

Nursing Pool New Zealand Limited - Amberley Resthome and Retirement Village

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, 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: Nursing Pool New Zealand Limited

Premises audited: Amberley Resthome and Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 January 2025 End date: 24 January 2025

Proposed changes to current services (if any): Amberley Rest Home 2013 Limited has signed a sale and purchase agreement with Nursing Pool NZ. The entity will continue to trade as Amberley Rest Home and Retirement Studios.

Manatū Hauora HealthCERT requested this provisional audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 18

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.

General overview of the audit

Amberley Rest Home and Retirement Village is certified to provide residential care for up to 21 residents. On the day of audit, there were 18 residents.

Twelve of the beds, known as studio units, are extensions to the Rest Home hallways and are owned under an Occupational Right Agreement. All residents have been assessed as requiring Rest Home level care.

The service is privately owned and operated by a facility manager and their partner. A clinical nurse manager assists the facility manager in the day-to-day operations.

Amberley Rest Home and Retirement Village has signed a sale and purchase agreement with the owners of Nursing Pool NZ. The anticipated settlement date is mid-March. The business will be owned and operated by Nursing Pool NZ and will continue to trade as Amberley Rest Home and Retirement Village.

This provisional audit was conducted against Nga Paerewa Health and Disability Services Standard NZS 8134:2021 and included a review of policies and procedures, review of residents' and staff files and documents provided as part of the process, observations, and interviews with residents, family/whānau, facility manager, staff, and a general practitioner.

Evidence to establish the preparedness and suitability of Nursing Pool NZ was derived from face-to-face interview with one of two owners/directors from Nursing Pool NZ, and a review of their transition plan, and business plan. This person, a RN with a current APC, will assume the role of facility manager.

Nursing Pool NZ confirmed an understanding of the ARRC contract and expressed readiness to provide Rest Home level care as soon as approval from MoH has occurred.

The prospective owner/facility manager reported that, other than changes to the governing body, no other changes are planned.

Te Whatu Ora – Health New Zealand Waitaha Canterbury is aware of the proposed change of ownership.

No areas were identified that require improvement.

Ō tātou motika | Our rights

Amberley Rest Home and Retirement Village works collaboratively to support and encourage a Māori world view of health in service delivery. Māori will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

At Amberley Rest Home and Retirement Village, a person-centred and whānau-centred approach is embraced when residents enter the service. Comprehensive and relevant information is provided to prospective residents and their family/whānau to ensure an informed decision-making process.

The service works collaboratively with residents and their family/whānau to assess, plan and evaluate care. Individualised care plans are developed and updated to accommodate any new issues that arise. Documentation reviewed during the audit demonstrated that care provided met the needs of residents and family/whānau.

Residents are encouraged and supported to maintain their interests and participate in meaningful social activities that are appropriate to their age and stage of life.

The medication management system at Amberley Rest Home and Retirement Village is robust, utilising an electronic system for the prescribing and administration of medications. Policies and procedures for medication management align with accepted best practice guidelines.

The food service effectively meets the nutritional needs of residents, with special attention given to cultural preferences. Food is safely managed, and meals are designed to provide variety and balance.

Residents are referred or transferred to other health services as required, ensuring continuity of care and support.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire training. Staff understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The governing body at Amberley Rest Home and Retirement Village ensures the safety of residents and staff by implementing well-planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are tailored to the size and complexity of the service.

Staff demonstrated strong principles and practices in infection control and were familiar with the pandemic and infectious diseases response plan. A registered nurse is responsible for managing outbreaks or infection control issues and is readily available to provide guidance and support when required.

The service actively promotes responsible antimicrobial prescribing to ensure the appropriate use of medications.

The environment at Amberley Rest Home and Retirement Village supports the prevention of infections and minimises their transmission, with effective hand hygiene practices firmly in place. Waste and hazardous substances are safely managed, and the laundry services are both secure and efficient, further contributing to infection control efforts.

