

Ambridge Rose Cottage Limited - Ambridge Rose Cottage Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Ambridge Rose Cottage Limited

Premises audited: Ambridge Rose Cottage Limited

Services audited: Dementia care

Dates of audit: Start date: 19 July 2023 End date: 19 July 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ambridge Rose Cottage belongs to a group of Ambridge Rose facilities. The Cottage is a boutique dementia care home in Botany Downs – the heart of Auckland’s Eastern suburbs, and provides dementia level of care beds for up to 24 residents. There were 23 residents on the day of the audit.

The service is operated by Ambridge Rose Cottage Limited. The facility manager is an enrolled nurse, and is supported by the owner/chief executive officer, other co-owner/manager, the chief operating officer, and the nurse manager from the other sister facility. There is one governance body and chief executive officer for the three facilities they own. Families/whānau interviewed spoke positively about the care provided.

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

This certification audit identified improvements are required around interRAI assessment timeframes and care plan interventions.

Continuous improvement ratings have been awarded in the area of quality management system, and independent advocacy.

Ō tatou motika | Our rights

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

Subsections applicable to this service are fully attained.

There is a Māori health plan and Pacific health plan and the ethnicity awareness policy stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Families/whānau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support, personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. There was no evidence of abuse, neglect, or discrimination.

Open communication between staff, and families/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The business road map (2023) and annual and quarterly plan (2023) includes a mission statement and operational objectives. The governing body assumes accountability for delivering a high-quality service. The owner/ chief executive officer and facility manager are actively involved with services provided.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. 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

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. The facility manager is an enrolled nurse and works under supervision from a nurse manager from a sister facility within the group. The facility manager and nurse manager are responsible for each stage of service provision. They assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. The facility manager and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

All care staff provide and implement an interesting and varied activity programme. The programme includes meaningful activities that meet the individual recreational preferences for the group of residents.

Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. The service has a current food control plan. Nutritious snacks are available 24/7.

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

<p>Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service are fully attained.</p>
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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. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy, except two rooms which are dual occupancy and are personalised.

Documented systems are in place for essential, emergency, and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night and a security camera monitors corridors and exit /entrances to ensure the safety of residents and staff.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and

results shared with all staff. Follow-up action is taken as and when required. There were two infection outbreaks reported since the last audit that were managed effectively.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Restraint elimination and safe practice policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator who is the facility manager, who is supported by the nurse manager from a sister facility within the group. The facility has no residents with restraint. It would be considered as a last resort only after all other options were explored.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	2	164	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. There is a documented Māori perspective of health, guidelines for terminal care and death of a Māori resident, and practical application of the policy (tikanga best practice guidelines) documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in Māori and English.</p> <p>The service has no residents who identify as Māori. The Māori health care plan identifies specific cultural interventions around food, cares, and practices as per policy and tikanga guidelines. The facility manager/enrolled nurse (FM/EN) interviewed stated that cultural needs are met, and the service supports them to link with family/whānau if required. Residents (where able) and family/whānau are involved in providing input into the resident’s care plan, activities, and dietary needs, as confirmed during interviews with six relatives.</p>

