

Ambridge Rose Manor Limited - Ambridge Rose Manor

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ambridge Rose Manor Limited
Premises audited:	Ambridge Rose Manor
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 April 2023 End date: 13 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	103

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ambridge Rose Manor provides rest home and hospital level care for up to 104 residents. On the day of the audit there were 103 residents. The service is operated by Ambridge Rose Manor Limited and is managed by a management team, consisting of the two directors (one of whom is the chief executive officer), an owner/manager, chief operating officer, a clinical nurse manager, a clinical lead, registered nurses, care staff and administration staff. Residents and families/whānau spoke positively about the care provided.

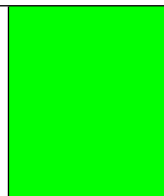
This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora – Counties Manukau. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

There were no areas of improvement to follow up from the previous audit.

This surveillance audit identified that there is an improvement required relating to registered nurse cover. At the time this audit was undertaken, there was a significant national health workforce shortage, especially registered nurses.

Ō tatou motika | Our rights

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



Subsections applicable to this service fully attained.

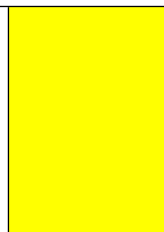
Ambridge Rose Manor provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau.

Residents who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of low risk.

Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the operational and clinical objectives which are reviewed on a regular basis. Ambridge Rose Manor has a well-established quality and risk management system that is directed by the chief operating officer, with support from the owner chief executive officer and the

owner manager. Quality and risk performance is reported across staff meetings and to the owners. Ambridge Rose Manor provides clinical indicator data for the two service levels being provided (rest home and hospital level care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. There is an organisational staffing policy.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with family/whānau and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met.

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

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

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

Subsections applicable to this service fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of an external disaster or fire.

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

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

Subsections applicable to this service fully attained.

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been an infection outbreak of Covid-19 in May, August, and December 2022, and this was well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

There are policies documented around restraint. At the time of the audit, the facility had residents with restraints. The restraint coordinator is the clinical nurse lead. Aiming for a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

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	21	0	1	0	0	0
Criteria	0	59	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

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>	FA	<p>The chief operating officer (COO) confirmed that the service supports a Māori workforce, with a proportion of staff identifying as Māori (or having whānau connections) at the time of the audit. The facility has a key relationship and support with a local kaumātua from the Auckland Stand Tū Māia. Any barriers identified are communicated by the COO to the kaumātua and reported to the owner chief executive officer and the owner manager to ensure these can be addressed.</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</p>	FA	<p>The service partners with Pacific organisations to provide guidance. The Pacific health plan is implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
<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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey, with independence promoted for each individual. This was confirmed in interviews with seven relatives (two rest home and five hospital), and seven residents (two rest home and five hospital).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with seven care staff (three healthcare assistants, three registered nurses (including the clinical lead), and one activities coordinator) the COO and the clinical nurse manager confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct within their contract process. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning, policies, the Māori health plan, and the</p>

		Pacific health plans. At the time of the audit, there were residents who identified as Māori or Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.
<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>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The COO, clinical nurse manager, registered nurses (RN) and healthcare assistants (HCA) interviewed, were knowledgeable around tikanga practices in relation to consent.</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>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The chief operating officer maintains a record of all complaints, both verbal and written in a complaints' register. There have been two complaints received in 2022 and one complaint in 2023. The three complaints included one Health and Disability Commissioner (HDC) complaint in 2022. The facility answered the HDC request for information and HDC have closed the complaint. Documentation of complaints including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by HDC. All complaints are documented as resolved and closed. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information on the complaints process.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families/whānau have a variety</p>

		<p>of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meetings which are held annually. Interviews with the COO confirmed their understanding of the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ambridge Rose Manor provides care for up to 104 residents at rest home and hospital level care. On the day of audit there were 103 residents in total.</p> <p>All 104 beds in the facility are dual-purpose. On the day of audit there were eight rest home residents, including two residents under long-term support - chronic health contracts (LTS-CHC). There were 95 hospital residents, including three residents under ACC, two respite residents and one LTS-CHC contract resident. All other residents were on the age-related residential care contract (ARRC).</p> <p>The owner/chief executive officer (CEO) and the owner manager are the owners of Ambridge Rose Manor. The facility has a key relationship with a local kaumātua from the Auckland Stand Tū Māia. A Māori cultural advisor advised on policy development to ensure policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The chief operating officer reports on any barriers to the owners who consult with the kaumātua to ensure these can be addressed. The clinical nurse manager, the clinical nurse lead, and registered nurses work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident's cultural values and needs.</p> <p>The owners and the COO developed the business plan. The plan includes operational and clinical objectives. Progress on goal achievement is assessed monthly by owners and the COO.</p> <p>he owners who are the governance body have undertaken training in e Tiriti, health equity, and cultural safety within the last year.</p> <p>The COO has been in the role for 12 years. They are supported by a clinical nurse manager who has been in the role over three years and has previous experience in rehabilitation management, and a clinical</p>

