

Ambridge Rose Beach House Limited - Ambridge Rose Beach House

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:

Legal entity:	Ambridge Rose Beach House Limited
Premises audited:	Ambridge Rose Beach House
Services audited:	Dementia care
Dates of audit:	Start date: 12 September 2024 End date: 12 September 2024
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:	14

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
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Ambridge Rose Beach House was acquired by Ambridge Rose Group in October 2023. The facility was closed after relocating all rest home residents and opened in February 2024 as a secure dementia unit. The service is certified to provide dementia level of care for up to 20 residents. At the time of the audit there were 14 residents.

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

An experienced clinical nurse manager oversees the day-to-day operations of the facility. They are supported by another registered nurse, administrator and experienced healthcare assistants.

There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the standards.

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.

Ambridge Rose Beach House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that family/whānau are kept informed.

The rights of family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

Ambridge Rose Group has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a

regular basis. Ambridge Rose Beach House has a documented quality and risk management system. Quality and risk performance is reported across meetings to keep the directors well informed. Ambridge Rose Beach House collates clinical indicator data and comparison of data occurs.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care. Competencies are maintained. Health and safety systems are in place for hazard reporting and for the management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | 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.

Ambridge Rose Beach House has an admission package available prior to, or on entry to the service. The nurse manager efficiently manages the entry process to the service. The nurse manager assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.


The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. The nurse manager 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.

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. There are nutritious snacks available at all times.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

Te aro ki te tangata me te taiao haumaruru | 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.
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The building holds a current warrant of fitness. The dementia unit is secure with a secure outdoor area. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All the rooms are single occupancy. There are sufficient showers and toilets. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells.

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 management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There was one Covid-19 outbreak since the last audit.

There are documented processes for the management of waste and hazardous substances in place, Chemicals are stored safely throughout the facility. 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.

Ambridge Rose Group is committed to maintain a restraint free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the nurse manager. The facility currently has no residents using restraints. Education is provided to staff around restraint minimisation.

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	167	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>	<p>FA</p>	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Ambridge Rose Beach House is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, this was evident in the care plans reviewed.</p> <p>At the time of the audit there were Māori staff at Ambridge Rose Beach House. The nurse manager (NM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. The Māori health plan and business plan (Ambridge Rose business roadmap 2022-2028) documents the commitment of Ambridge Rose Group to build cultural capabilities, partnering with Māori, iwi, and other businesses to align their work with, and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. Ambridge Rose Beach House has access from kaumatua at Stand services for cultural advice The two</p>

		directors described the relationships is established and longstanding.
<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>Ambridge Rose Beach House has a Pacific people's policy and 'Health of Pacific peoples in Aotearoa is everyone's business' document which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 sits within the policy. There is a cultural awareness and cultural safety policy that aims to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pasifika staff. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training provided at orientation.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The NM interviewed stated Pacific peoples' cultural beliefs and values, knowledge, and identity are respected when in their care. The Code of Rights is accessible in Tongan and Samoan. There are staff that identify as Pasifika. The NM described how Ambridge Rose Beach House increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the good employer policy.</p> <p>Interviews with four managers (chief operations officer (COO) two directors and nurse manager) and eight (three healthcare assistants, one cook, one maintenance person, one cleaner, one activities coordinator and one diversional therapist) described how the service provides person-centred care.</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</p>	FA	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents' family/whānau. The NM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Seven family/whānau</p>

<p>requirements.</p>		<p>interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Code at orientation and is a topic in the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>The Ambridge Rose Beach House annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, health equity and the impact of institutional racism.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with family/whānau.</p> <p>The intimacy and sexuality policy is being implemented and training is included as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit all rooms were single occupancy. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the</p>

		<p>service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</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>	<p>FA</p>	<p>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. The abuse and neglect policy is being implemented. There are educational resources available. Cultural days are held to celebrate diversity. Staff have completed Code of Conduct and Abuse and Neglect training. The training encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules.</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The</p>

		<p>service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the nurse manager and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Ambridge Rose Beach House promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed. Staff interviewed report a positive workplace.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English.</p> <p>Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with the resident such as the speech language therapist, mental health services for older adults, and pharmacist. The nurse manager described an implemented process around providing residents (with support from family/whānau) time for discussion around care, time to</p>