		<p>Interviews with the owner/chief executive officer (CEO), chief operations officer (COO), FM, nurse manager (NM) from another sister facility, and staff (four healthcare assistants (HCAs), a diversional therapist (DT) and the chef), described cultural support as per the policy. The care plans reviewed evidenced a Māori-centred approach. The interviewed staff members further confirmed culturally safe support is given to residents and that mana is respected. Ethnicity data is gathered when staff are employed.</p> <p>The service employs Māori staff and supports increasing Māori capacity by employing Māori staff members across different levels of the organisation, as vacancies and applications for employment permit.</p> <p>The service has contacts with Māori health support people through a local kaumātua, who provides opportunities for the service to learn about Māori customs and culture.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The CEO and FM reported that cultural and needs assessments would guide staff in the delivery of safe equitable services to Pacific peoples. There is a Pacific people's policy that commits to providing appropriate and equitable care for residents who identify as Pasifika. Cultural safety support training has been provided to staff. The service employs Pacific staff and supports increasing Pacific staff capacity in all levels of the organisation, as vacancies and applications for employment permit. Residents (where able) and whānau identify individual spiritual, cultural and other needs as part of the care planning process. This was consistently seen in all sampled residents' files. The service follows the Ola Manuia Pacific Health and Wellbeing plan 2020-2025.</p> <p>Advice can be accessed through Pacific staff, and Te Whatu Ora - Health New Zealand Counties Manukau. The service has working relationships/networks in the community to ensure the needs of Pacific residents are met. The CEO and COO reported that they work in partnership with Pacific communities and organisations, to enable better planning, support, interventions, and evaluation of the health and wellbeing of Pacific peoples, to improve outcomes for residents who identify as Pasifika.</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>All staff at the Cottage understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes. Family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in Māori and English languages.</p> <p>There were no residents who identify as Māori. The FM reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives, by involving them in the assessment process to determine residents' wishes and support need. There are cultural policies which outlines tikanga best practice guidelines to follow. The service has exceeded the standard around the promotion of advocacy.</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>Residents are supported in a way that is inclusive and respects their identity and experiences. Family/whānau confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and characteristics. Residents' files sampled confirmed that each resident's individual cultural, religious, social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>The FM reported that residents are supported to maintain their independence by staff through daily activities. Residents were able to move freely within and outside the facility's secure spacious garden area.</p> <p>There is a documented privacy policy that references current legislation requirements. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas and by knocking on the doors before entering. Tāngata whaikaha needs are responded to as assessed.</p> <p>All staff have completed cultural training as part of orientation and annually. The FM reported that te reo Māori and tikanga Māori</p>

		practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words to te reo Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All families/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. The staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, including those related to Te Whare Tapa Whā model of care. During interview, care staff confirmed an understanding of holistic care for all 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>	FA	<p>Information is provided to residents and family/whānau on admission. Six-monthly guardian meetings identify feedback from residents, families/whānau and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic</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>accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. HCAs interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate, should the need arise. There were residents who were unable to speak English residing at the facility. The FM and staff reported that verbal and non-verbal communication cards, simple sign language, use of family/whānau to translate, and regular use of hearing aids by residents when required is encouraged.</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 agreement.</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>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. The resident files were reviewed and written general consents sighted for outings, photographs, the release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by residents for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent to make</p>

		<p>an informed decision.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Discussions with staff members confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training related to the Code of Rights, informed consent and EPOAs is part of the mandatory education programme.</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a complaints management policy and procedures in place that align with the Code. The service's complaint register is detailed regarding dates, timeframes, complaints, and actions taken. All complaints sighted in the register had been resolved. There had been one complaint in 2022 and none in 2023 year to date. There were no external complaints received.</p> <p>Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff. Relatives/ EPOA are advised of the complaints process on entry to the service. This includes written information around making complaints. Family/whānau interviewed describe a process of making complaints that includes being able to raise these at family/residents' meetings, putting a complaint (which can be anonymous) in the suggestion box, or directly approaching staff or the management team.</p> <p>The COO reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to</p>

		support people if needed.
<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 Cottage 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 facility is managed by the FM who is an enrolled nurse (EN) and is supported by both owner/directors and COO respectively. There is one governance body and CEO for the three facilities they own. The FM is supported by the nurse manager (registered nurse) from a nearby sister facility. The other facility is less than 10 minutes away and managers are in regular contact with each other.</p> <p>Management reports reviewed showed adequate information to monitor performance is reported, including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management and financial performance. The business road map (2023) and annual and quarterly plan (2023) includes a mission statement, scope, direction, goals, values, and operational objectives. The management team meet every two months and other issues are discussed as they occur on a regular basis.</p> <p>The service provides dementia level care for up to 24 residents. There were 23 residents receiving services on the day of the audit. At the time of the audit there were 23 residents assessed as requiring dementia level of care (all under the age-related residential care (ARRC) contract). There is one resident under the short term stay contract (respite). The service provides a day care programme for maximum of four residents for five days a week. The COO and FM reported that there were residents currently attending the day care programme.</p> <p>All members of the management team are suitably qualified and maintain professional qualifications in management, finance, and clinical skills. The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement.</p> <p>The CEO has over 22 years' experience in the health care sector while the FM has over five years of industry experience. The COO is the</p>

