

# Ambridge Rose Beach House Limited - Ambridge Rose Beach House

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## Introduction

This report records the results of a Partial 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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Ambridge Rose Beach House Limited

**Premises audited:** Ambridge Rose Beach House

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 9 February 2024      End date: 9 February 2024

**Proposed changes to current services (if any):** Ambridge Rose The Beach House was purchased in November 2023. The facility has been refurbished and is appropriate to provide services for up to 20 residents requiring dementia level of care. The service is planning to open on the 26th of February 2024.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0



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

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

## General overview of the audit

Ambridge Rose- The Beach House (referred to in this report as The Beach House) belongs to a group of Ambridge Rose facilities. The Beach House will cater for 20 residents requiring dementia level of care. The service is located in Bucklands Beach, Auckland.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021. The audit process included the review of relevant policies and procedures, a review of the facility and site, staff files, observations, and interviews with management and staff.

This partial provisional audit was completed to establish the level of preparedness for The Beach House to operate as a dementia unit. The management team has refurbished a recently purchased site which was previously offering rest home level of care. The audit has found the facilities to be fit for purpose, which acknowledging that already purchased equipment and furnishings have yet to be put in place.

The nurse manager has been appointed and has over 30 years' experience in theatre and nursing in a residential drug and alcohol facility. A total of 10 staff have been appointed, including a diversional therapist and health care assistants. New staff to the facility are being fully supported by the chief operating officer, a nurse manager and other staff from two other dementia units owned by Ambridge Rose Ltd.

This partial provisional audit identified two shortfalls related to completion of the refurbishment.

## **Ō tātou motika | Our rights**

Not audited

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

The structure of the organisation extends from a Board/governance level to operations. This is a family owned business that includes the owner/manager, owner/chief executive officer and the chief operating officer. The nurse manager who has over 30 years' experience in nursing, including in mental health and drug and alcohol services, reports to the chief operating officer and all attend management and staff meetings. The governance team is on site most days of the week.

The transition plan is being implemented.

The staffing and workforce policy and rosters reflect needs of the service. Human resources are managed in accordance with good employment practice. An orientation programme is in place along with a training plan for ongoing education. Staff are currently being upskilled through an orientation programme that includes observing and working with supervision in dementia units owned by the same owners.

The site audited was verified as being appropriate to the residents who will occupy The Beach House.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

An experienced diversional therapist who has over 10 years' experience in supporting residents with dementia has been employed to oversee and deliver the activities programme. An activities programme relevant to the needs of the residents has been developed, noting that this will be adjusted to reflect the individual needs of the residents and the community.

Medication policies reflect legislative requirements and guidelines. The nurse manager and medication and competent healthcare assistants are trained and deemed competent to administer medications. There is secure storage for medicines.

Food services will be provided from the site. The kitchen is set up with appropriate equipment and wipeable surfaces. The menu has been approved for other dementia units owned by the same owners, with a dietitian available to support individual assessments.

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

The building is a secured dementia unit with a secure gate and fenced perimeter, with a single level building. There is a current building warrant of fitness. All rooms are single occupancy. The building has been refurbished and grounds/paving remodelled to include two circular walkways and grassed areas.

Documented systems are in place for essential, emergency, and security services.

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

The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention and control coordinator (nurse manager) leads the programme. A surveillance programme is

in place in the other three facilities owned by the same owners and will include The Beach House, with support for the new coordinator provided by other nurse managers.

There are processes in place for the management of waste and hazardous substances, cleaning equipment, secure storage of chemicals and for laundry services.

## Here taratahi | Restraint and seclusion

Restraint elimination and safe practice policies and procedures are in place. The service does not intend to use restraint.