		<p>nurse lead who has been in the role for one year and has worked as an RN in the facility. There is a stable team of healthcare assistants and administration staff. The COO reports a turnover of registered nurses.</p> <p>The COO and clinical nurse manager have attended training over eight hours over the past year appropriate to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Ambridge Rose Manor is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the COO and the owners. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the COO and the clinical nurse manager. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Results are shared in two-monthly staff meetings and with the owners. Two-monthly staff meetings include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. The COO ensures policy and procedure within the care home that represents Te Tiriti partnership and equality are implemented. Staff have cultural training that aligns with the Māori health plan to ensure delivery of high-quality health care for Māori.</p> <p>The 2022 resident satisfaction surveys completed in May 2022 demonstrate high satisfaction levels with care.</p> <p>All resident incidents and accidents are recorded, and data is collated. Twelve accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in staff</p>

		<p>meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observations were consistently recorded when required. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and the COO.</p> <p>The COO is the health and safety representatives. There is a health and safety committee. Health and safety is discussed at all staff meetings. There is a hazard register that is reviewed three-monthly.</p> <p>Discussions with the COO evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been seven Section 31 notifications submitted for RN shortages. There has been two Covid-19 outbreaks in March and May 2022, which was notified appropriately to Public Health authorities.</p> <p>Critical analysis of organisational practices occurs through annual reviews, benchmarking, and meetings.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios. Rosters implement the staffing rationale. The COO officer and the clinical nurse manager work full time from Monday to Friday. The clinical nurse lead works full time Sunday to Thursday. The COO is available for non-clinical calls. The clinical nurse manager and the clinical nurse lead cover on call 24/7.</p> <p>There are currently seven RNs and two enrolled nurses working at the facility. Several RNs have left Ambridge Rose Manor since December 2022. The facility has two full-time RN vacancies, including a full-time night shift RN and a full-time RN supervisor vacancy. Seven Section 31 notifications have been submitted when there has been no RN to cover a shift.</p> <p>The staff roster for 103 residents (95 hospital level care) over six wings (18 rooms per wing) is each wing has three HCAs on both morning and evening shifts, plus RN cover. The night shift roster is for one HCA per wing plus one floating HCA and one RN.</p> <p>The current vacancies impact on when RNs have annual leave or sick</p>