		<p>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 CEO 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 CEO reported that the service will ensure that residents maintain links with the community in all aspects of their care. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori model of care. Staff stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The management team attended education in cultural safety, Te Tiriti o Waitangi and understand the principles of equity.</p> <p>The CEO and COO reported that the service has meaningful relationships with kaumātua/kuia at governance, operational, and service level, that is appropriate to the size and complexity of the organisation. The Board assumes accountability for delivering a high-quality service honouring Te Tiriti and defining a governance and leadership structure, including clinical governance, which is appropriate to the size and complexity of the organisation.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Ambridge Rose Cottage has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes: the management of incidents/accidents/hazards; complaints; audit activities; a regular guardian and staff satisfaction survey; policies and procedures; clinical incidents including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data is conducted by comparing data with previous months results and with other sister</p>

<p>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>		<p>facilities.</p> <p>The COO described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Family/whānau and staff contribute to quality improvement through feedback given and received on quality data, complaints, and internal audit activities. Outcomes from seven respondents in the guardian satisfaction survey conducted in May (2022), were favourable with minimal corrective actions identified and these have been implemented. All policies and procedures reviewed have been updated by an external consultant to meet the requirements of the Ngā Paerewa Standard.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of nine incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The COO and FM understand and have complied with essential notification reporting requirements. There have been Section 31 notifications completed since the last audit; related to two notifications to Public Health about the Covid-19 outbreaks.</p> <p>The COO advised that there is a robust quality and risk process in place, with an array of quality and risk related data reviewed. The service has systems and processes in place to critically analyse organisational practices at the service/operations level, aimed to improve health equity within the service. Contacts with local cultural advisors is ongoing. Staff were trained in the Treaty of Waitangi, te reo Māori and tikanga, and other cultural practices. Cultural assessments are completed by staff who have received cultural safety training. The service has been awarded a continuous improvement around timely review of resident status to improve quality of care.</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</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 facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. The</p>

<p>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>resident and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced healthcare assistants, with support from the FM.</p> <p>The FM works 40 hours a week from 8am - 4pm Monday to Friday and is available on-call 24/7 a week. All staff maintains current first aid certificates, so there is always a first aider on site. The FM is supported by a nurse manager (RN) from a sister site who visits twice a week. The CEO and COO are on site most days and provide support as required.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. The training topics on the in-service calendar included (but were not limited to): Covid-19 and standard infection control precautions; 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>Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's funding and service agreement. Of the 15 healthcare assistants employed, 13 had completed dementia level of training and two are currently in training. The FM has completed dementia level training. Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff members interviewed reported feeling well supported and safe in the workplace. The FM reported the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment that encourages collecting and sharing of quality Māori health information. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focused on achieving health equity for Māori.</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. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of six staff files (three health care assistants, activities coordinator, FM, and chef) were reviewed.</p> <p>Records were kept confirming all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, and other allied health service providers.</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. Staff performance is reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</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 the CEO at management meetings. Following incidents, the CEO, owner/manager, COO, and the FM are available for any required debrief and discussion. Staff have access to the Employee Assistance Programme.</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>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner (GP), and allied health providers also</p>

		<p>document as required in the residents' records. Policies and procedures guide staff in the management of information. The COO and FM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The COO and FM reported that EPOAs can review residents' records in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Ambridge Rose Cottage is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager and the nurse manager from another sister facility are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity</p>