### 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	12	0	2	0	0	0
Criteria	0	88	0	2	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The service is operated by Ambridge Rose- The Beach House Limited. The organisation is governed by the two owner/directors. One of the owner/director is the CEO and the other is the owner/manager. The chief operating officer (COO) provides operational leadership. The owner/manager confirmed that they have over 20 years' experience in the health care sector. The COO is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements.</p> <p>The facility (and three others) are governed by two owner/directors referred to as the owner/chief executive officer and owner/manager. The other three facilities include a 24-bed dementia unit; a 26-bed dementia unit; and a 104-bed hospital/rest home level of care service. All these services are well established and nurse and facility managers at these sites are providing support for this service to be established. The governance body and management team have a sound understanding of what it takes to provide a quality dementia service.</p> <p>The facility was purchased at the end of 2023 and has been fully refurbished. This partial provisional audit confirmed that the service is fit for purpose to operate as a 20-bed dementia unit. The following managers and staff were interviewed: the owner/manager; COO; nurse</p>

		<p>manager; nurse manager from a sister facility; diversional therapist; and two healthcare assistants who were staff employed in the previous service prior to this becoming a dementia unit. There is a transition plan in place with this being implemented currently. The business road map (2024) include a mission statement, scope, direction, goals, values, and operational objectives that overarch all four companies. The management teams meet every two months. This management team continues to discuss the purchase, refurbishment and transition of the service to a dementia unit. The owner/manager wishes to open the facility on 26 February 2024. The funder has been in contract with the auditor and the owners to ask that the service be opened as soon as possible so that the shortfall in dementia beds can be addressed.</p> <p>The owner/manager interviewed explained the business road map, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided to residents who identify as Māori. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha. The owner/manager reported that the service will ensure that residents maintain links with the community in all aspects of their care. The governance and management team have attended training around cultural safety, Te Tiriti o Waitangi and understand the principles of equity.</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-</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The service adjusts staffing levels to meet the changing needs of residents.</p> <p>The nurse manager confirmed that they will work 40 hours a week between Monday to Friday and would be available on-call 24/7 a week. There are currently 10 staff employed already and they include the nurse manager, the diversional therapist (DT), a cleaner and healthcare assistants. The current owners agreed to take all existing staff as part of the terms of sale and final negotiations are being completed to employ</p>



<p>centred services.</p>		<p>other staff. All staff currently have a current first aid certificate, so there will always be a first aider on site. The nurse manager (RN) is supported by a facility manager (enrolled nurse) from a sister site who will continue to visit during the week. The owner/manager, owner/chief executive officer and COO are on site most days and provide support as required. There are a further three HCAs in the final stages of recruitment (previous staff) who are completing orientation to working in a dementia unit.</p> <p>The transition plan includes a staged approach to admissions until there is a full complement of staff in place. The proposed roster in place has two HCAs on the morning shift and a short shift from 7AM-9AM; two HCAs on the afternoon shift and a short shift of three hours over the mealtime; and two HCAs overnight. There is a registered nurse (nurse manager) on shift from 6.45AM to 3.15PM weekdays.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The training plan is already being implemented. All healthcare assistants are currently working in the sister dementia sites to increase their knowledge and skills of how to work with and support people with dementia. Evidence of regular education provided to staff at the previous service was sighted in attendance records. The training topics on the in-service calendar included infection prevention and control; resident rights; continence management; cultural safety; advance directives; pain management; chemical training; aging process and dementia; and understanding dementia and behaviour that challenge.</p> <p>The seven healthcare assistants already employed include four with level 4 New Zealand Qualification Authority (NZQA) through CareerForce (which includes the required dementia standards) and one with level two. The other six healthcare assistants have not started their NZQA qualifications; however, the owners have negotiated for all to complete these within 18 months of starting with the service.</p> <p>The nurse manager has mental health and addictions training, with the last four years spent working in a residential addictions service. The RN from the sister facility is interRAI trained and will be supporting the NM, including completing interRAI assessments until the nurse manager has completed training.</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>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. Five staff files (three healthcare assistants, diversional therapist, nurse manager, cleaner) were reviewed and these confirmed that new staff have a criminal check completed with referees contacted before an offer of employment occurs. Each position has a job description. The nurse manager had a current annual practising certificate.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies. All staff worked for the previous owners. All seven staff have been orientated to the refurbished unit and to working in a dementia unit that is secure. The seven HCAs who have already signed to the new company are already orientating to working with residents with dementia, by working in the sister dementia unit owned by the same owners. The policy states that staff performance will be reviewed and discussed annually. There are no staff at the facility who are due to have appraisals.</p> <p>The ethnic origin of each staff member is documented on their personnel records. A process to evaluate this data is in place and this is reported to</p>