Here taratahi | Restraint and seclusion

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, would occur for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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>Amberley Rest Home and Retirement Village (Amberley Rest Home) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori.</p> <p>There were no residents who identified as Māori on the day of the audit.</p> <p>Amberley Rest Home is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>On the days of audit, there was a staff member who didn't identify as Māori but had a close family affiliation. This person was the cultural advisor, and the facility manager (FM) reported they would support residents and staff if required. This was confirmed by the staff member. A cultural advisor from the local marae, Tuahiwi, also provides cultural advice and support. The FM has established links with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora).</p> <p>Residents and family/whānau interviewed reported that staff</p>

		<p>respected their right to mana motuhake. Staff reported they include tikanga in their practice and are learning te reo Māori.</p> <p>The FM reported, and documentation confirmed, that staff have attended cultural safety training. Staff reported they have attended Treaty of Waitangi and cultural safety training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Amberley Rest Home works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs, are embraced. There are staff who identify as Pasifika who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments are completed at admission by the registered nurse (RN) and the activities co-ordinator to identify any shortfalls.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan is available for reference.</p> <p>A Pacific plan with cultural guidelines and standard operating procedures has been developed with input from the wider Pasifika community. They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people.</p> <p>There were residents of Pasifika heritage who didn't identify as Pasifika at the time of the audit.</p> <p>Amberley Rest Home identifies and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service. The FM has links with the Pasifika community. For example, an external person of Pasifika heritage has been contacted to provide training to the staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	<p>FA</p>	<p>During the audit at Amberley Rest Home and Retirement Village, evidence showed that the Code of Health and Disability Services</p>

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Consumers' Rights (the Code) was prominently displayed in both Māori and English in communal areas and on facility walls, ensuring recognition of Māori mana motuhake. Brochures outlining the Code, advocacy services, the right to complain, and information on the complaints process were readily available in the reception area and other communal spaces. A complaints box was accessible to residents and family/whānau for submitting any concerns.</p> <p>All residents interviewed reported being aware of their rights under the Code. Consent forms, which include detailed information about the Code, are incorporated into the standard admission agreement to ensure residents are fully informed upon entry to the service.</p> <p>The prospective owner demonstrated a clear understanding of the Code, including the right to complain, the right to privacy, and the right to fair treatment and care, reflecting a strong commitment to upholding these principles.</p> <p>Staff were observed treating residents with dignity and respect, consistently demonstrating a strong understanding of the principles outlined in the Code. Evidence showed that staff receive annual training on the Code to ensure it is consistently applied in their interactions with residents and whānau, supporting a culture of respect and compliance with residents' rights.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>Amberley Rest Home and Retirement Village supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau confirmed that they receive services in a manner that upholds their dignity, gender, privacy, sexual orientation, spirituality, and personal choices.</p> <p>Staff were observed maintaining privacy throughout the audit. All residents have a private room, or share a room with another person only with their consent.</p> <p>Te reo Māori and tikanga Māori are actively promoted within the service through cultural activities, signage, and resources available in Māori, as well as engagement with local iwi and cultural advisors. Staff have undertaken training in Te Tiriti o Waitangi and</p>

		<p>demonstrated an understanding of its principles and how to apply them in their daily work. A designated staff member with a passion for Māori health and wellbeing has recently completed a specialised course in Māori-centred care and will be available to serve as an advocate for residents and whānau if needed.</p> <p>The needs of tāngata whaikaha (people with disabilities) were respected and responded to, ensuring meaningful participation in te ao Māori where applicable.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>At Amberley Rest Home and Retirement Village, staff demonstrated a clear understanding of the facility's policy on abuse and neglect, including the appropriate steps to take if any signs were identified. No instances of discrimination, coercion, or harassment were reported during the audit, as confirmed through interviews with staff, residents, and family/whānau, as well as a review of documentation.</p> <p>Upon admission, residents' personal belongings are labelled to ensure proper identification. Residents have confirmed that their possessions are handled with care and respect. They are advised to keep only small amounts of money on-site, while larger sums are securely stored by management for safekeeping.</p> <p>Staff maintained professional boundaries and expressed confidence in raising concerns related to institutional or systemic racism, trusting that any issues raised would be addressed appropriately. A strengths-based and holistic approach to care was consistently observed throughout the day of audit.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the</p>	FA	<p>At Amberley Rest Home and Retirement Village, residents and family/whānau reported that communication is open and effective, and they feel listened to. On the day of the audit, effective communication was observed in staff interactions with residents and family/whānau. Residents interviewed stated that great communication is consistently maintained, and there was evidence of this in documentation reviewed.</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>Information is provided in an easy-to-understand format, ensuring residents and family/whānau can make informed decisions. Changes to residents' health status are communicated to relatives/whānau promptly. Where other agencies are involved in care, effective communication has been maintained.</p> <p>Examples of open and transparent communication were noted following adverse events and during the management of complaints. Additionally, staff were aware of how to access interpreter services if required, further supporting effective communication for all residents and family/whānau.</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>At Amberley Rest Home and Retirement Village, residents and/or their legal representatives/whānau are provided with the necessary information to make informed decisions, empowering them to actively participate in daily decision-making. On the day of the audit, informed decision-making processes were observed in practice, including residents being supported in making choices about their daily activities and meal choices.</p> <p>With the consent of the resident, family/whānau were included in decision-making processes, ensuring a collaborative approach to care.</p> <p>Nursing and care staff demonstrated a clear understanding of the principles and practices of informed consent, supported by policies aligned with the Code and tikanga guidelines.</p> <p>Advance care planning, documentation of Enduring Power of Attorney (EPOA) requirements, and processes for residents unable to consent were appropriately recorded in residents' files. Residents sign general consents within their admission agreement and service providers follow the appropriate best practice tikanga guidelines in relation to gaining consent from 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</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the</p>