		<p>focussed. The analysis of ethnicity data is documented in the monthly quality report developed by the nurse manager and discussed with the owner. The facility has established links with a Māori advisor, who is a kaumātua from Te Whatu Ora- Counties Manukau and is able to consult on matters in order to benefit Māori individuals, and whānau, when there are Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five dementia level care residents' files were reviewed, including one resident on respite care. The FM under supervision of the nurse manager from a sister facility is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. 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 service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan when there are Māori residents. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed by the Enduring Power of Attorney (EPOA) and dated. The initial care plan, risk assessments, and long-term care plan were completed within timeframes. However, interRAI were not always completed and reassessed within timeframes. Care plan evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. The long-term care plan had interventions documented to include all physical and medical needs. There is specific cultural assessment as part of the social and cultural plan.</p> <p>Challenging behaviour is assessed when this occurs, and monitoring charts are maintained; however, not all of the care plans reviewed evidenced a specific de-escalation techniques across 24/7.</p>

	<p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and more often when required. There are afterhours GP on-call services. The nurse manager is available for clinical on call and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist attends as required. A podiatrist, dietitian, speech language therapist, occupational health therapist, continence advisor and Te Whatu Ora-Counties Manukau wound care specialist nurse, Mental Health and Geriatric services are available as required.</p> <p>Healthcare assistants interviewed performed a verbal and physical inspection of the resident at handover at the beginning of each duty, that maintains a continuity of service delivery (sighted). Progress notes are written daily by the HCAs. The nurse manager further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the nurse manager initiates a review with a GP. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. There were no residents with wounds or pressure injuries at the time of the audit. The nurse manager could describe the wound management process, should a resident have a wound or pressure injury.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy.</p>
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		Short-term care plans were well utilised for issues such as infections.
<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 Cottage employs a diversional therapist (DT) who was orientating a new activity coordinator on the day of audit. The activity coordinators cover seven days a week 7.30am-4.00pm. They are assisted at weekends by HCAs who undertake either individual or group activities with residents. There are always activities resources available to residents. The weekly activities programme is planned and includes themed cultural events this is displayed on noticeboards and available to all residents.</p> <p>The service facilitates opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities. Matariki and Māori language week is celebrated.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who do not wish to actively participate in communal activities. A variety of individual and small group activities were observed occurring at various times throughout the day of audit. There is access to interdenominational church services and links with community groups. A resident attends a local gym to improve his fitness. Families assist resident to meet cultural requirements by taking them out to cultural events.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and includes the resident's past and present interests, likes and dislikes, career, and family connections. A social and cultural assessment is completed on admission which informs individual activities plan; however, the residents usual rhythms and routines and individualised de-escalation strategies are not always detailed in the care plans over a 24-hour period (link 3.2.3).</p> <p>Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities. Activities include quizzes, board gaming, walks, and crafts. Van outings occur and there are staff with the appropriate competencies and first aid certification at outings. There is ample space for the residents to perform their activities. An outside quiet area has been established which incorporates newly installed fiddle boards.</p>

		<p>Family/whānau can attend monthly meetings. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Relative surveys also provide feedback on the activity programme. Family/whānau interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies are available for safe medicine management that meet legislative requirements. The FM and all HCAs who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Healthcare assistants could describe their role regarding medication administration. 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 an office in a locked trolley. The medication fridge and office temperature are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, 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. No standing orders are in use.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Due to the nature of the service, there are no residents who self-administer their medications.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The FM described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes, when there are Māori residents.</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 Cottage are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was displayed expiring in June 2024. A dietitian reviewed the menu on 2 February 2023.</p> <p>There is a documented policy on nutrition management and a food service manual available in the kitchen. The cook receives resident dietary information from the nurse manager and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The chef (interviewed) is 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. The FM 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>The chef completes a daily record which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. 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 their rooms or in the dining room. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses. Nutritious snacks are available 24/7.</p> <p>The families/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. Residents stated they were enjoying their meal on the day of the audit. Residents and family/whānau can offer feedback on a one-to-one basis with the chef and at the monthly family meetings and through family surveys.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were 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>The families/whānau were involved for all exits or discharges to and from 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 FM 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>Ambridge Rose Cottage is a single level secure dementia unit home. All building and plant have been built to comply with relevant legislation. The building warrant of fitness expires 4 March 2024. The environment is inclusive of peoples' cultures and supports cultural practices. There are two maintenance staff and a gardener 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.</p> <p>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 interviewed stated they have adequate equipment and space to safely deliver care for dementia level of care residents.</p> <p>The facility has a reception, lounge, and dining area. The kitchen is adjacent to the dining room.</p> <p>The resident rooms are single occupancy, exception of two double rooms (one was empty and the other had single occupancy on the days of the audit). The resident rooms have handbasins with flowing hand soap and paper towels. The rooms have space to provide cares and</p>

