

# Amberwood Care Limited - Amberwood Rest Home

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## Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

<b>Legal entity:</b>	Amberwood Care Limited
<b>Premises audited:</b>	Amberwood Rest Home
<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: 6 June 2023    End date: 6 June 2023
<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>	61

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Amberwood Rest Home is operated by Oceania Healthcare and provides rest home and hospital level care for up to 68 residents. Three bedrooms have been temporarily reallocated, so the current maximum occupancy is 65. The most significant change to the service since the previous audit in 2020 is the appointment of a new business and care manager and a new clinical manager in 2022. A surveillance audit was not conducted because of COVID-19 lockdowns.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 6 March 2023 and the consequent audit report was utilised as part of this provisional audit. The certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a nurse practitioner.

The prospective owners are based in Auckland and also own four other aged care facilities in Auckland. They provide input into the service with one being responsible for oversight of administration including payroll services and the other for information technology and property management. The prospective owners have managed and owned aged care facilities for many years and are very hands-on with the business. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their organisations quality management system, and policies and procedures will be transitioned into Amberwood from takeover date. There will be no changes to the existing management, staff, rosters, or the environment. The planned take-over date yet to be confirmed.

This audit identified one improvement required, which relates to collecting ethnicity data in the infection surveillance programme. All other areas audited met the requirements of Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

## **Ō tatou motika | Our rights**

The service provider works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

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 feel 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.

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

## **Hunga mahi me te hanganga | Workforce and structure**

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes 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 families 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**

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. 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 whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The governing body ensures 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. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## **Here taratahi | Restraint and seclusion**

The service is maintaining a restraint free environment. This is supported by the governing body and policies and procedures. There have been no residents using restraints for more than two years. The organisation has established systems and proforma for restraint assessment, approval, monitoring and reviews in the event that any restraint is used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, 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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The Oceania Māori Health Plan 2022-2025, includes a well described commitment to the principles of Te Tiriti o Waitangi, and a commitment to equitable Māori health outcomes. The plan contains specific improvement goals to address inequity, build staff and executive leadership cultural competence, reduce racism, and develop partnerships with Māori and community organisations. Each goal has a success measure which is reported against. Oceania is monitoring the number of Māori in their long-term care centres to determine that they are represented proportionally with the regional population of Māori.</p> <p>The service aims to recruit staff who reflect the resident population. A small number of Māori staff are employed at Amberwood Rest Home which reflects the resident population.</p> <p>Residents and whānau interviewed reported that staff respected their right to self-determination/manu motuhake, and that they felt culturally</p>



		<p>safe.</p> <p>Māori care plans which were developed with input from cultural advisers are used for residents who identify as Māori.</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>Oceania has worked in partnership with Pacific communities and organisations to develop a Pacific plan and policies that supports culturally safe and equitable practices for Pacific peoples using the service. This connection with Pacific communities will be ongoing to enable planning appropriate support of Pasifika residents, and evaluation of health outcomes.</p> <p>The number of staff employed who identify as Pasifika far exceeds the number of Pasifika residents.</p> <p>Pasifika residents interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area. The Code was available in English and Māori languages. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by utilising the assessment plan for Māori residents and use of Māori health care plan. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.</p> <p>Interview with the prospective owner confirmed residents' rights will</p>

		continue to be upheld. The prospective owner interviewed knows and understands the Code and that it must be adhered to as per policy.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics are identified from residents and their family/whānau on admission. These were documented in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Shared bathrooms and toilets had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example carrying out their own personal cares if able. Residents can freely attend to activities of choice in the community. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>The organisation's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. Staff have received cultural awareness training that covers Te Tiriti o Waitangi and tikanga Māori. Staff who identify as Māori converse with residents in te reo Māori. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori by involving them in planning their care as desired. Residents who identify as Māori expressed satisfaction with the support provided in relation to their culture.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>Staff have received education on professional boundaries, code of conduct, discrimination, security and abuse and neglect during the</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>staff orientation period and in annual staff study days. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. The clinical manager (CM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards in place to protect residents from abuse revictimization, institutional and systemic racism include staff education, the complaints management processes, residents' meetings, and satisfaction surveys. The business care manager (BCM) and CM maintains an open-door policy for residents. A strengths-based and holistic model of care Te Whare Tapa Whā, is utilised to ensure wellbeing outcomes for Māori.</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 that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  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>FA</p>	<p>Residents or family/whānau are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Information provided to residents and family/whānau is mainly in English. Family/whānau may assist with interpretation where appropriate. Interpreter services are engaged if required. Written information, verbal discussions and non-verbal communication methods are utilised to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the business care manager. Residents and family/ whānau expressed satisfaction with communication from the managers and the clinical team's response to requests. A record of phone or email</p>