<p>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>requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception.</p> <p>The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint. The FM described, and documentation confirmed, a quality improvement following a complaint.</p> <p>Minor concerns are logged as formal complaints in the register.</p> <p>The FM is responsible for complaints management and follow-up.</p> <p>Complainants had been informed of findings following investigation.</p> <p>The FM reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed, as are staff and an external cultural advisor. There have been no complaints received by Māori to date.</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 FM and their partner are the owners and governing body. They assume accountability for delivering a high-quality service supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori and Pasifika advisors. They have owned the Amberley Rest Home for 12 years.</p> <p>The FM confirmed their knowledge of the sector, and regulatory and reporting requirements, and maintains currency within the field and through legal advice, sector communication, training, community memberships, Te Whatu Ora – Health New Zealand Waitaha</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>Canterbury, and colleagues.</p> <p>The FM has been in the role for 12 years, has 19 years aged care experience, and has completed management courses for aged care managers. An experienced clinical nurse manager (CNM) provides clinical support to the FM, while the administrator, who is also the diversional therapist (DT), provides administration support.</p> <p>When the FM is absent, the CNM carries out all the required duties under delegated authority with support from the DT.</p> <p>The 2024-2026 business plan includes the vision, mission statement, and goals. The goals include a commitment to reduce infections and eliminate the use of restraint.</p> <p>A sample of management meeting minutes showed reporting is of a consistent format and includes adequate information to monitor performance.</p> <p>The clinical team, guided by the clinical governance policy and a CNM, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the meetings were sighted.</p> <p>The governance team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting processes through feedback mechanisms, and purchasing equipment.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau, and health care assistants' (HCAs') knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The FM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from family/whānau and external cultural advisors.</p>
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	<p>Residents receiving services, and family/whānau, participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced positive feedback.</p> <p>The FM has completed the online training requirements.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora) to provide age-related residential care (ARRC) Rest Home level, for up to 21 residents. No resident was receiving care under the long-term chronic health contract (LTCHC).</p> <p>On the day of audit, 18 residents were receiving Rest Home level care. Ten of the 12 studio units were occupied.</p> <p>As mentioned above, the business will be owned and operated by Nursing Pool NZ and will continue to trade as Amberley Rest Home and Retirement Village. The prospective owners are also the founders/owners and operators of Nursing Pool Australia.</p> <p>The prospective owner/facility manager's curriculum vitae was sighted. This person has decades of experience across multiple specialties, including five years' aged care experience.</p> <p>This person expressed no plans to change the service size or configuration. They confirmed taking over the three contract types, that is, ARRC, respite and LTCHC.</p> <p>They also reported that the service will continue to operate using the same operating systems and organisational structure currently in place.</p> <p>The sale and purchase agreement are for buying the care services, buildings and fixtures.</p> <p>The prospective owners have submitted a goal-oriented business plan with values, mission statement, specific aims and objectives for 2025 designed to deliver high-quality, client-focused aged care services while ensuring financial sustainability and adherence to regulatory requirements.</p>
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		<p>Also submitted was a comprehensive transition plan that includes key objectives, mission statement, core values, and operational actions required, including identifying any concerns or improvement areas.</p> <p>The prospective owner/facility manager expressed that the transition period will be managed between themselves and the current owner to ensure the least amount of stress and anxiety for residents and relatives and with minimal disturbances on staff routine. This was confirmed by the current facility manager.</p> <p>Te Whatu Ora – Health New Zealand Waitaha Canterbury has been notified.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and HCAs contribute to quality improvement through meetings and surveys. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Positive comments regarding the meals were noted in the minutes.</p> <p>The last resident and next of kin survey was completed in October 2024. The FM reported that the results were very good. Evidence was sighted of corrective actions being developed and prepared to feedback to the resident meeting.</p> <p>The FM is responsible for quality. The quarterly staff meeting minutes confirmed there have been regular review and analysis of quality indicators, and that related information is reported and discussed. The FM reports to their partner informally with a formal business planning meeting held annually.</p> <p>Quality improvement initiatives include renovating the dining room, replacing the kitchen bench tops, and purchasing remote controlled blinds for the reception/foyer area and dining room. A security camera and security lighting in the carpark have also been installed since the</p>

