

# Amberwood Care Limited - Amberwood Rest Home

## 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 Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Amberwood Care Limited
<b>Premises audited:</b>	Amberwood Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 20 June 2024    End date: 21 June 2024
<b>Proposed changes to current services (if any):</b>	The service has applied to be certified for residential disability services (intellectual and physical). The bed numbers have also been corrected to 68 as per HealthCERT correspondence dated 20.06.24.
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 67</b>	

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

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

### Key to the indicators

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

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

## General overview of the audit

Amberwood Rest Home is a privately owned facility certified to provide hospital (medical and geriatric), and rest home level care services for up to 68 residents. There were 67 residents on the day of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021, and the contract with Health New Zealand Te Whatu Ora - Waitematā. 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 facility manager is appropriately qualified and experienced. He is supported by a clinical manager (registered nurse), HR/Ops manager, quality assurance manager, 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.

This audit identified the service meets the standard.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Amberwood 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 management 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

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

Subsections applicable to this service fully attained.

The 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. Healthcare assistants 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 healthcare assistants.

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

**Ngā huarahi ki te ora | Pathways to wellbeing**

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files include medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. 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 assistants implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual resident's recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. 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 haumarū | Person-centred and safe environment

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

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There bedrooms are all single and all have hand basins. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and there is external CCTV.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is 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 and complexity of the organisation. 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 two outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. 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.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical manager. The facility currently has no restraints. Use of restraints are considered as a last resort, only after all other options are 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	27	0	0	0	0	0
Criteria	0	171	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Health plan acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. Amberwood 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 at a sister facility, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>At the time of the audit, there were Māori staff members who confirmed the service supports increasing Māori capacity by employing more Māori applicants as and when they apply. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs, evidenced in interviews with seven residents (four hospital, including two younger persons with a disability, three rest home); and three family members (two hospital, and one rest home). The management team, and twelve staff interviewed (four healthcare assistants (HCAs), two registered nurse (RNs), one activities coordinator, one maintenance, one housekeeper, one laundry, one administrator, and one chef) described how the delivery of care is based on each resident's values and beliefs.</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>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 with Pasifika input.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in their care plan and activities plan for all residents.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that 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 management team 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>	FA	<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</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>family/whānau. The facility manager, or clinical manager discuss 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 bimonthly resident meetings. All residents and family/whānau interviewed reported that the service is upholding the residents' rights. 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>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family/whānau satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. Two younger residents with a disability (YPD) were interviewed, and they confirmed they are treated with respect and receive appropriate cultural support.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate</p>

		<p>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>Nine residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family 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. 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 safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Amberwood 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 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 management, registered nurses and HCAs 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 management 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 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>	FA	<p>Information regarding the service is provided to residents/family/whānau on admission. Bimonthly 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/whānau /next of kin of any accident/incident that occurs. Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Family/whānau members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. They also confirmed they were very happy with communication, information and how staff communicated with residents. There was evidence of timely and appropriate communication on the 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 had limited communication abilities in English; however, the service had well documented communication strategies that are able to be implemented by staff as required.</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>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The management team could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
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<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 resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with family/whānau 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 can 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 in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution, enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been six minor complaints since the previous audit in February 2023; all of which have been resolved to the satisfaction of the complainant. There have been no external complaints.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints; with complaints forms, and advocacy brochures being 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 bimonthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and</p>

		<p>family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents/family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintain 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>	FA	<p>Amberwood Rest Home, located in Massey, Auckland, provides hospital and rest home level care for up to 68 residents. On the day of the audit, there were 67 residents, which included 29 rest home, including one younger person with a disability (YPD); 38 hospital, including one respite, and five young people with a disability (YPD); with the remaining residents being under the age-related residential care contract (ARRC). All rooms are certified as dual purpose and are designed for single occupancy.</p> <p>Three rooms (1 to 3) were verified as being suitable and added to the certification audit to take the numbers from 65 as per the previous audit, to 68. This audit also confirmed the service is appropriate to be certified for residential disability services (physical and intellectual).</p> <p>Amberwood Rest Home is the trading name of Amberwood Care Limited - a privately owned company with two directors. There is a facility manager (non-clinical), who is supported by an experienced clinical manager (RN), and quality assurance manager (RN) who provides clinical governance input, and an experienced care team. The facility manager has at least weekly meetings with the directors; one of whom visits the site regularly to facilitate the link between management and governance.</p> <p>There is a current business plan that outlines objectives for the period. Objectives are signed off when fully attained. A mission, philosophy and objectives are documented for the service. The regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The facility manager and directors analyse internal processes, business planning and service development to improve outcomes and achieve equity for</p>

