

# Ambridge Rose Beach House Limited - Bucklands Beach Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ambridge Rose Beach House Limited
<b>Premises audited:</b>	Bucklands Beach Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 5 September 2023      End date: 6 September 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	18

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Bucklands Beach Rest Home is a privately owned facility certified to provide rest home level of care for up to 20 residents. There were 18 residents on the day of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand - Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The manager (registered nurse) is the owner, appropriately qualified and experienced. She is supported by a part-time registered nurse and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

The prospective buyer, Ambridge Rose Group, is an experienced aged care provider with three facilities in the Auckland region. Ambridge Rose has a documented plan to transition to their quality assurance programme, systems, and processes.

This audit identified the service meets the intent of the Standard.

## **Ō tatou motika | Our rights**

Bucklands Beach Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Caregivers are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all caregivers.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

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

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurse assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Paper based resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

The meal service is provided by the facility cook. Meals are delivered directly into the dining room. Residents' food preferences and dietary requirements are identified at admission and that information is updated as required to the cook. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The activities coordinator implements an interesting and varied programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Medication competent caregivers and the registered nurse are responsible for administration of medicines. Medication competencies are completed annually and there is education for this in the annual education plan. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a reactive and preventative maintenance schedule in place.

Fire and emergency procedures are documented, and related staff training has been conducted. There is an implemented policy around resident, staff, and the building security.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Bucklands Beach Rest Home. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

## Here taratahi | Restraint and seclusion

Bucklands Beach Rest Home strives to maintain a restraint-free environment. At the time of the audit there were no residents using restraints. Restraint minimisation training is included as part of the annual mandatory training plan and at orientation.

### Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Bucklands Beach Rest Home acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Bucklands Beach Rest Home are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and the service utilises the Care Association of New Zealand (CANZ) cultural advisor on an organisational level to support their cultural journey.</p> <p>The service had no residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a questionnaire to reinforce their understanding. Training covers discussions in relation to the importance of the Treaty of Waitangi</p>

		<p>and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>The service supports increasing Māori capacity by employing more Māori applicants when they apply. At the time of the audit, there were no Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with four residents and two family members. The RN manager and six staff interviewed (three caregivers, one activities coordinator, one registered nurse, and one cook) described how the delivery of care is based on each resident's values and beliefs.</p> <p>The prospective buyer knows and understands the consumer rights and has a very good understanding of Te Tiriti o Waitangi, recognising Māori and supporting Māori. The prospective buyer has existing links to kaumātua, iwi, and cultural education providers.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well-known and respected in the industry, who had input from their Pacific community contacts.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika. The RN manager confirmed that family members of any future Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The RN manager described how they encourage and support any applicants that</p>

		<p>identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the RN manager, and staff confirmed the service puts people using the services and the local community at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The RN manager discusses aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p> <p>The prospective owners know and understand the Code and that this must be adhered to, evidenced through interview.</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>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family members to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (2022 and 2023) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Five residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</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</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Bucklands Beach Rest Home policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are</p>

<p>safe and protected from abuse.</p>		<p>very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the RN manager, and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with the RN manager if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any potential Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and families/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who was unable to speak or understand English. Staff interviewed described their use of non-verbal communication, an electronic translation app, and utilising a family member as an interpreter to communicate with the resident.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the</p>

		<p>agreement.</p> <p>Health professionals involved with the residents may include specialist services. The RN manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The five resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</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</p>	FA	<p>The complaints procedure is provided to residents and families/whānau on entry to the service and is available in te reo Māori. The RN manager is responsible for maintaining the complaints register. There have been no internal or external complaints received since the previous audit; however, there was a complaint sent to HDC in 2020 which is awaiting the final sign off. Te Whatu Ora Health New Zealand – Counties Manukau has asked that this audit confirms that the RN manager has attended training in cardiac management, communication with family members, and the</p>