		<p>consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails, social media (closed group on Facebook), aged connect (software communication solution) phone calls, zoom meetings (through the aged connect platform) and monthly newsletters. Regular family/whānau meetings and dementia support group meetings occur. Staff have completed annual education related to communication with residents with diminished cognitive abilities.</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>Informed consent processes were discussed with family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, 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 the activated power of attorney (EPOA) for procedures such as influenza vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents had a medical certificate for incapacity on file.</p> <p>Advance directives for health care including resuscitation status had been completed by the general practitioner (GP). Interviews with family/whānau identified that the service informs them of any health care changes. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints.</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>Staff reports verbal complaints. The complaints procedure is provided to family/whānau on entry to the service. The NM maintains a record of all complaints, both verbal and written, by using a complaint register. There were no complaints since the last audit; however, several compliments were recorded since the opening of the facility. There were no complaints from external agencies.</p> <p>The complaints policies review included a sample of documentation to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The NM stated she is confident in investigating and provide a root cause analysis when they do receive serious complaints. The complaints process links to the advocacy service. Family/whānau confirm during interview the NM is available to listen to concerns and acts promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The NM acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (agenda items sighted).</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</p>	<p>FA</p>	<p>The facility was purchased at the end of 2023 and has been fully refurbished to provide for dementia level of care for up to 20 residents. The facility opened at end of February 2024 as a secure dementia unit. The service is operated by Ambridge Rose Group. The organisation is governed by the two owner/directors. One of the owner/directors is the CEO and the other is the owner/manager. The chief operations officer (COO) provides operational leadership. The directors confirmed that they have over 20 years' experience in the health care sector and very active participants in the aged care sector. The COO is the health and safety officer and reported that policies and procedures on quality, and health and safety align with relevant legislation and contractual</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>requirements. The directors and COO all are very involved in the facilities with one director visits all the sites daily.</p> <p>At the time of the audit there were 14 residents; all residents were under the aged residential care contract (ARRC). Ambridge Rose group has an overarching strategic plan 2022-2028 (business roadmap) in place, which links to the organisation’s vision, mission, values, and strategic direction. Clear specific short term and long term goals are documented to manage and guide quality and risk and are reviewed quarterly.</p> <p>The directors and COO have extensive business experience and has an understanding of their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan Scope and Review section of the Business, Quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The management team of Ambridge Rose Group include the directors, COO, nurse managers and or/facility managers from the four facilities. The management team has completed cultural training to provide evidence of cultural competency. The management team meets regularly. The management team is using their Māori staff to provide cultural advice within the facilities. The Ambridge Rose Group has an established relationship of a network of Māori professionals and kaumatua through Stand Services. The management team have an external consultant developing and reviewing their policies in consultation with their own cultural advisor. The directors confirmed they have access to the cultural advisor through the external consultant. The communication policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys.</p> <p>There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau</p>
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		<p>to participate in the planning, implementation, monitoring, and evaluation of service delivery. The directors and COO attend all family/whānau and dementia support meetings. Feedback is used to improve services if and when required.</p> <p>Each nurse manager is responsible collating clinical information related to their individual facility. There is a clinical governance group that meets fortnightly that include the same members as the management team. The clinical governance group provide an opportunity to share and compare clinical data, discuss clinical concerns and identify where improvements are required (if any).</p> <p>The nurse manager oversees the implementation of the quality plan and clinical oversight at Ambridge Rose Beach House. Achieving health outcomes for Māori and tāngata whaikaha is a priority for Ambridge Rose Beach House as evidenced through assessment, interventions and evaluation of care process.</p> <p>The nurse manager is a registered nurse, commenced the role in February 2024, has extensive clinical management experience in mental health services. The nurse manager confirmed they received a comprehensive orientation to perform their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Ambridge Rose Beach House is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented and the progress are reviewed, monitored and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through combined staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. The combined staff and quality meetings taking place as planned to collaborate and address any service improvements required.</p> <p>A documentation review on site was completed and confirmed policies</p>

	<p>and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Ambridge Rose Group adopted the quality system and policies developed by an aged care industry leader. There is documented evidence that updated and new policies are discussed at staff/quality meetings and staff sign when they read policies.</p> <p>A family/whānau survey was completed in August 2024 and evidence satisfaction in all areas of service delivery. The nurse manager has an open and transparent decision management process that includes regular staff/quality meetings and correspondence to family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau.</p> <p>A health and safety system is in place. The COO provides oversight over health and safety. Health and safety is discussed at staff / quality meetings, management team meetings and clinical governance group meetings. Hazard identification forms are completed, and an up-to-date hazard and risk register were reviewed. Health and safety policies are implemented. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last six months.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears and medication errors). Opportunities to minimise future risks are identified by the nurse manager in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking activities occur by doing comparisons between months. Results are discussed in the staff/quality meetings and clinical governance group meetings.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p>
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		<p>Quality data analysis occurs to ensure a critical analysis of Ambridge Rose Beach House practice occurs to improve health equity.</p> <p>Discussions with the nurse manager and directors evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no events that required notifications to HealthCERT. There was one Covid-19 outbreak recorded in April 2024.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. The nurse manager is on site Monday to Friday and provide on call support 24/7. The number of healthcare assistants allocated to the roster is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau receive emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff /quality meetings. There are medication competent healthcare assistants on morning, afternoons and night shifts to perform medication administration duties.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. The training schedule being implemented and on track for 2024. Training and education is provided at staff/quality meetings and may include guest speakers.</p> <p>The nurse manager meets their training requirements through Health New Zealand training and training sessions held in-house. The nurse manager is interRAI trained.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training at orientation and in June 2024. Training provides for a culturally competent workforce. The training content provided resources to staff to encourage participation in learning</p>