		contact with family/whānau was maintained.
<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>	FA	<p>Staff understood the principles and practice of informed consent. General consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives were completed. Staff were observed to gain consent for daily cares.</p> <p>Tikanga guidelines in relation to consent is practiced. Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person or enduring power of attorney (EPOA) for the resident was involved. Residents are offered a support person through the advocacy services when required. Nominated residents' representative of choice and next of kin were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.</p>
<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. Māori and whānau are provided with support if required. This meets the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation for the eight complaints received since June 2022 confirmed that each matter had been acknowledged within 24-48 hours, that investigations commenced straight away and that the complainants were kept informed at all stages of the investigation. Each of the complaints had been closed off.</p> <p>A significant complaint about resident care related to the development of a stage 4 pressure injury, was later referred to the coroner's office in late 2022. This matter was fully investigated and reviewed by</p>

		<p>people at different levels within Oceania. Strategies aimed at preventing recurrence have been implemented, for example, the purchase of eight new air mattresses.</p> <p>There have been no complaints submitted to the office of the Health and Disability Commission in the past 12 months.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Oceania Group and their executive management team are responsible for the services provided at Amberwood Rest Home.</p> <p>Their governing body assumes accountability for delivering a high-quality service through identifying the purpose, values, direction, scope, and goals for the organisation. The strategic and business plans are monitored for achievement and performance and reviewed at planned intervals. There is a defined governance and leadership structure, including for clinical governance that is appropriate to the size and complexity of the organisation. Reports to the board demonstrated leadership and commitment to quality and risk management. Oceania are focused on improving outcomes for Māori and people with disabilities. There are time framed actions and success measures documented which include meaningful engagement with Māori and methods for honouring Te Tiriti o Waitangi. The board and senior leadership team are working closely with a consultancy group to implement the Māori and Pasifika Health Plans and action areas for improvement that lead to improved outcomes for Māori and Pasifika residents.</p> <p>A sample of reports to the board of directors showed adequate information to monitor performance is reported. Health equity is included on the board agenda. Each board member is a 'professional director' having completed the New Zealand Institute of Directors training that includes modules on Te Tiriti o Waitangi, understanding cultural bias, equity issues and other aspects of cultural safety.</p> <p>There is frequent communication between facility managers and members of the executive management team, via monthly reports and as needed site visits and telephone calls. The regional clinical and quality manager (CQM) was on site providing support during this</p>