<p>in a manner that leads to quality improvement.</p>		<p>responsibilities of a sole registered nurse at an aged-care facility. This is the case, and the service has provided regular training to caregivers on the assessment of residents' vital signs; the escalation of care; reviewed its processes for requesting GP and locum GP assistance; to ensure that a robust system is in place, particularly for circumstances where follow up of the GP may be required.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The RN manager and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are held at the entrance to the facility. Residents or family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The RN manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</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>	<p>FA</p>	<p>Bucklands Beach Rest Home, located in Bucklands Beach, Auckland, provides rest home level of care, for up to 20 residents. On the day of the audit, there were 18 residents. There were two residents on the long-term support chronic health contract (LTS-CHC), and one was on a younger person with a disability (YPD) contract. The remaining 16 residents were under the age-related residential care contract (ARRC).</p> <p>Bucklands Beach Rest Home is the trading name of Bucklands Beach Rest Home Limited - a privately owned company with one director (who is the RN manager). The RN manager is supported by a part-time registered nurse, and an experienced care team. The RN manager provides clinical governance. There is a current business plan which is documented, and regularly reviewed. A mission,</p>

	<p>philosophy and objectives are documented for the service. The RN manager analyses internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The service has extensive iwi links through current staff members, and the CANZ cultural advisor. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The RN manager has demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members.</p> <p>The RN manager has been in the role for 28 years, regularly attends aged care conferences and their staff file evidences that they attend over eight hours of professional development per year relating to their role and responsibilities.</p> <p>The prospective buyer is the Ambridge Rose Group who are an experienced aged care provider. Ambridge Rose own three other facilities within the Auckland region. There is a documented transition plan with timeframes to implement their own policies and procedures. Ambridge Rose policies align with the Ngā Paerewa Health and Disability Services Standards 2021.</p> <p>The Governance Board consist of the owner/manager, and owner/CEO. Both are well experienced in business, and aged care provision. Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of the Bucklands Beach Rest Home. At the time of the audit, the proposed settlement date is 20 November 2023. Te Whatu Ora- Counties Manukau portfolio manager has been informed. A transition plan is documented to</p>
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		provide a smooth transition of management and systems.
<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>Bucklands Beach Rest Home has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the RN manager and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed.</p> <p>Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held monthly. Both residents and families/whānau have provided feedback via annual satisfaction surveys. The 2022 and 2023 resident surveys indicate that residents are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Staff are kept well informed, evidenced in staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or</p>

		<p>untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The RN manager is aware of situations that require essential notifications. Section 31 reports have been submitted since the previous audit relating to an absconder and a trespass notice. Public Health authorities have been notified in relation to the Covid-19 outbreaks.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The prospective provider has established and implemented quality and risk management programmes that they plan to implement at some point at Bucklands Beach Rest Home. It is anticipated this will have minimal impact because both organisations are utilising the same policies, quality, and risk management programmes, developed by an external consultant.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The RN manager is available (full time) Monday to Friday and is on call 24/7. The part-time registered nurse takes over managerial duties in the absence of the manager, and also covers on call. There is adequate caregiver cover, including weekends.</p> <p>There is an annual education and training schedule being implemented. The 2022 training schedule was met, and the 2023 is being implemented. Examples of topics covered included (but are not limited to): consumer rights; elder abuse and neglect; dental hygiene; infection prevention and control; first aid and CPR; pain management; and challenging behaviours. There is a staff member</p>

		<p>trained in first aid 24/7. Competencies cover consumer rights; health and safety; clinical skills; handwashing; manual handling; medication management; restraint; chemical safety; and fire safety, with a fire drill held six-monthly.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Two caregivers have completed their level four qualification and one has completed their level three.</p> <p>The RN manager, and registered nurse have completed interRAI training. They participate in learning opportunities provided through Middlemore Hospital and local hospice. Wellbeing support is provided to staff through the availability of one-to-one support when required, in staff meetings (staff health, wellbeing and injury is a regular staff meeting agenda item), peer support, and monthly shared kai at meetings.</p> <p>The prospective purchaser (CEO/manager) stated there are no immediate plans to do any staff changes. They plan to provide all staff with education and training consistent with the Ambridge Rose education and training plan currently being implemented.</p>
<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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>annually.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for caregivers supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p> <p>The prospective owner has no immediate plans to change the recruitment process.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy and kept securely.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>FA</p>	<p>There are policies documented around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Information packs are</p>