		<p>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. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are secure and maintained, with seating and shade available, and provide a walking loop for wandering residents. The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for storage of mobility equipment. Residents are able 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 CEO and FM described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 8 December 1998. A recent fire evacuation drill on 8 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, a generator can be obtained. There are adequate supplies in the event of a civil defence emergency, including adequate water stores. Emergency management is included in staff</p>

		<p>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, communal showers, communal toilets, and lounge/dining room areas. 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. A monitoring security camera system is in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<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 of Health recommendations.</p> <p>The FM is the infection control coordinator and is supported by the nurse manager. The infection control coordinator reported they have full support from the members of the management team regarding infection prevention matters. This includes time, resources, and training. Two-monthly staff and management meetings include discussions regarding any residents of concerns, including any infections. 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 infection control coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. There were two infection outbreaks reported since the previous audit, which were managed according to MoH guidelines and reported to the CEO and COO immediately.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The facility manager oversees and coordinates the implementation of the infection control programme. The infection control coordinator's role, responsibilities and reporting requirements are defined in the</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection control coordinator's job description. The FM has completed external education on infection prevention and control for clinical staff.</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 CEO and is linked to the quality improvement programme. The infection control programme is reviewed annually and was current.</p> <p>The infection control policies were developed by suitably qualified personnel (external contractor) 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.</p> <p>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. Infection control resources were readily accessible to support the pandemic response plan if required.</p> <p>The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk and has access to shared clinical records and diagnostic results of residents.</p> <p>Staff have received education around infection control practices at orientation and through annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell.</p> <p>The infection control coordinator consults with the management on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the local Te What Ora-Counties Manukau. The CEO stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are</p>
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		<p>proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Healthcare assistants, cleaning, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and towels used for the perineum are not used for the face. These are some of the culturally safe infection control practices observed, and thus acknowledge the spirit of Te Tiriti. The Māori health plan ensures staff are practicing in a culturally safe manner. The service has educational resources available in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the CEO. 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 has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and</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>reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with family/whānau.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management respectively. There were infection outbreaks of Covid-19 reported in June 2022 and May 2023 since the previous audit. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. The cleaner ensures that trolleys are safely stored when not in use. A sufficient amount of PPE was available which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is a designated cleaner who is available seven days a week. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to</p>

		<p>be clean throughout. The cleaner has attended training appropriate to their roles. The FM has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits completed.</p> <p>Healthcare assistants are responsible for laundry services which is completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All HCAs have received training and documented guidelines are available. The effectiveness of laundry processes is monitored by the internal audit programme. The HCAs and cleaning staff demonstrated awareness of the infection prevention and control protocols. Satisfaction surveys and interviews confirmed satisfaction with cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving 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 FM is the restraint coordinator who is supported by the nurse manager. The facility has no residents with restraint and has been restraint free for a number of years.</p> <p>Restraint would only be considered as a last resort only after all other options were explored. An interview with the restraint coordinator described the organisation's commitment to restraint elimination. They are conversant with restraint policies and procedures. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be</p>