		<p>audit.</p> <p>The business and care manager (BCM) who has been in the role for seven months confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. This person has an extensive work history in health management and had previous employment as a regional operations manager at Oceania.</p> <p>The BCM is supported by a clinical manager (CM) who took up the role at Amberwood six months ago but has worked for Oceania for 15 years. The CM holds a current annual practising certificate and is supported by the Oceania CQM.</p> <p>The service holds contracts with Te Whatu Ora-Health New Zealand, Waitemata for residential aged care hospital and rest home, including respite, and medical conditions. Sixty-one residents were receiving services under the contract. Of those, 35 were assessed as hospital level of care and 26 were rest home. Two residents were under the age of 65 years, one was receiving hospital level care and the other was receiving rest home care.</p> <p>The prospective owner interviewed reported there will be no changes to management, staffing, rosters, or the environment at Amberwood rest home. The prospective owner interviewed was knowledgeable in the requirements to meet the Health and Disability Standard and obligations under the contract. It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. The prospective owners are based in Auckland and also own four other aged care facilities in Auckland. With the purchase of two more aged-care facilities the prospective owners intend to set up a clinical governance group made up of the managers.</p> <p>They prospective owners provide management oversight, one director being responsible for oversight of administration including payroll services and the other for information technology and property management. The prospective owners have managed and owned aged care facilities for many years and have managerial roles with the business. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their organisations quality management system, and policies and</p>
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		procedures will be transitioned into Amberwood from day one of takeover.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Amberwood Rest Home follows the Oceania documented quality and risk management system which is well embedded in practice and reflects the principles of continuous quality improvement. The Oceania management group reviews all its policies regularly with input from relevant personnel. Policies cover all necessary aspects of the service and contractual requirements and are based on currently known best practice. Policies are ratified by the clinical governance committee and the board.</p> <p>Service delivery is monitored through complaints, internal audit activities, six monthly resident satisfaction surveys and the organisation's reporting systems which utilise a number of clinical indicators such as incidents and accidents; surveillance of infections; pressure injuries; falls and medication errors. The most recent resident and family satisfaction surveys revealed a high level of satisfaction.</p> <p>Quality improvement data is collected, collated, and analysed to identify trends. Where audits or quality data indicates the need for improvement, corrective action plans were documented, actions implemented and evaluated before being closed out. This audit confirmed there was excellent communication across staff about any subsequent changes to procedures and practice. This was evidenced by staff interviews, observation of handovers, meeting minutes and staff notices. A range of meeting minutes (quality/staff meetings, health and safety meetings) demonstrated how this information is shared with all levels of staff. Residents and family are notified and updated about changes that impact them via 1:1 meetings, resident meetings and/or newsletters. The organisation has a risk management programme implemented which documents how risks are managed in clinical services, the environment, with human resources and other areas at this facility. Health and safety policies and procedures are documented along with a hazard management programme. The risk and hazard register sighted was current and is</p>

		<p>kept updated.</p> <p>Staff reported their involvement in quality and risk management activities through their participation on committees and with internal audits. Registered nurses are allocated one of seven specific service delivery areas to focus on such as, health and safety, restraint, falls, pressure injuries, continence, infection control and weight loss. The RN's champion their speciality topic and report projects and activities to the facility quality improvement team.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed that next of kin/families had been notified, the cause investigated, and where remedial action is required to prevent recurrence, a plan is developed and actions followed-up in a timely manner. The BCM and CM understood and have complied with essential notification reporting requirements. A section 31 for a stage 4 pressure injury was submitted in July 2022 and one notification for RN shortage in May 2022.</p> <p>The approach to providing culturally safe and high-quality healthcare for Māori meets this standard, as confirmed by review of residents' health records and interviews. The organisation is focused on achieving Māori health equity through regular analysis of resident data and organisational monitoring systems. (Refer to more evidence in subsections 1.1 and 2.1).</p> <p>The prospective owners stated that their organisations quality management system, and policies and procedures will be transitioned into Amberwood within the first three months.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is</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). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is at</p>