		the owner/CEO at management meetings. Staff have access to the Employee Assistance Programme, as confirmed by the owner/manager and COO.
<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>Ambridge Rose- The Beach House has employed a diversional therapist (DT) who has worked for 14 years in dementia units. The DT was passionate about the activities that would engage residents with dementia. An activities programme is already documented and operational in the two other dementia units at sister facilities. The DT described adapting the plan to individual needs of residents and the community itself. The service is advertising for an activities coordinator to support the DT, with the activities programme intended to be provided seven days a week. The DT described the role of healthcare assistants who will also provide activities for residents. The weekly activities programme included themed cultural events and the DT stated that this would be displayed on noticeboards and available to all residents.</p> <p>The DT stated that the service would facilitate opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities. Activities on the plan reviewed showed that these would meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>There is ample space for the residents to perform their activities. There are two outside areas with circular paths for residents to wander. There is a van to take residents out into the community. The vehicle warrant of fitness expires in March 2024 and the registration expires in September 2024.</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</p>	FA	<p>Medication management policies are available for safe medicine management that meet legislative requirements. The nurse manager and all HCAs who will be administering medications have been assessed for competency already (at other facilities during their orientation). Education around safe medication administration has been provided to all relevant staff employed. Staff were observed to be safely administering medications. Healthcare assistants could describe their</p>

<p>complies with current legislative requirements and safe practice guidelines.</p>		<p>role regarding medication administration.</p> <p>Medications are to be stored in a locked cupboard, with a newly purchased medication trolley that is locked. Wi-Fi has been set up to accommodate an electronic medication administration system. A medication fridge is already in place and temperatures recorded are within safe limits. The medication cupboard will be stocked when residents are referred to the service.</p> <p>The nurse manager will provide oversight of the medication administration and management system that includes reconciliation of medicines. A GP is contracted to review each resident and medications when residents are admitted. All allergies and drug sensitivities will be entered onto the electronic medicine management system. The nurse manager described how they would keep family/whānau up to date with medication changes and provide explanations where required. The service does not plan to utilise standing orders. The nurse manager reported all over the counter medications will be reviewed and prescribed by the GP on the electronic system.</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>	<p>FA</p>	<p>The meals at Ambridge Rose- The Beach House will be prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped. They have a food control plan, which has been registered. A dietitian has reviewed the menu last in February 2023, with this approved for the other three facilities. The kitchen has been fully refurbished to be operational for the admission of residents.</p> <p>There is a documented policy on nutrition management and a food service manual available in the kitchen. The cook will receive resident dietary information from the nurse manager and will be notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The cook is yet to be appointed; however, there are other cooks in the three sister services and the owners and managers who can support the service in the interim. The role has been advertised. The nurse manager and HCAs interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>Fridge and freezer temperatures are being recorded and all are within</p>

		<p>normal range. All meals will be plated in the kitchen and served to residents in the adjacent dining room or delivered to residents rooms as required.</p> <p>Meals will be directly served to residents in their rooms or in the dining room. The managers all stated that nutritious snacks would be available 24/7.</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>PA Low</p>	<p>Ambridge Rose The Beach House was previously operating as a service for residents requiring rest home level of care. The Beach House has been refurbished and secured to operate as a single level secure dementia unit. New equipment for all purposes has been purchased and is ready to be put in place when the painters and lino contractors have completed their tasks. The building warrant of fitness expires 8 June 2024.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. There are four maintenance staff who oversee maintenance of the site and the other facilities within the group. Essential contractors such as plumbers and electricians, are available 24 hours a day, every day as required. Planned and reactive maintenance systems are in place. Contracts with external suppliers are in place, managed effectively and reviewed for performance. All water and electrical systems were operational during the audit.</p> <p>The COO described how maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. HCAs who had already worked in the service at rest home level of care and who were currently orientating to dementia level of care in a sister service interviewed, stated they believe that they will have adequate equipment and space to safely deliver care for dementia level of care residents.</p> <p>The facility has an open plan reception, lounge, and dining area, with a kitchen adjacent to the dining room. All new equipment for the kitchen has been put in place, with furniture for residents and staff ready to be</p>