		<p>opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information. There are training sessions on how to implement activities and therapies to direct and deescalate behaviours of concern.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants completed annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE) and moving and handling. A record of completion is maintained. Medication competencies are completed annually.</p> <p>There are 16 healthcare assistants (HCAs) employed. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten HCAs have obtained a level 3 or level 4 NZQA certificate equivalent to the certificate in Health and Wellbeing and have completed the relevant dementia standards as per clause E4.5.f of the aged residential service agreement. Six HCAs are new employees.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and their upcoming performance appraisals. Staff interviewed stated the nurse manager has a transparent process when making decisions that affects staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (nurse manager, two healthcare assistants, one cook, one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg,</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>nurse manager, GP, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal schedule is implemented and completed staff appraisals were on file.</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. Competencies are completed at orientation. The service demonstrates that the orientation programmes support the healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destroyed. The nurse manager is the privacy officer for Ambridge Rose Beach House and has to approve request for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). 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,</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs</p>

<p>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>are provided for family/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. The admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service and include information relation to with written information on the service's philosophy and practices in the dementia unit. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The COO and NM are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents' family/whānau 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. Ambridge Rose Beach House is recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and employment opportunities. Staff who identify as Māori are available to support residents and whānau where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and 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>FA</p>	<p>Five resident files were reviewed for this audit. The nurse manager is responsible for conducting all assessments and for the development of care plans. Family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the electronic files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan available for any residents who identify as Pasifika.</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. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Behaviour care plans include a description of activities to meet the resident's needs in relation to diversional, de-escalation strategies over a 24 hour period.</p> <p>There were currently no short-term care plans; however, these are used for infections, weight loss and wounds (previous short term care plans reviewed).</p> <p>A general practitioner (GP) from a contracted local practice ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides an on-call service for after hours. The nurse manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and was particularly complimentary about the proficiency of the nurse manager. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contacts a physiotherapist as required A podiatrist visits six weekly and a dietitian, speech language 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 handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by healthcare assistants and the nurse manager. The nurse manager further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Family/whānau members interviewed reported their relatives needs and their family/whānau expectations were being met. When a resident's condition alters, the staff alert the nurse manager who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit,</p>
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		<p>medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There is currently one minor skin tear and no pressure injuries. The skin tear had been assessed, there was a wound management plan and a documented evaluation. The wound care specialist can be accessed for input to chronic wounds and pressure injuries. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour and blood glucose levels. repositioning and restraint monitoring. All monitoring reviewed was implemented as scheduled. 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. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator who works Monday to Thursday and one who works Friday to Sunday. They are mentored by a DT who works across the four Ambridge Rose sites. The programme is supported by the healthcare assistants.</p> <p>The programme is planned monthly, and a copy of the monthly calendar is placed in large print on the noticeboards in all areas. Family/whānau may request a copy. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. The programme is flexible in order to accommodate the changing moods of residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits. There are small alcoves where residents and family/whānau can be quieter if desired.</p>

		<p>A resident's social and cultural profile in the electronic resident management system, 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 appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; games; quizzes; puzzles; pet therapy; bingo; hand pampering; and simple cooking. Residents also enjoy helping folding linen and setting tables. There are regular van drives for outings. Small groups go out to shops and cafes. Entertainers visit regularly.</p> <p>Family/whānau have an opportunity to provide feedback on activities at any time and at six-monthly reviews. 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>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The nurse manager and HCAs interviewed could describe their role regarding medication administration. Ambridge Rose Beach House uses blister packs for regular use and bottles and packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication cupboard. The medication trolley was always locked when not in use. The medication fridge and medication room temperatures are monitored weekly. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements</p>

		<p>or alternative therapies residents choose to use would be prescribed by the GP and charted on the electronic medication chart.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Due to the nature of the service, there were no residents self-administering medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness has been documented on the electronic medication system or in the progress notes. Medication competent HCAs or the nurse manager sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The nurse manager described the process to work in partnership with Māori family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Family/ whānau are supported to understand their relatives' medications when required.</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>All meals 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 evidenced, assessed 22 June 2024. The four-weekly seasonal menu has been reviewed by a dietitian. The cook is supported by a weekend cook and a kitchen hand in the afternoon. All kitchen staff have completed safe food handling.</p> <p>There is a food services 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 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 cook (interviewed) stated that Māori or Pasifika menu options are available if requested and</p>