		<p>Māori; and to identify and address barriers for Māori for equitable service delivery. The directors have Māori links for advice and meaningful input in to the governance function. The annual resident survey evidences positive outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, 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 directors, and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the staff members.</p> <p>The facility manager has been in the role for one year and has extensive experience in the aged care and disability sector. The clinical manager has been in the role for nine months and has over ten years aged care experience. The management team regularly attends aged care conferences. Both the facility manager and clinical manager have maintained over eight hours of professional development per year relating to their role and responsibilities.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Amberwood Rest Home has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the directors. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management 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 hospital, 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</p>



		<p>data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held bimonthly. Both residents and family/whānau have provided feedback via annual satisfaction surveys. The 2024 resident survey indicates that residents have high levels of satisfaction with the services received. No corrective actions were required. Survey results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Directors and staff are kept informed, as evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made, as evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications. Section 31 reports have been submitted to HealthCERT relating to an absconding resident, pressure injuries, and a change in clinical management since the previous audit.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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>	FA	<p>There is a staffing policy that describes rostering requirements and the service provides 24/7 registered nurse staffing on site.</p> <p>The clinical manager, registered nurses, and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager, and clinical manager are available Monday to Friday. The clinical manager and registered nurses provide out of hours on-call cover.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff</p>

		<p>meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff have completed training around the needs of younger people, with this added into each topic as part of mandatory training days that each staff member must attend at least annually. Medication competencies are completed by staff. Competencies include manual handling; hoist training; chemical safety; emergency management; personal protective equipment (PPE) training and infection control; and restraint. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). Eighteen of twenty-nine HCAs have achieved a level four NZQA Certificate in Health and Wellbeing.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the clinical manager) are interRAI trained.</p> <p>Training for the registered nurses has been provided by Health New Zealand in-services and online training. The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers. Training is provided for staff around cultural safety, and this includes information around Māori health information, and health equity for the residents who use the service.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all</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. 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>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 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 programme sighted for HCAs 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.</p> <p>Evidence of debriefing and follow-up actions taken are documented following any incident/accident.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy.</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 paper documents are securely stored in a locked room and electronic records are held securely in the cloud. Both 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 the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an entry 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 whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents 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. The facility manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>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. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents 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 same for the purposes of identifying entry and decline rates.</p> <p>The facility identifies and addresses barriers for Māori to ensure equitable service delivery. This is in consultation with the Board, which has Māori representation.</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</p>	FA	<p>Nine files were reviewed for this audit (four hospital residents and five rest home residents, including one resident identified as YPD, and one using respite care). The clinical manager and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident</p>

<p>whānau to support wellbeing.</p>		<p>records.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed in a timely manner, with the level of detail reflective of the resident. The long-term care plan includes interventions to guide care delivery. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</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 and is involved in the six-monthly resident and family/whānau reviews. The GP is also available for after-hours support. When interviewed, the GP expressed satisfaction with the standard of care at Amberwood. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who visits three hours a week. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the RNs and include 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, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound</p>
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		<p>management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There is currently one resident with a hospital-acquired stage III pressure injury and a chronic leg ulcer. The wound care nurse specialist has had input into the care of the wounds.</p> <p>Registered nurses and healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; restraint; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There are two activities assistants. One works 40 hours a week and the other 32 hours a week. One is currently completing diversional therapy training. The programme is planned monthly and the programme is placed in large print on noticeboards in all areas.</p> <p>The service facilitates opportunities to participate in te reo Māori, with participation in Māori language week, Waitangi Day celebrations and Matariki. There are currently posters up on noticeboards celebrating Matariki and there is a visit from a school kapa haka group planned. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures and walks are offered.</p> <p>All activities are carried out in the communal lounges. 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 social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are</p>

		<p>appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Activities include exercises; baking; crafts; games; quizzes; entertainers (twice a month); crosswords; gardening; board games; hand pampering; happy hour; and bingo. There is a men's group and a knitting group. The library visits monthly. There are regular van drives scheduled for outings and visits to exhibitions, museums, shops, and cafes. There are regular church services and a Bible study group.</p> <p>Two of the YPD residents are content to join in the activities they are capable of doing. The three others are much more involved in the community and enjoy lunch trips out and visits to the supermarket and other shops. One has a weekly social worker visit for chess games and outings. All enjoy the van outings.</p> <p>There are resident meetings held quarterly, with family/whānau welcome to attend these. Residents have the opportunity to provide feedback on activities at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>	FA	<p>Policies and procedures are available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Amberwood uses an electronic medication system and robotic packaging. 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 areas and locked trolleys. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All</p>