<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>least one RN on site 24/7.</p> <p>A sample of rosters sighted showed that two RNs are allocated (one for hospital care residents and one for rest home) on AM and PM shifts, and one RN rostered each night. There are three care givers allocated for rest home residents on the morning and afternoon shifts and five care staff in the hospital wing in the morning, and four in the afternoon. Three care staff are on night shifts. This is in addition to the RN clinical manager who is on site Monday to Friday, and on call after hours.</p> <p>A third activities staff member had just been recruited, which ensures there is at least one activities person on site seven days a week.</p> <p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all staff are expected to attend a 'GEM' study day once a year. These mandatory days include education on medico legal issues such as consumer rights, informed consent, privacy, advance directives, advocacy and enduring power of attorney, cultural safety and learning about Te Tiriti o Waitangi, infection control, restraint, health and safety including manual handling, plus a range of essential resident care topics. For example, safe swallowing, pressure injuries, medication and pain management, palliative care support, and the STOP and WATCH tool. All staff have attended specific education on equity and ensuring high quality care for Māori. In addition to the study days, the CM presents monthly toolbox talks on a variety of subjects and all staff are competency assessed in areas related to their roles. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. Of the 33 part-time and full-time caregivers, 21 have achieved level 4 of the national certificate in health and wellness, seven are at level three, and five are completing levels 2 and 1. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Amberwood has been focused on celebrating long service staff and promoting staff self-care and wellbeing.</p> <p>The prospective owner does not plan to make any changes to the</p>
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		management, staffing or rostering.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of recruitment, role descriptions, validation of qualifications and a comprehensive orientation specific to the role. Recently employed staff said their orientation prepared them well for their roles. An initial 90-day review with each new staff member occurs. Amberwood Rest Home has one of the lowest staff attrition rates across the Oceania group. This was verified by the BCM who can easily access comparative reporting data from all residential homes.</p> <p>Staff performance is reviewed and discussed at regular intervals. Where staff agree to provide information, their ethnicity data is recorded and used in line with health information standards.</p> <p>Staff commented that they feel very well supported by their managers and are always offered the opportunity to debrief after any unsettling incidents.</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>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. The service uses an electronic information management system. Residents' information was stored securely in electronic files. Staff have individual passwords to access the electronic systems.</p> <p>The service is not responsible for the registration of NHI numbers.</p> <p>Residents' information is archived and labelled according to the instructions of the document storage company who collect and hold the records securely off site, for the required period before being destroyed. These records were reported to be readily retrievable. No personal or private resident information was visible/on public display</p>

		on the days of audit.
<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>	FA	<p>Enquiries are managed by the BCM with the support of the CM to assess suitability for entry according to the levels of care provided. The entry criteria is clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. Routine analysis of entry and decline rates including specific rates for Māori has been implemented at the organisational level and the electronic system for enquiries has been updated to include ethnicity data collection. The service has established links with Māori organisations to benefit Māori residents and whānau when required. Residents have access to complimentary/traditional medicines if desired. The nurse practitioner (NP) stated cultural support can be accessed per resident's request.</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 whānau to support wellbeing.</p>	FA	<p>The registered nurses (RNs) complete nursing admission assessments, care plans and care evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care</p>

	<p>plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or EPOAs where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Care plans were resident centred and included wellbeing and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Identified family/whānau goals and aspirations were addressed in the care plan where applicable.</p> <p>Principles of Te Tiriti o Waitangi are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori health care plan using Te Whare Tapa Whā model of care was utilised. Māori healing methodologies, such as karakia, mirimiri and rongoā were included in the care plans where required. The care planning process support residents who identify as Māori and whānau to identify their own pae ora. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific health people's policy and the CM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the NP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. On call services are provided as required.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health</p>
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		<p>professionals. Changes in residents' health were escalated to the NP. Timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The NP expressed satisfaction with the care provided and communication from the nursing team.</p> <p>Residents' care was evaluated on each shift in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. InterRAI triggered outcomes were addressed in the care plans reviewed. Short-term care plans were completed for acute conditions, and these were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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 suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is overseen by a diversional therapist with the support of two activities assistants. A monthly activities programme is completed. Each resident receives a copy of the weekly activities plan and a copy of the weekly plan was posted on notice boards around the facility. Residents' activity needs, interests, abilities, and social requirements were assessed using the organisational assessment forms. The leisure care plans were completed using the information collected. The activities programme is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and</p>

		<p>when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, identity and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include van trips, quiz, indoor bowls, craft, music, external entertainers, walks and birthday celebrations. Gender specific activities are offered. Cultural events celebrated include Waitangi Day and Matariki day. Other opportunities facilitated for Māori to participate in te ao Māori include Māori language week observation with Māori quiz and Māori words pronunciation activities. Some residents are able to go out to visit family/whānau and friends in the community independently or with family/whānau support.</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>The implemented medicine management system is appropriate for the scope and size of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the NP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Over-the-counter medication and supplements were documented where applicable.</p>