		<p>family/whānau can bring in special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>The cook completes a daily diary electronically, 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 plated and served directly to residents in the dining room. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback during their visits, at six monthly reviews 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 family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and 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 nurse manager 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</p>	FA	<p>The building opened in February 2024 as a secure dementia unit and reflect an environment that is culturally safe. The building holds a current warrant of fitness which expires 8 June 2025. There is an</p>

<p>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>experienced maintenance person (interviewed) who works full time five days a week across the four Ambridge Rose sites. He is supported by one other maintenance person. There is one gardener for all four sites. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed 19 July 2024). Monthly testing of hot water temperatures occurs. There is currently a problem with some temperatures being too cold; however, the plumber has been notified and is in the process of actioning this. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned (completed 11 March 2024).</p> <p>The facility has vinyl surfaces throughout. All resident rooms are spacious, for single occupancy and all have handbasins. Four rooms have toilets, and one has a full ensuite. There are sufficient communal showers and toilets. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility to personalise their rooms. Bedroom doors have a large room number and a picture of something that is of interest to the resident. The resident 's name is in smaller print. Residents were observed moving freely around the areas. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and communal showers and toilets as well as the one ensuite. The toilet doors are painted a bright red and all communal areas are labelled in bold print. The hallways are wide, and the bedrooms include sufficient room for the placement of armchairs. The dining room is adjacent to the kitchen servery. Activities take place in the large communal lounge which has a sea view.</p> <p>There are secure fenced outdoor areas with outdoor seating, shaded areas and raised gardens. There is safe access to the outdoors. The path loops around the building so residents can safely wander.</p> <p>The building is appropriately heated and ventilated. The newer wing has underfloor heating and the older part has ceiling panels. There is plenty of natural light in the rooms.</p>
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		There are currently no plans for further construction/refurbishment; the building has been blessed by local kaumātua when it was opened as a dementia unit in February 2024.
<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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 1 September 1999. Fire evacuation drills are held six-monthly and were completed in February and August 2024. Civil defence supplies are stored in a bin and are checked six-monthly. In the event of a power outage, there is access to back-up generator available (contract with a local supplier) and gas cooking (BBQ with gas bottles). There is adequate food supply available for each resident for minimum of three days. There is a 3,000-litre water tank in the grounds.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. The residents were all up and about, call bells were accessible throughout the facility. The facility is secure by keypad entry and there is closed circuit television camera for surveillance throughout the facility and outdoors. All external gates are locked. There is an intercom at each gate and staff let visitors in and out.</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</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Ambridge Rose Beach House business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health and Health New Zealand. Infection</p>

<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>control and AMS resources are accessible.</p> <p>Infection control is discussed at the monthly staff / quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the clinical governance group, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues and the directors are well informed of all significant events.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and AMS programme will be formally reviewed annually as scheduled (not yet due) by the nurse manager who is the infection control coordinator (IC). Regular reviews of infection control data occurs monthly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control (IC) manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed at regular intervals by an industry leader and approved by the clinical governance group. Policies are available to staff. The IC programme links to the quality programme.</p> <p>The nurse manager is the IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC coordinator has completed an online training in infection control. The nurse manager has access to a network of professional aged care peer support within the region when required.</p> <p>The IC coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility, staff were observed to adhere to infection control policies and practices.</p>

	<p>The IC coordinator monitors the effectiveness of education and infection control practices through completion of internal audits.</p> <p>The IC coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support a pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and healthcare assistants work in partnership with Māori residents with support from family/whānau for the implementation of culturally safe practices. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Staff /quality meetings (sighted) evidence a clear process of involvement from the IC coordinator related to the environment and building. The infection prevention and control during construction, renovations and maintenance policy guides the input required from the IC coordinator. The IC coordinator was involved in the reconfiguration to a dementia unit.</p> <p>The infection control policy states that the facility 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. Staff have completed hand hygiene, personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
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<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>	<p>FA</p>	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the clinical governance group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and nurse manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in Ambridge Rose Beach House infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at staff/quality meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand for any community concerns. There has been one Covid- 19 outbreak (April 2024) documented and appropriately managed.</p>
<p>Subsection 5.5: Environment</p>	<p>FA</p>	<p>All chemicals were clearly labelled with manufacturer's labels and</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>stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked area when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are new and have been included in the preventative maintenance programme.</p> <p>The IC coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing IC practices in relation to the building.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation is committed to providing services to residents without use of restraint. The restraint policy confirms that when used restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. If restraint was ever to be considered, the restraint coordinator was knowledgeable around processes and would ensure services were mana enhancing; however, if restraint was required, assessments would be completed to consider a higher level of care.</p> <p>The designated restraint coordinator is the nurse manager. Restraint oversight at Ambridge Rose Group is supported by the clinical governance group. There are currently no residents using restraints.</p> <p>The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation is</p>

		included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.
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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

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

No data to display

End of the report.