		<p>medications, including the bulk supply order, are checked monthly. All eyedrops have been dated on opening.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were two residents self-medicating on the days of audit and there was safe storage of their medications in their rooms. The residents have the appropriate assessment and review on file. As required (PRN) medications are administered as prescribed, with effectiveness documented in the progress notes. Medication competent HCAs or RNs sign electronically 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 clinical manager and RNs described how they 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.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, verified 26 March 2024. A dietitian has reviewed the four-weekly seasonal menu. There is a full-time head chef and two cooks, plus four kitchen assistants who work part time.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements or 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. The daily menu is written on noticeboards in each dining room. There are two options</p>



		<p>available at lunch and dinner. On the day of audit, meals were observed to be well presented. The chef is planning a 'boil-up' and Māori bread for Matariki, in conjunction with the activities assistants.</p> <p>The cooks complete a daily diary 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. Meals are served from a bain marie to residents in the dining rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident 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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers 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 RN's 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</p>	FA	<p>The building holds a current warrant of fitness, which expires 14 December 2024. The building is well maintained. There is a maintenance person who works 32 hours a week and a contracted gardener. There is a maintenance request book for repairs and</p>

<p>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>maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment, including hoists and scales, were checked and calibrated in December 2023. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All rooms are single. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external decks/courtyards and gardens have seating and shade. Some rooms have opening doors out onto the decks. There is safe access to all communal areas. There is a family/whānau room, hairdressing salon and a small area off the kitchen where residents and visitors can make tea/coffee. The facility backs on to a large park, which has a walking track. There is a gate to gain access to the park, but this is kept locked with a key available to access the park if required.</p> <p>There are six shared ensuites. Forty-six rooms have toilets and handbasins. Sixteen rooms have only handbasins. There are sufficient communal bathrooms/showers within the facility, with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There are spacious lounges and dining rooms in the two wings. All bedrooms and communal areas have ample natural light and ventilation. There are thermostatically controlled heaters in all rooms and some areas have heat pumps. Residents interviewed stated that the environment was warm and comfortable.</p> <p>The facility manager reported that if there is a planned development for the building, there shall be consultation and co-design of the</p>
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		environments, to ensure that they reflect the aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>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 case of an emergency. A fire evacuation scheme is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and the last one was completed 4 June 2024.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. In the event of a power outage, the facility is able to hire a generator. There is a gas barbeque for cooking.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies to provide residents and staff with three litres per day, for a minimum of three days. There are adequate food supplies available for each resident for a minimum of three days. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. There is external CCTV coverage, with signage appropriately displayed.</p>
Subsection 5.1: Governance	FA	The clinical manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator job

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>description outlines the responsibility of the role of infection prevention and control. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for Amberwood 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 coordinator can access advice from the Health New Zealand infection prevention and control specialist, and the GP. The directors are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>Amberwood Rest Home has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control coordinator has undertaken online education in infection prevention and control and has peer support from the quality assurance manager. 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 of staff. Policies and procedures are reviewed by the management team 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 eye protection, 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. The infection control coordinator completes the internal audit. Any corrective actions identified have been implemented and signed off as resolved. The clinical manager, in collaboration with the</p>

		<p>facility manager, is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health New Zealand for advice if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. 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 prevention and control policy states that Amberwood 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 the needs, size, and scope of our services.</p>	FA	<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 infection control coordinator 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>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</p>	FA	<p>The infection prevention and 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</p>

methods specified in the infection prevention programme, and with an equity focus.		<p>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.</p> <p>Amberwood Rest Home receives regular notifications and alerts from Health New Zealand for any community concerns. There have been two outbreaks reported since the previous audit in March 2023. These were well managed, public health advised, and all stakeholders kept informed.</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>	FA	<p>Amberwood 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 are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is managed on site, including that from two other sister facilities. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The numerous linen cupboards were well stocked.</p> <p>The cleaning trolleys were always attended and locked away when not in use on the days of audit. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system. The staff interviewed demonstrated their understanding of the systems and processes.</p>
Subsection 6.1: A process of restraint	FA	The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the

<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>choice of device must be the least restrictive possible. The facility will work in partnership with Māori at all times when restraint is considered, to promote and ensure services are mana enhancing. The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The facility currently has no restraints in use. The use of restraint (if any) would be reported in the staff, RN, and quality meetings. Consent is obtained for any residents assessed as requiring restraint.</p> <p>An annual review is completed by the facility manager and restraint coordinator. All staff have annual restraint training. Competencies are completed as part of this. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme.</p>
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# Specific results for criterion where corrective actions are required

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

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

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

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

No data to display
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End of the report.