		<p>leave, and the shift cannot be covered by an RN. When this occurs, the facility ensures a senior HCA covers the RN shift and the clinical nurse manager or the clinical nurse lead provide a virtual nurse on-call service. There are internationally trained nurses without NZ certification within the pool of senior HCAs who cover these shifts.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that the management team provide good support. Residents and family/whānau interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires and external professional development. Existing staff support systems include peer support, and promotion of staff wellbeing. All RNs, senior HCAs and activities staff have first aid certificates. All RNs and senior HCAs have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There is a total of 77 HCAs in the facility. Thirty-six have level four NZQA, five have level three NZQA, seven have level two NZQA, and ten new HCAs have been enrolled. The COO continues to encourage the remaining HCAs to enrol for NZQAs.</p> <p>RNs are supported to maintain their professional competency. There are implemented competencies for RNs, and healthcare assistants related to specialised procedures or treatments, including (but not limited to), medication, restraint, and culture. Of the seven RNs and two enrolled nurses employed at Ambridge Rose Manor, four RNs have completed interRAI training. These include the clinical manager and the clinical lead. Staff interviewed report a positive work environment. The facility collates quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>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>Seven staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. Information held about staff is kept secure, and confidential. Ethnicity data is identified. Māori staff files included iwi affiliation.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Ambridge Rose Manor has an admission policy for the management of enquiries and entry to service. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members at the time of the audit. Ethnicity, including Māori, is being collected, routinely analysed to show the entry, and decline rates for Māori.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and whānau. The clinical nurse manager (CNM) and clinical nurse lead (CNL) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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</p>	FA	<p>Seven files including four hospital, one LTS-CHC, one ACC, one respite, and three rest home files were reviewed.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled.</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. In interview, the GP confirmed they are contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>The CNM and CNL reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were 59 active wounds at the time of the audit. There were nine residents with pressure injuries on the day of the audit (all stage II). Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. The electronic wound care plan documents assessments, wound management plans, and evaluations are documented with supporting photographs.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CNM or CNL and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or enduring power of attorney (EPOA)/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources are available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting</p>
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		<p>changes.</p> <p>The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The Māori health care plan was developed in consultation with the resident and family/whānau. The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoa and spiritual assistance. Cultural assessments were completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is conducted by activity coordinators. The activity coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and family/whānau interviewed felt supported in accessing community activities such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups and use of basic te reo Māori words. Other activities included cooking and church services where prayers are conducted in te reo Māori. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a week, except under Covid-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic medication management system) is in use. This is used for medication prescribing, dispensing,</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>administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews and evidence of this was sighted in the electronic medication management system.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these are updated in the electronic medication management system.</p> <p>A total of 14 medicine charts were reviewed and these included: four rest home, nine hospital, and one on the interim care contract. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements. The efficacy of pro re nata (PRN) medication is documented in the electronic medication management system and evidence of this was sighted. Eye drops were dated on opening.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents have been completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The lead healthcare assistant was observed administering medications safely and correctly in one of the wings. Medications were stored safely and securely in the trolley, and in six locked treatment rooms and cupboards across all wings.</p> <p>There were no residents self-administering medications and there is a self-medication policy in place when required. There were current standing orders in use, and these were signed off by the GP. All over-</p>
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		<p>the counter medication is charted.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was confirmed in interviews with the CNM, CNL, and registered nurses.</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 Māori health plan in place included cultural values, beliefs, and protocols around food. The Sous Chef stated that menu options are culturally specific to te ao Māori. Boil ups and Island food were included on the menu, and these are offered to Māori and Pasifika residents when required. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food portions and options provided by the service.</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>A standard transfer notification form from Te Whatu Ora Counties Manukau is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident is completed.</p> <p>Interviews with the CNM, CNL and registered nurses and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
Subsection 4.1: The facility	FA	There is a planned and reactive maintenance programme in place, and

<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>all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 20 March 2024. The service employs two maintenance personnel, who are available Monday to Friday and are assisted by one gardening staff. There are essential contractors who can be contacted 24 hours a day. Repairs and maintenance requests are logged in maintenance books which are placed in all the six wings. These are checked every morning and signed off once the job has been completed by the maintenance staff.</p> <p>The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p> <p>Management advised that future developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 27 June 2012. Fire evacuation drills are held six-monthly and was last completed on 10 March 2023. Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance and communal areas.</p> <p>Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention and control resources including personal protective equipment (PPE) were sighted. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p>

prevention programme that is appropriate to the needs, size, and scope of our services.		The service has infection prevention information in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers and at monthly staff meetings. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>There have been three Covid-19 outbreaks since the previous audit (May, August, and December 2022). These were managed effectively with support and advice from the MOH and Public Health. Residents, relatives/whānau and staff were kept informed on the management of the outbreak, latest statistics, and preventative measures in place.</p> <p>The service is including ethnicity data in the surveillance of healthcare-associated infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy including acute and emergency restraint policy confirm that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible at all times. The service works in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse lead is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation in the facility.</p> <p>On the day of the audit, there were 11 residents with 13 restraints. There were nine residents with bedrails, one resident with a lap belt</p>

		<p>and three residents with recliner chairs.</p> <p>The reporting process includes restraint data that is gathered and analysed monthly. A review of the files for the residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval has been gained where the resident was unable to consent and any impact on family/whānau has been considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. There is a restraint competency. The restraint coordinator reported that staff have an excellent understanding of restraint minimisation.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>As per the ARRC contract, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times. The service on occasion has been unable to provide a registered nurse on site at times. It was noted that the service has worked to reduce this risk by utilising a virtual on call process with the clinical nurse manager and the clinical lead at these times. The clinical lead also lives nearby and can attend. The service is currently recruiting for two full-time RN vacancies and is launching a further recruitment campaign this month. The shifts not covered by RN's are all covered by senior HCAs, that are overseas registered nurses awaiting their New Zealand registration. The service has submitted seven Section 31 notifications when this situation has occurred.</p> <p>At the time this audit was undertaken, there was a significant national health workforce shortage.</p>	<p>The service currently does not have sufficient numbers of registered nurses to have an RN on duty on some shifts as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARRC contract D17.4 a. i.</p> <p>90 days</p>

		Findings in this audit relating to staff shortages should be read in the context of this national issue.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.