		<p>put out when painting and lino laying has been completed.</p> <p>The resident rooms are single occupancy; however, there are two rooms with a louvre window currently in place that does not provide privacy. The resident rooms have either a handbasin or an ensuite. The rooms have space to provide cares and are suitable for disability access and manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for the safe use of mobility equipment.</p> <p>There is safe access to all communal areas and external spaces. The external areas are secure and maintained, with seating and shade described as being purchased and ready to be put in place for residents prior to occupancy. There is a two-metre perimeter fence with swipe access in place, with two walking loops for residents outdoors. The facility has vinyl floor surfaces that were in the process of being put down. There is adequate space for storage of mobility equipment. The nurse manager states that residents will be encouraged to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are ceiling heaters throughout the facility. The temperature in each room can be individually set. There is sufficient natural light in the rooms. The facility is non-smoking.</p> <p>The service is not currently engaged in construction. The COO described that they would use links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori if the building were structurally changed.</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</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A map of the site is displayed on the wall by the door to support staff in the event</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 1 September 1999. There have not been any structural changes to the building and therefore the fire evacuation plan has not been required to be updated. There are emergency management plans in place to manage health, civil defence and other emergencies should these occur.</p> <p>Civil defence supplies are on site and the COO states that these will be checked at regular intervals as per the audit schedule. There are smoke detectors, a sprinkler system, and equipment to put out fires should this be required.</p> <p>The COO confirmed that in the event of a power outage, a generator can be obtained. There are adequate supplies in the event of a civil defence emergency, apart from stored water on site. Emergency management is included in staff orientation and external contractor orientation. There are 10 staff, including staff from the recently purchased service who have been orientated to the building, the site and to emergency policies and protocols. Staff interviewed were able to describe emergency procedures. The education plan included emergency training annually. All staff currently employed have been trained in first aid and at least one staff with a first aid certificate will be available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms, communal showers, communal toilets, and lounge/dining room areas. These were operational on the day of audit.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) policy was developed and aligns with the strategic document and approved by governance and linked to the quality improvement programme. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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>of Health recommendations.</p> <p>The nurse manager is the infection prevention and control (IP&amp;C) coordinator. The IP&amp;C coordinator reported they have full support from the members of the management team (that includes the owners) and from the nurse managers who are IP&amp;C coordinators at sister sites. This includes time, resources, and training. There are two-monthly staff and management meetings that include discussions regarding any residents of concerns, including any infections (meeting minutes sighted). The nurse manager (IP&amp;C coordinator) is aware that they will join this meeting. Additional support and information are accessed from the infection control team at the local Te Whatu Ora – Counties Manukau, the community laboratory, and the GP, as required. The IP&amp;C coordinator confirmed that they will have access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The nurse manager (IP&amp;C from another site) and the nurse manager at The Beach House confirmed knowledge of management and reporting of outbreaks.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IP&amp;C coordinator oversees and coordinates the implementation of the infection prevention and control programme and were able to describe their role. The IP&amp;C coordinator's role, responsibilities and reporting requirements are defined in the relevant job description. The IP&amp;C coordinator has completed external education on infection prevention and control at the previous service they were employed, and the nurse manager (IP&amp;C from a sister site) confirmed that they were training the new nurse manager to take on the role relevant to this facility and to provide support for residents requiring dementia care.</p> <p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The infection control programme was approved by the management team and the owner/manager and COO confirmed their role in review of the programme, which is linked to the quality improvement programme. The audit schedule includes annual review of the infection prevention and control programme.</p> <p>The infection control policies were developed by an external consultant</p>



