and infection surveillance data. Where there are shortfalls noted in the internal audits action plans are implemented. The results are fed back to staff through the staff meeting, memos and staff handover. The management meeting discusses audit results and any areas of concern. Action plans are sent electronically to the person responsible for implementing the action. The management meeting and quality/staff meetings are also used to measure achievement against the quality and risk management plan.</p> <p>Corrective action planning includes the area that needs improving, how it is to be implemented, who is responsible and when completed. The corrective action form includes follow up review of the actions implemented to ensure these have been effective.</p> <p>The family satisfaction survey identified positive feedback about the care, services and environment at Ambridge Rose. Where any dissatisfaction was expressed, the service implemented corrective actions to address this. The surveys have been compared with previous years and record increased satisfaction from families and staff.</p> <p>Actual and potential hazards and risks are recorded in the hazard register. The hazards include clinical and business risks. There are also hazard identified forms for newly identified issues. The hazard register records a description of the hazard, possible remedies, actions taken and if the actions taken were effective in addressing</p>

		the hazard or reducing the risk. Hazards that can be eliminated have ongoing monitoring.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff and management understand their obligations in reporting serious harm. There have been no incidents that have required reporting to the required authorities. Staff understand when they are required to complete an accident/incident form.</p> <p>Incident and accident reporting processes are well documented in the electronic management system and any corrective actions to be taken were shown on the forms used by the service. Families are notified of any adverse, unplanned or untoward events at times they have nominated. Family/whānau confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their relatives. Management confirmed that information gathered from incidents and accidents is used as an opportunity to improve services where indicated. The adverse event reporting system includes the monitoring of any pressure injuries. At the time of audit there are two residents with pressure injuries (also refer to tracer example at 1.3.3), with strategies and pressure relieving resources being implemented to reduce the pressure and heal the wounds.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Staff who require professional qualifications and annual practising certificates (APCs) have these validated as part of the employment process. A register is maintained of the staff and contractors who require an APC, with current APCs sighted for all who require them.</p> <p>Policies and procedures are implemented for human resources management that reflects good employment practice and meets the requirements of legislation. Newly appointed staff are police vetted upon employment, references are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles.</p> <p>Staff undertake training and education related to their appointed roles. Records of attendance and competency training is maintained. Education provided is refined to current accepted good practice, with staff providing feedback and evaluation of the in-service education provided. The education programme covers the contractual requirements, staff competencies and specific issues related to the aging process. The service has completed the required RN training on the interRAI assessment tool, with five RNs having completed the required training and competency assessments.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive</p>	FA	<p>Policy identifies staffing levels and skill mix are maintained to meet residents' needs and to comply with the funder's contractual requirements and safe staffing guidelines. The services rostering and staffing is in excess of these minimum requirements. Rosters identified that at all times there are adequate numbers of suitably</p>

<p>timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>qualified nursing and care staff on duty. Staff are allocated to each area of the facility for morning and afternoon shifts and night. A review of rosters showed that staff were replaced when on annual leave or sick leave. There are appropriate numbers of physiotherapy, physiotherapy assistants, administration, activities and cleaning staff to meet the needs of the service and residents. The residents and family/whanau reported satisfaction with the staffing.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>All medications are reviewed regularly. Discontinued medications are signed and dated by the GP, allergies are documented in sufficient and photos were present. Prescriptions were written legibly. Registered nurses conduct medication reconciliation on admission or when a resident was discharged back to the facility. Staff were following the medicine administration procedures during the observed medication rounds. There were no expired or unwanted medications. Expired medications were returned to the pharmacy in a timely manner. The controlled drugs register is current and correct. Weekly and six-monthly stock takes are conducted by the RNs. All medications are stored appropriately. There are no residents who self-administer their medications. The self-administration policies and procedures are in place.</p> <p>All staff who administer medications have current medication competencies.</p> <p>The previous areas for improvements regarding medication documentation and medication reconciliation have been fully addressed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. All meals are prepared and cooked onsite. The chef and the kitchen assistants have current food handling certificates.</p> <p>The residents are provided with meals that meet their food, fluids and nutritional needs. Registered nurses complete the dietary requirement forms on admission and have provided a copy to the kitchen. The chef updates the kitchen board regularly. The chef has verbalised that additional or modified foods are also provided by the service.</p> <p>Fridge and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen to the rest home/hospital dining areas. The meals were well presented and residents confirmed that they are provided with alternative meals as per requested. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements.</p>
<p>Standard 1.3.6: Service</p>	<p>FA</p>	<p>Interventions are sufficiently detailed to address the assessed needs and desired goals/outcomes. The interventions in managing acute infections are documented in the short term care plans. Interventions are</p>

<p>Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>changed when the desired goals/outcomes are not met or when the resident's response to the treatment is not satisfactory.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Activities are appropriate to the needs, age and culture of the residents. Activities are physically and mentally stimulating. The activities coordinators developed the yearly activity plans with the residents and their families. All reviewed residents' files have well-documented activity plans that reflected the resident's preferred activities and interest. The resident's activities participation log was sighted. Residents and families have confirmed that the activities provided by the service are adequate and enjoyable.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Short term care plans are evaluated by the registered nurses and resolutions of identified acute conditions are documented. Long term care plans are reviewed and evaluated every six months or earlier as required with the use of recommended software for all aged-care facilities (interRAI). Interventions in both long term and short term care plans are modified when the outcomes were different from expected. Residents and family members have reported that they were involved in all aspects of care and reviews/evaluations.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building warrant of fitness expires on 20 March 2016. There have not been any changes to the layout of the building that have required changes to the approved evacuation scheme.</p>
<p>Standard 3.5: Surveillance</p>	FA	<p>Surveillance for infection rates is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. This is appropriate to the size and setting of the</p>

<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>service. Infection rates are monitored and collated by the infection control coordinator for analysis/trending. The specific recommendations and interventions to reduce, manage and prevent the spread of infections are discussed during the monthly meetings as well as during the daily hand-overs. The use of antibiotics is monitored and recorded. Infections rates results are communicated to the staff and management.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The use of restraints is actively minimised. There are currently 10 residents on restraints and 32 residents using enablers. An updated restraint register was sighted. The assessment and consent forms were evidenced in the reviewed resident's files. Risk minimisation is documented in the long term care plan of the resident on restraint. The restraint was evaluated regularly. The resident and their families were also provided enough information regarding the risks of the restraint being used.</p> <p>All staff received training on the use of restraints and enablers. Staff has demonstrated good knowledge regarding restraint and enablers.</p> <p>The previous area for improvement around restraint assessments has been fully addressed.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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.