		<p>last audit.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2025 internal audit schedule was sighted. Completed audits include cleaning, laundry, clinical records, medication, IPC and AMS, pressure injuries and the environment. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, potential inequities, and the development of mitigation strategies.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin.</p> <p>The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings.</p> <p>The FM understood and has complied with essential notification reporting requirements. Evidence was sighted of the one notification made since the last audit.</p> <p>There have not been any police investigations, coroner's inquests, or issues-based audits since the last audit.</p> <p>Staff are supported to deliver high quality health care should any residents identify as Māori through training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example infections, skin care and falls. The CNM and FM reported that benchmarking data in all areas</p>
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		<p>compare positively against all benchmarks.</p> <p>Nursing Pool NZ will continue with the same quality system, including policies and procedures, currently in use. This is a generic system which reflects the principles of continuous quality improvement (CQI) and is tailored for the aged care sector. It includes regular internal audits, systems for analysis and reporting of quality data, such as trends in incidents/accidents, health and safety legislation, adverse event reporting, complaints, infections, and providing regular opportunities for resident, family/whānau and other stakeholder feedback.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. A Safe Rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced for any unplanned absence.</p> <p>Residents and family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>There are staff who have worked in this care home for between six months and fourteen years.</p> <p>At least one staff member on duty has a current first aid certificate.</p> <p>An after-hours on-call system is in place with the CNM providing clinical cover and the FM providing support for all other areas 24/7. A casual RN is available to provide on-call cover should the CNM be unavailable.</p> <p>The FM reported that the North Canterbury external paramedic service is available to provide support after hours. The GP is available until 8pm. Staff reported that good access to advice is available when needed.</p> <p>The FM described the recruitment process, which includes interview,</p>