		<p>Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperature for the medicine fridges and the medication rooms sampled were within the recommended range. Residents and their family/whānau are supported to understand their medications when required. The NP stated that when requested by Māori, appropriate support and advice for Māori treatment can be accessed.</p> <p>Residents who were self-administering medications at the time of audit had appropriate processes in place to ensure this was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <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>	FA	<p>The food is prepared on site and is in line with recognised nutritional guidelines for older people. The executive chef is the kitchen manager. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have attended the required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian in November 2022. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are</p>

		<p>provided with a choice for an alternative if they do not want what is on the menu. Some of the food options culturally specific to te ao Māori on the menu include kahuwai (smoked fish). Residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 28 March 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents' family/whānau reported being kept well informed during the transfer of their relative. The CM reported that an escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>Residents were supported to access kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the NP or RNs. Examples of referrals completed were in residents' files sampled, including to the eye specialists, dietitian, cardiologists, and radiology.</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>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. There is a current building warrant of fitness with expiry date 23 December 2023. Maintenance staff follow a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, wheelchairs and hoists, hot water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and completed record keeping. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is occurring annually and as required when residents bring in their own electrical devices. Servicing of biomedical equipment occurred on 03 October 2022.</p> <p>All beds are approved as dual purpose, but residents reside in either one of two wings depending on their level of independence. For example, one wing is predominately residents who are assessed as requiring hospital level care.</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. Spaces are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Most of the rest home wing bedrooms have a toilet. All bedrooms have a hand basin.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Residents and whānau are consulted and involved in the design of any new buildings. There are no plans for new construction of buildings. The organisation and the BCM are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori. Māori and Pasifika residents interviewed said they felt very comfortable in the home. The Code is on display in English and te reo. Cultural art works and bilingual signs are in place.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water for all residents and staff for at least three days, battery and friction operated radios, torches, food supplies and blankets and other items that may be needed.</p> <p>Fire suppression systems are in place and are tested regularly. Trial fire evacuations occur at least every six months. The most recent fire drill occurred on 4 September 2022, and another is scheduled for March 2023.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The CM is the infection control coordinator. They coordinate the implementation of the infection prevention (IP) programme at facility</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>level. There is an infection control committee at the organisational level that is led by the general manager, nursing and clinical strategy at the support office working in conjunction with the regional clinical and quality manager team. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection control coordinator (IFC) has completed external education on infection prevention in January 2023. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme is reviewed annually, and it was last reviewed in January 2023.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on individual basis when an infection was identified and group education in residents' meetings.</p> <p>The IFC liaises with the BCM for procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora- Health New Zealand Waitemata. The CM reported that clinical the governance team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately</p>
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		<p>decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>Residents who identify as Māori were consulted on IP requirements as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori was available. Residents who identify as Māori expressed satisfaction with the information provided.</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.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use, optimise resident outcomes, and minimise adverse consequences of antimicrobials. The focus of AMS is on improving antimicrobial prescribing with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained and a monthly report was received from the pharmacy with a list of dispensed antibiotics.</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-</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance records did not include ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection</p>

<p>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>rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. The BCM and IFC have oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues.</p> <p>Oceania's Auckland region laundry is located at Amberwood Rest Home. There is a designated area for clean laundry and a separate area for trolleys with dirty laundry. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. An analysis off</p>

<p>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>organisational wide restraint is reported to them at every board meeting. At the time of this audit there was no restraint being used at Amberwood Rest Home and this has been the case for more than two years. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The organisations policies and procedures were reviewed in 2022 and meet the requirements of this standard. The CM is appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</p> <p>If restraint is required, a restraint approval group which includes the CM and other RNs, the nurse practitioner and the BCM would assemble to approve of the use of restraints and monitor the restraint processes. Whānau/EPOA must be involved in the decision making.</p> <p>The prospective owner is committed to remaining restraint-free.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Responsibilities of infection surveillance are described in the IP policy. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. There was no ethnicity recorded in surveillance data.	Surveillance does not include ethnicity data.	<p>Ensure ethnicity data is included in surveillance information to meet the standard requirements.</p> <p>180 days</p>

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

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

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

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

No data to display
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End of the report.