		<p>and comply with relevant legislation and accepted best practice. The infection control policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection control resources, including personal protective equipment (PPE), were available on the days of the audit.</p> <p>Staff already employed have received education around infection control practices at orientation and through annual online education sessions. Staff interviewed confirmed knowledge of the infection prevention and control programme.</p> <p>The IP&amp;C coordinator consults with the management on personal protective equipment (PPE) requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te What Ora- Counties Manukau. The nurse manager (IP&amp;C from a sister site) stated that they had been involved in the consultation process for the refurbishment of the facility. This was also confirmed by the owner/manager and COO.</p> <p>The nurse managers interviewed confirmed that medical reusable devices and shared equipment would be appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines and they stated that single-use medical devices would not be reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were expected to be completed with the nurse manager (IP&amp;C) aware of the audit schedule.</p> <p>Hand washing and sanitiser dispensers were available and ready to be put out around the facility. There is a separate laundry with a new washing machine and dryer installed. The staff interviewed were knowledgeable around cultural safety practices in relation to infection control, as described in policy. The management team reported resources and information in te reo Māori are accessible online.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	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

<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>		<p>prescribing guidance and expertise by an external consultant. The AMS programme was approved by the management team, including the owners. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP will have overall responsibility for antimicrobial prescribing.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is planned to be collected, monitored, and reviewed monthly. The data will be collated, and action plans implemented. The HAIs being monitored at the other facilities include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools will be used to collect infection data and standardised surveillance definitions are used. The nurse manager (IP&amp;C coordinator) was able to describe reporting requirements. All correspondence and discussions held between residents, relatives, staff and allied health services are completed and documented in a culturally safe manner.</p> <p>There is an annual audit of the service that includes infection prevention audits, including cleaning, laundry, and hand hygiene. Surveillance of healthcare-associated infections will include ethnicity data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements; with this observed to occur on the day of audit. All chemicals will be stored securely and safely in a locked room accessible by swipe. Material data safety sheets are to be displayed in the laundry (refer 4.1.1). Cleaning products are already on site and are locked away.</p> <p>There is a designated cleaner employed to work five days a week. A second cleaner is in the process of being recruited for the other two days a week. Cleaning guidelines are documented. Cleaning equipment and supplies was stored safely in locked storerooms. The nurse manager</p>

		<p>described having oversight of cleaning and laundry processes.</p> <p>The laundry is located in a separate room with swipe access. The laundry has a dirty to clean flow, washing machines and dryers are in place and are monitored by an external consultant. Adequate supplies of new linen has been purchased.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint elimination and safe practice policies and procedures are in place. The restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint elimination and safe practice standards and provide guidance on the safe use of restraints.</p> <p>The nurse manager is the designated restraint coordinator. The facility does not intend to use any form of restraint; however, the restraint coordinator could describe reporting to the owners if restraint was ever considered. Staff have been trained in management of challenging behaviour that does not involve the use of restraint.</p> <p>The service is controlled via a perimeter fence and locked gates. Doors inside are not locked, except for those to outside areas that will be locked in certain weather conditions or at night for security.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	<p>The facility has been completely refurbished with all new equipment purchased for all areas. The final painting and laying of lino was taking place on the day of audit. One room had a wooden louvre window between two bedrooms that potentially would not allow privacy for individual residents. One of the rooms with the louvre window had an external window in an alcove at the end of the room that allowed light and ventilation; however, the service could consider the light and circulation of air in the room to improve the quality of the space for any resident using the room. The COO stated that outdoor furniture has been purchased.</p>	<p>i). Painting and laying lino has yet to be completed.</p> <p>ii). The furniture and equipment has not yet been put in place for resident use. (Note: this includes indoor and outdoor furnishings and equipment for staff and residents).</p> <p>iii). A louvre window between two bedrooms does not allow privacy for the residents in either room.</p>	<p>i). Ensure the refurbishment is fully completed prior to the admission of residents.</p> <p>ii). Ensure all furniture and equipment is in place for resident use.</p> <p>iii). Ensure privacy is maintained between two bedrooms with a louvre window.</p> <p>Prior to occupancy</p>

				days
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	PA Low	<p>The service has civil defence stores on site. The kitchen includes an electric powered stove with a gas hob. Sufficient water in the event of an emergency for up to 20 residents is not yet on site.</p>	<p>There is not yet sufficient water stored on site that could be used in the event of an emergency.</p>	<p>Ensure that there is sufficient water stored on site in the event of an emergency.</p> <p>Prior to occupancy 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 audit.

No data to display
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End of the report.