		<p>and referee and police checks.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The FM reported, and documentation confirmed, that staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications. The CNM is an assessor ensuring staff are undertaking the NZQA qualifications as needed. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>One of the three registered nurses is interRAI trained.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans.</p> <p>The FM and documentation evidenced that Amberley Rest Home is building on its own knowledge through cultural training, communication with the resident, family/whānau, online training resources and learning te reo Māori. Staff reported the use of te reo Māori. Signage in te reo Māori was evident.</p> <p>Where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora gerontology staff, and external community health providers.</p> <p>Staff reported feeling well supported and safe in the workplace through the FM being approachable, Christmas and birthday celebrations, receiving a gift at Christmas, and food provided at meetings.</p> <p>The prospective owner/facility manager stated the roster will not change and the policy on staff skill mix including contractual obligations and acuity of residents will remain as is. All staff members will continue their roles with no immediate changes to their responsibilities.</p> <p>The prospective owner/facility manager will be on site 5 days/40 hours per week. This person will be available for operational and clinical on-call 24/7.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Current annual practicing certificates were sighted for the registered nurses, a pharmacist, a dietitian, and four general practitioners. The diversional therapist's certificate of qualification was sighted.</p> <p>Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role. Staff described their orientation and are buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of this was seen in files reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Paper-based staff files are kept locked and confidential. Amberley Rest Home is now using electronic record keeping for newly employed staff. Ethnicity data is recorded, was sighted in staff files, and used in line with health information standards.</p> <p>Staff reported that incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p> <p>The transition plan, business plan and interview with the prospective owner/facility manager confirmed that the prospective provider understood the importance of ongoing education for all levels of staff.</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</p>	<p>FA</p>	<p>Policies and procedures guide staff in the management of information.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>need it.</p> <p>Backup database systems are in place.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents had a National Health Index (NHI) number on admission.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>At Amberley Rest Home and Retirement Village, residents enter the service after their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed during the audit met contractual requirements. Residents are admitted based on documented entry criteria that are accessible to the community and well understood by staff.</p> <p>The entry process is designed to meet the needs of residents, and family/whānau interviewed expressed satisfaction with the admission process and the information provided to them at the time of entry.</p> <p>When a prospective resident is declined entry, clear processes are followed to communicate the decision. Declines are thoroughly documented, and entry and decline rates are tracked and analysed to ensure equity, including for Māori residents.</p> <p>Amberley Rest Home and Retirement Village has established partnerships with Māori communities and organisations and actively supports Māori residents and their whānau during the admission process, to promote inclusivity and equity.</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>FA</p>	<p>At Amberley Rest Home and Retirement Village, the multidisciplinary team works collaboratively with residents and their family/whānau to ensure overall wellbeing. Care plans are developed on the HCSL platform by qualified staff following comprehensive assessments that</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>reflect the resident’s lived experience, cultural needs, values, and beliefs, and which integrate wider services where required. Amberley Rest Home also ensures that tāngata whaikaha and their whānau are actively involved in service development through policies and procedures developed in partnership with them.</p> <p>Amberley Rest Home is committed to delivering services that empower tāngata whaikaha by providing choice and control over their supports, while also removing barriers that prevent residents and their whānau from independently accessing information. Services are delivered in a manner that reduces stigma, promotes acceptance, and ensures that all residents feel valued and supported across every aspect of their care.</p> <p>Early warning signs and risks are identified and documented with a strong focus on prevention and timely escalation for appropriate interventions. Needs and risk assessments are an ongoing process, with any changes clearly documented and reflected in care plans and progress notes. Care plans are regularly reviewed, and interventions are updated as needed to meet residents’ evolving needs.</p> <p>Assessments are based on a range of clinical tools, with input from residents and family/whānau incorporated where applicable. Timeframes for the initial GP assessment, interRAI assessments, care plans (both initial and long-term), and clinical reviews consistently meet contractual and policy requirements. Staff actively support Māori residents and their family/whānau in identifying and achieving pae ora outcomes, as confirmed through documentation and interviews.</p> <p>The management of specific medical conditions is systematically monitored, and planned care is regularly evaluated using outcome measures. Where progress differs from expected outcomes, adjustments are collaboratively made with the resident and their family/whānau. Residents and family/whānau confirmed they are actively involved in the care planning process, which reflects a strengths-based, holistic model of care.</p> <p>Amberley Rest Home encourages tāngata whaikaha to participate in service development, ensuring they and their family/whānau have access to clear, understandable information without unnecessary</p>
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		barriers. The facility promotes dignity, autonomy, and cultural inclusion in all aspects of care delivery.
<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>	FA	<p>At Amberley Rest Home and Retirement Village, the activities programme is designed to support residents in maintaining and developing their interests, ensuring activities are appropriate for their age and stage of life. Activity assessments and plans are personalised, identifying individual interests and considering each resident's unique identity. Both individual and group activities reflect residents' goals, interests, and ordinary patterns of life, incorporating a wide range of community activities.</p> <p>A qualified diversional therapist oversees the activities programme and was interviewed during the audit. They reported positive engagement with the programme, highlighting opportunities for feedback and the flexibility to adapt activities based on residents' preferences. Māori residents and their whānau are actively supported in participating in te reo Māori. Community initiatives are in place to address the specific needs of Māori, including access to the local marae and cultural advisors when required.</p> <p>The activities timetable is prominently displayed in the foyer, and staff remind residents daily of the activities on offer to encourage participation. Residents interviewed reported a diverse range of activities available, which they thoroughly enjoy. They noted excellent community involvement, including day trips, shopping excursions, and church services. Church services were available for three different religions, and residents can also access the local marae and cultural advisors to support their spiritual and cultural needs.</p> <p>Residents can provide feedback on the activities programme, and any suggestions or adaptations are incorporated into the calendar to better meet their preferences and needs. This collaborative approach ensures the programme remains relevant and engaging.</p> <p>Residents and family/whānau expressed high levels of satisfaction with the activities programme, highlighting its contribution to their wellbeing and enjoyment of life at Amberley Rest Home. The commitment to inclusivity and adaptability ensures that all residents feel valued and supported in their participation.</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>At Amberley Rest Home and Retirement Village, the medication management policy is current and aligns with the Medicines Care Guide for Residential Aged Care and best practice standards. On the day of the audit, good medication management practices were observed, and audited files demonstrated strong adherence to the facility's medication management policy.</p> <p>A total of 10 medication charts were audited, showing compliance with prescribing and administration requirements. All staff administering medicines were trained and competent in their roles. Medication reconciliation is conducted as part of admission and ongoing care, ensuring accuracy and safety.</p> <p>Medications are stored securely, including controlled drugs (CDs). The CD register was maintained and regularly checked weekly, monthly and six-monthly to ensure compliance. There were minimal controlled drugs on-site, and robust procedures are in place for their management. Medications were stored within the recommended temperature range, and expired medications were promptly returned to the pharmacy.</p> <p>Amberley Rest Home uses an electronic medication management system, with monthly medication audits and stocktaking completed to maintain accurate records. Prescribing practices meet all requirements, including the recording of allergies or sensitivities and the safe management of any adverse events. Over-the-counter medications and supplements were reviewed by the prescriber to ensure they align with the resident's overall care plan.</p> <p>There was a strong focus on reducing polypharmacy, including efforts to minimise antimicrobial use, to prevent antibiotic resistance among residents. This proactive approach supports better health outcomes for residents and aligns with current best practices in medication management.</p> <p>The required three-monthly GP medication reviews were consistently documented on all medication charts reviewed. Standing orders were not used.</p>
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<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>At Amberley Rest Home and Retirement Village, the food service is designed to meet recognised nutritional guidelines, ensuring the dietary needs of residents are consistently met. The menu has been reviewed and approved by Canterbury dietitians within the last two years, with all recommendations implemented to enhance meal quality and variety.</p> <p>The service operates under an approved food safety plan and registration, ensuring compliance with all current legislative requirements. Regular council audits confirmed the facility's adherence to food safety standards. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines, ensuring a safe and effective food management process.</p> <p>Each resident undergoes a comprehensive nutritional assessment upon admission, with individual preferences, special dietary requirements and modified texture needs incorporated into their meal plans. Māori residents and their whānau have culturally appropriate menu options that align with te ao Māori, ensuring respect for cultural preferences and inclusivity.</p> <p>Staff closely monitor residents' weight as part of ongoing care to identify any nutritional deficits promptly. When necessary, residents are referred for dietitian input to ensure their dietary needs are met and maintained.</p> <p>Residents and whānau consistently expressed satisfaction with the meals during interviews, satisfaction surveys, and resident meeting</p>