<p>the most appropriate service provider to meet my needs.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>provided for families/whānau and residents prior to admission or on entry to the service.</p> <p>The five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they received the information pack and sufficient information prior to and on entry to the service. Admission criteria is based on the assessed needs of the resident and the contracts under which the service operates.</p> <p>The RN manager and the RN are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or the level of care was inappropriate for the service. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents; this is documented on the resident management paper-based system. The service uses ethnicity data from all residents and is able to analyse it for the purposes of identifying entry and decline rates that is ethnicity focussed. Cultural support from Care Association of New Zealand (CANZ) Cultural Adviser and Te Whatu Ora-Counties Manukau, is available to support residents who identify as Māori and to assist resident's whānau and staff to support cultural practice.</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.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.  As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five paper based resident files were reviewed for this audit, including one YPD and one LTS-CHC resident. The RN manager and the RN are responsible for conducting all assessments and the development of care plans. There is evidence of resident and family/whānau involvement in the development of the long-term care plans. This is documented in the paper-based progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The</p>

	<p>service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a Te Whare Tapu Whā person-centred model of care. All residents have admission assessment information collected and an initial care plan completed at time of admission.</p> <p>All long-term residents, including those not on the ARRC contract, have interRAI assessments completed. Initial interRAI assessments have been completed within 21 days of admission. Long-term care plans have been developed and reviewed within expected timeframes. The care plan is resident focused, holistic and aligns with the service's model of person-centred care. Care plans reflect the required health monitoring interventions for individual residents. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. Short-term care plans were well utilised for issues and signed off when resolved for infections and wounds.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly. The GP practice provides a limited on-call service and is available over the weekends if necessary. The GP will take calls 24/7 triaged through the on-call RN. The RNs are available for after-hours calls seven days a week. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing provided to the residents and their family/whānau. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service accesses a physiotherapist when required. A podiatrist, dietitian, speech language therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described using the paper-based handover sheet with the RN and caregivers from the previous shift. Comprehensive handovers maintain a continuity of service delivery and were sighted on the days of audit. The RN completes a written weekly progress note for each resident. Further to this if there are any incidents, GP visits or changes in health status, these are recorded.</p> <p>When a resident's condition changes, a RN initiates a review with</p>
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		<p>the GP. Family were notified of all changes to health, including infections, accident/incidents, GP visits, and medication changes. Wound assessments, and wound management plans are completed. A paper-based wound register is maintained. On the day of the audit, there was one resident with a sacral skin tear. Instructions for managing this were included in the progress notes and on a short-term care plan.</p> <p>The RNs and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted). There is access to a continence specialist as required.</p> <p>The RN and caregivers complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regimes. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Neurological observations reviewed were consistently recorded as per policy. Family/whānau are notified following incidents, unless the resident requests that they not be informed, or family have indicated notification parameters. Opportunities to minimise future risks are identified by the registered nurse manager in consultation with RN and caregivers.</p> <p>Residents interviewed reported their needs and expectations were being met.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator, which provides activities across the seven days with the support of the caregivers. The activities coordinator has a current first aid certificate.</p> <p>A monthly calendar is available for residents and the programme is written on the whiteboard, so residents know what is available each day. Residents who are able to be, are involved with the regular activities at the home (eg, setting the tables, placing the bin out). This activity is recorded in their care plan and was observed on the days of the audit.</p> <p>The service facilitates opportunities to participate in te reo Māori with</p>

		<p>Māori language on planners; using te reo Māori in the exercise programme; planned participation in Matariki; and there is a te reo Māori word of the week on the noticeboard and name of the month displayed.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. This includes baking; men's group; quizzes; word games; bowls; karaoke; fishing; walking on the beach; and in summer, swimming or paddling in the sea. One-on-one time is spent with residents who are unable or chose to not attend the communal activities.</p> <p>Bus outings are scheduled weekly to the shopping mall or scenic trips eg, museum, Howick RSA Poppy day, Bastian Point, with the activities coordinator driving the van. Local entertainers provide entertainment frequently. There are weekly interdenominational services. McLean College students visit the facility and at Christmas, the Temple Buddhist community send personalised cards to each resident. Residents are encouraged to be involved in the community and are independent in attending these events.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A spiritual, cultural, social, activities plan is developed and included in the long term care plan; this is reviewed six-monthly.</p> <p>Resident meetings are held six-weekly and feedback is gained daily by talking to the residents. Residents are able to provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and enjoyable.</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>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</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>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses packaged medication for regular and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication cupboard. The medication fridge and medication cupboard temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There was one resident self-administering medications; policies and procedures were evidenced to have been followed. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The RN and RNM described a process to work in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>FA</p>	<p>All meals are all prepared by the cook on site and served directly to the residents from the kitchen through a servery. The kitchen was observed to be clean, well-organised, and well equipped. A current approved food control plan was displayed, expiring on 8th March 2024. The four-weekly menu has been reviewed by a dietitian and</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>expires June 2024.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNM and RN and is notified of any changes to dietary requirements (vegetarian, dairy free, diabetic) or residents with weight loss. This information is displayed on a whiteboard and updated as necessary to ensure they are aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook records cleaning schedules, fridge, and freezer temperatures recordings. Food temperatures are checked when the food arrives. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and residents were observed enjoying their meals. Modified utensils are available for residents to maintain independence with eating. Food services staff have completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service. Feedback regarding the service is provided at the resident meetings and through resident surveys.</p> <p>The prospective purchaser has no immediate plans to change the food 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,</p>	<p>FA</p>	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from</p>