		considered. The owner would be informed of any restraint use in the facility.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	<p>The FM under supervision of the nurse manager from the sister facility, is responsible for the completion of all care planning. There was evidence of collaboration with family/whānau during the care planning and decision-making processes. The nurse manager is responsible for the completion of interRAI assessments. All care plans have been developed and reviewed within timeframes; however, not all interRAI assessments have been completed within expected timeframes. One resident was on respite care and one resident has been admitted to the service within the last 21 days.</p>	<p>Initial interRAI assessments and reassessments were not completed within timeframes for three of three long-term residents requiring these.</p>	<p>Ensure interRAI assessments are completed within 21 days of admission and re-assessments at least six-monthly, or at all significant health status change.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development</p>	PA Low	<p>All residents had a long-term care plan in place with interventions to meet medical and</p>	<p>Five of five residents did not have evidence of</p>	<p>Ensure all residents have individualised distraction/</p>

<p>of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>physical needs. Long term care plans were developed by the RN in partnership with the EPOA. Care staff interviewed were knowledgeable around the management of challenging behaviour. Each resident's social and cultural assessment and profile is completed within 24 hours of admission. This includes the resident's past and present interests, likes and dislikes, career, family connections, which is included in the activities section of the care plan; however, there was no documented evidence of individualised de-escalation and distraction strategies to manage residents behaviour over a 24-hour period. Challenging behaviour is managed well, and the staff know the residents well and promptly implement effective de-escalation strategies. This is a documentation issue only, therefore a low finding.</p>	<p>specific individualised de-escalation and distraction strategies documented in the care plan over a 24-hour period.</p>	<p>de-escalation strategies documented to assist staff over a 24-hour period.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.4</p> <p>My service provider shall facilitate support for me in accordance with my wishes, including independent advocacy.</p>	CI	<p>The FM at the Cottage and nurse manager from another sister facility (dementia) service proposed to have a family support group in February 2023. The premise was to support family members and help them understand dementia and challenging behaviours. Furthermore, it was to provide an opportunity for families/whānau to talk about their feelings and share their experiences and how they can support each other. An invitation was sent, and nine family members expressed an interest in having a family support group formed. Ambridge Rose Facility management team was notified and approved the project to go ahead. A group of nine family members has been meeting monthly for two hours at either of the facilities supported by the respective managers. The reports reviewed showed that external guest speakers were invited to speak to the family member representatives. These included Dementia Auckland, Mental Health Services for Older</p>	<p>The success of this initiative was measured through family meetings and a survey completed which had 100% positive feedback. The positive outcomes from the meetings included: family members reported that they felt supported; the forum allowed them to share experiences with like-minded people; learned what dementia is and were able to understand the progression of the disease; and the environment was comfortable and relaxing. This resulted in regular visits and support by family members, there-by spending more time with the residents. In interviews conducted, the family/whānau reiterated that the family support group helped to understand dementia and how to support the residents and felt empowered to continue advocating for their residents.</p>

		people, and clinical managers from other facilities to discuss the transition to hospital level of care if required in the future. A survey that was completed established family satisfaction with the initiative.	
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>The service initiated a quality improvement project to enhance the quality of life and care for residents by identifying changes in health status and taking appropriate action in the process. The project included initiating clinical review meetings and a traffic light system to improve quality outcomes. Members of the clinical team from the other three sister facilities engaged in two-weekly meetings, discussing residents, conditions, and their management. Residents were also monitored daily by staff and were categorised by the clinical team using a red, orange, and green traffic light system. The red light indicated that the resident was stable, orange indicated deterioration, and green indicated that the resident was moving into another level of care. The traffic light system assisted the clinical team in identifying early warning signs for deteriorating residents and escalating it to the multidisciplinary team for further management and processing. Clinical review meetings and weekly management reports reviewed showed evidence of early identification of residents' deterioration through use of the traffic light system.</p>	<p>The implementation of this project resulted in continued early identification of residents' deterioration and their progression to the next level of care. The success of the project was measured by looking at case reviews completed, and residents who have been transferred to the next level of care. Staff and management interviewed confirmed being empowered, educated on residents' condition, and having clear guidelines regarding clinical intervention using the traffic light system.</p>

End of the report.