		<p>discussions. Residents commented on their enjoyment of the food and the variety of choices available. The menu is displayed in the dining area, keeping residents informed about meal options.</p> <p>Meals are served in a relaxed and unhurried setting, giving residents plenty of time to enjoy their food. For those requiring assistance with eating, staff provided support in a dignified and respectful manner.</p> <p>Amberley Rest Home and Retirement Village is committed to providing a high-quality dining experience that not only meets nutritional needs but also promotes cultural diversity, identifies and addresses nutritional risks, and adheres to all legislative and food safety requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>At Amberley Rest Home and Retirement Village, transfers and discharges from the service are planned and managed safely, ensuring thorough coordination between services and close collaboration with the resident and their family/whānau. Documentation reviewed during the audit showed that residents recently discharged from hospital were safely transitioned back to Amberley Rest Home, with risks and current support needs carefully identified and managed.</p> <p>Options for accessing other health and disability services, as well as social and cultural supports, are discussed with residents and their family/whānau when appropriate. Family/whānau interviewed reported feeling well-informed and supported during the transfer or discharge process, with clear communication provided throughout.</p> <p>Admissions to Amberley Rest Home are equally well-documented and carefully managed. Comprehensive assessments are conducted, and all relevant information is recorded to ensure a smooth transition into care. Staff work closely with residents and their family/whānau during the admission process to address any needs or concerns and ensure a positive start to their care journey.</p> <p>Amberley Rest Home and Retirement Village demonstrated a strong commitment to safe and well-coordinated transfers, discharges and admissions, promoting resident safety, and clear communication</p>

		throughout care transitions.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 14 October 2025.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The FM described the maintenance schedule, which was sighted.</p> <p>Staff confirmed they know the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>Equipment tagging and testing is current, as confirmed in interviews with the FM, documentation and observation. Current calibration of biomedical records was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>The facility is accessible to meet the mobility and equipment needs of people receiving services. Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to engage in activities. The studio units have their own library/lounge area.</p> <p>The dining area and the lounge area are spacious and enable easy access for residents and staff. Residents can access the library/lounge for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Twelve of the rooms are in studio units, each of which is occupied under an Occupation Right Agreement. All 12 studio units have their own ensuite with a toilet, shower and hand basin. The nine other Rest Home rooms contain only a hand basin. There is one shower and three toilets available for the residents in these rooms. The number of</p>