<p>transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The RN manager and RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness expiring 8th June 2024. Medical equipment has been calibrated annually as scheduled. The facility employs an external contractor for maintenance requirements as and when required who are available after hours.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and are able to personalise their room. The facility, including pictures on the walls, are inclusive of resident's cultures.</p> <p>There are handrails in ensuites and communal bathrooms. The corridors are sufficiently wide to enable safe mobility for the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade, which is wheelchair accessible. The dining room is adjacent to the kitchen servery. There are eighteen rooms consisting of sixteen single resident rooms and two double rooms. All have handbasins; there is one room with a shower and nine with toilets. There are two double rooms with privacy curtains, toilet and handbasin, making a total of 20 beds. There are adequate communal toilets and showers. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounge and dining area.</p> <p>The building is appropriately heated and ventilated. There is adequate heating throughout the facility with plenty of natural light in the rooms.</p>

		<p>The service is not currently engaged in construction. If this were to happen, the owner described how they would utilise their links with a CANZ Cultural adviser and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.</p> <p>The prospective purchasers are not planning any immediate environmental changes to the facility other than ongoing repairs.</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>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan and a business continuity plan, outline 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill (February 2023) has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there are gas rings on the oven in the kitchen for cooking. There are adequate supplies in the event of a civil defence emergency, including adequate amount of water stored. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are locked by a caregiver.</p>

<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. 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>FA</p>	<p>The RN manager oversees infection control and prevention across the service. There is a job description which outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for the Bucklands Beach Rest Home. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The manager is able to access advice from Te Whatu Ora- Counties Manukau infection prevention and control specialist and the GP.</p> <p>The Bucklands Beach Rest Home has a process in place to mitigate their risk around outbreaks, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. All staff and the majority of residents are vaccinated for Covid-19.</p> <p>The prospective purchaser has no immediate plans to change the established infection control programme.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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 RN manager has the role of infection prevention control coordinator and has undertaken education in infection prevention and control through an external provider. The Covid-19 response plan is available for the preparation, planning for, and management of Covid-19 infections, screening, and positive tests when these have occurred. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education</p>

		<p>of staff. Policies and procedures are reviewed by the external consultant, RN manager, and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eyewear, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The RN manager is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora- Counties Manukau for advice if required.</p> <p>The service provides te reo Māori information around infection control. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Bucklands Beach Rest Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to</p>	<p>FA</p>	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and RN manager monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>

<p>the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The Bucklands Beach Rest Home receives regular notifications and alerts from Te Whatu Ora- Counties Manukau for any community concerns.</p> <p>There have been no outbreaks since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Bucklands Beach Rest Home has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There is a sluice room with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>Laundry and cleaning duties are undertaken by caregivers, shared across all shifts. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>The cleaning trolley was attended at all times and locked away when</p>

		<p>not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the RN manager (infection control coordinator) and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machine and dryer are checked and serviced regularly. The caregivers interviewed demonstrated their understanding of the systems and processes.</p> <p>The prospective purchaser has no immediate plans to change the current laundry or cleaning provision.</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>The restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN manager is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to maintaining a restraint-free environment. They are conversant with restraint policies and procedures. The facility is restraint free and has been for 25 years. Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and is updated annually. Data is gathered and analysed monthly (which would include restraint) that supports the ongoing safety of residents and staff. This is reviewed by the owner at quality meetings. The restraint policy ensures resident, and family/whānau approval would be sought if restraint was being considered. Any impact on family/whānau would also be considered.</p> <p>The prospective purchaser has no immediate plans to change the restraint process.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.