		<p>toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, and photos and other personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and family/whānau and staff reported the adequacy of bedrooms.</p> <p>There is batten heating in the ceilings of all rooms, including residents' bedrooms. The heating is thermostatically controlled but can be individually adjusted to suit personal preferences. Underfloor heating is installed in the hallways and studio units. Additional heating is provided by four heat pumps in communal areas. The heat pumps assist with cooling in summer. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>The FM reported, and documentation confirmed, that a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. The FM would also contact the local council and iwi.</p> <p>The prospective owner/facility manager reported that there are no plans to change the building footprint.</p> <p>The prospective owner/facility manager is knowledgeable about NZ building requirements including fire and emergency, building warrant, essential emergency and security systems and what constitutes an appropriate, accessible and fit-for-purpose environment for older persons.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 19 January 2017.</p> <p>A mock trial evacuation and training takes place six-monthly with a record sent to Fire and Emergency New Zealand (FENZ), the most</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>recent being on 17 October 2024. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans were displayed and known to staff.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>Staff reported attending fire safety training and records confirmed this.</p> <p>The FM reported that all RNs have a current first aid certificate. Current first aid certificates were sighted in the support staff and RN files reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and there are checks of the premises during the night.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, and PPE were sighted. Supplies were last checked in January 2025. The FM reported there are six thousand litres of water stored in tanks located in the attic of the facility. Additional bottled water was sighted.</p> <p>This meets the National Emergency Management Agency recommendations for the region. The FM and DT reported that alternative lighting and cooking facilities are available.</p> <p>Residents are informed of the emergency and security arrangements at entry.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, were linked to the quality improvement system, and were being reviewed and reported on yearly. The current business plan includes a goal to reduce infections.</p> <p>Amberley Rest Home has IP and AMS programmes outlined in its policy documents. The FM and CNM oversee the IP and AMS programmes at the facility and information is fed back to staff, residents and family/whānau as required.</p> <p>Expertise and advice are sought following a defined process. The facility can access IP and AMS expertise through Te Whatu Ora and outbreaks can be escalated through them when required. Additionally, advice can be accessed through the local medical centre, laboratory, external community health providers and the attending GPs.</p> <p>Infection prevention and AMS information is discussed at facility level in staff meetings. Infection prevention and control information includes ethnicity data.</p> <p>Minutes evidenced the reporting of issues and significant events.</p> <p>The Pandemic Plan has been tested through the outbreak of Covid-19.</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>	<p>FA</p>	<p>At Amberley Rest Home and Retirement Village, the infection prevention and control coordinator (IPCC) oversees and implements the infection prevention (IP) programme, reporting directly to senior management and the governance group. The IPCC possesses the necessary skills, knowledge and qualifications for the role and has access to appropriate resources and support. Their input, as well as advice from the infection prevention and control committee, is sought when making decisions about procurement relevant to care delivery, the design of new buildings or facility changes, and policy development.</p> <p>The infection prevention and control policies align with the</p>

		<p>requirements of the standard and are based on current accepted best practices. Cultural advice is accessed as appropriate to ensure that infection prevention measures respect cultural needs, with educational resources available in te reo Māori.</p> <p>Staff are familiar with infection prevention and control policies through comprehensive orientation and ongoing education, and they were observed following these policies correctly during the audit. Residents and their family/whānau are educated about infection prevention in ways that meet their needs, promoting understanding and cooperation.</p> <p>A documented pandemic and infectious disease response plan is in place and regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its correct use.</p> <p>Reusable medical devices, specifically scissors and urinals, are decontaminated and sterilised in accordance with the 2023 Australian/New Zealand standards to ensure compliance and safety. Single-use medical devices are not reused, or if used following a risk assessment, the process is agreed upon by the governing body.</p> <p>Amberley Rest Home and Retirement Village demonstrated a strong commitment to maintaining infection prevention and control, ensuring that all policies and practices align with current standards while prioritising the safety and wellbeing of residents, staff, and family/whānau.</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>At Amberley Rest Home and Retirement Village, responsible use of antimicrobials is actively promoted. The Antimicrobial Stewardship (AMS) programme is tailored to the size and complexity of the service and is supported by robust policies and procedures.</p> <p>The effectiveness of the AMS programme is evaluated through ongoing monitoring of antimicrobial use and identifying areas for improvement. Interviews conducted with the infection prevention and control coordinator (IPCC) and the general practitioner (GP) highlighted a strong emphasis on the safe prescribing of antibiotics, with a focus on minimising their use wherever possible.</p>

		<p>Topical treatments, such as creams, are preferred over oral antibiotics when appropriate. Swabs and cultures are routinely sent to the laboratory prior to commencing antibiotics, whenever possible, to ensure targeted and effective treatment.</p> <p>Amberley Rest Home's commitment to antimicrobial stewardship ensures the safe and effective use of antibiotics, supporting resident wellbeing and reducing the risk of antibiotic resistance.</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>At Amberley Rest Home and Retirement Village, surveillance of health care-associated infections (HAIs) aligns with recommended best practices and reflects the risks and priorities outlined in the infection control programme. Surveillance methods, tools, documentation, analysis and assignment of responsibilities are described and documented using standardised surveillance definitions. Ethnicity data is included in the surveillance process to ensure equitable care and outcomes for all residents.</p> <p>The registered nurse (RN) and infection prevention and control coordinator (IPCC) closely monitor infections on a monthly basis. Monthly surveillance data is collected, collated and analysed to identify trends, possible causative factors, and required corrective actions.</p> <p>Surveillance results are presented and discussed at quarterly general staff meetings, where trends and any necessary corrective actions are highlighted. This ensures that staff are informed and proactive in managing infection risks.</p> <p>A recent review of an influenza/COVID-19 outbreak demonstrated successful outbreak management, showcasing effective coordination, thorough investigation, and timely follow-up. Infection rates at Amberley Rest Home and Retirement Village remain consistently low, reflecting the effectiveness of the infection control programme.</p> <p>Communication between service providers, residents experiencing a health care-associated infection (HAI), and their family/whānau is conducted in a culturally safe manner, ensuring individual needs and preferences are respected. Amberley Rest Home's commitment to</p>

		comprehensive surveillance, cultural inclusivity, and effective infection management supports the delivery of safe, high-quality care.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>At Amberley Rest Home and Retirement Village, a clean, tidy and homely environment supports the prevention of infections and the mitigation of transmission of antimicrobial-resistant organisms. The facility is well-maintained, with clear processes in place to ensure high standards of hygiene.</p> <p>Staff follow documented policies and procedures for the management of waste, infectious materials and hazardous substances, in compliance with national guidelines. Waste is segregated into correct streams, including general waste, recycling, and hazardous waste, and is collected by a local waste management company. These processes ensure that waste is handled safely and disposed of in an environmentally responsible manner.</p> <p>Laundry and cleaning processes are carefully monitored for effectiveness. Clean and dirty areas are clearly defined within the laundry, with dirty laundry kept off the floor and properly segregated. Infectious laundry is placed in designated red bags and washed separately to prevent cross-contamination. Material Data Safety (MDS) sheets are up to date, and chemicals are stored safely in secure locations.</p> <p>Cleaners and laundry staff complete comprehensive orientation and core competencies in infection prevention and control (IPC) practices. They also participate in ongoing education to ensure adherence to best practices. During the audit, staff were observed performing their duties safely and effectively, contributing to the facility's high standards of cleanliness and hygiene.</p> <p>Infection prevention personnel oversee the environmental testing and monitoring programme to ensure compliance with established standards.</p> <p>Residents and their family/whānau expressed satisfaction with the cleanliness of the facility and the management of laundry services. Observations during the audit confirmed that the environment is</p>

		<p>clean, tidy and homely, reflecting Amberley Rest Home and Retirement Village's commitment to providing a safe, welcoming and hygienic space for residents and staff.</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>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy and is a goal in the business plan. The FM, CNM and staff confirmed the commitment to this.</p> <p>At the time of audit, no residents were using a restraint. The FM reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>The CNM is the restraint coordinator, providing support and oversight for any restraint management should it be used. Their position description was sighted.</p> <p>There are processes in place to report aggregated restraint data, including data analysis supporting the implementation of an agreed strategy. Minutes reviewed evidenced nil restraint reported.</p> <p>The FM is involved in the purchase of equipment should it be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free training, and management of challenging behaviours. Staff confirmed they have received training.</p> <p>Policies and procedures meet the requirements of the standards.</p> <p>Given there has been no restraint reported to governance for over three years, subsections 6.2 and 6.3 have not been audited.</p> <p>The prospective owner/facility manager is well-versed in their responsibilities in respect of restraint elimination, minimisation and safe practice.</p>

Specific results for criterion where corrective actions are required

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

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

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

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.