

Ambridge Rose Cottage Limited - Ambridge Rose Cottage Limited

Introduction

This report records the results of a Surveillance 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 Cottage Limited	
Premises audited:	Ambridge Rose Cottage Limited	
Services audited:	Dementia care	
Dates of audit:	Start date: 17 February 2025	End date: 18 February 2025
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:	24	

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 Cottage is part of the Ambridge Rose Group. The service provides dementia level of care for up to 24 residents. At the time of the audit there were 24 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 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; and interviews with family/whānau, staff, general practitioner and management.

There are two owners (chief executive officer and owner manager) and a chief operating officer who monitors performance and supports the manager at the facility. A facility manager (enrolled nurse) oversees the day-to-day operations of the facility. They are supported by experienced healthcare assistants and two registered nurses from other sites.

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

The service has addressed the previous shortfalls around timeliness of completion of assessments and care plan interventions.

This surveillance audit identified no shortfalls.

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.

A Māori health plan and a cultural services response policy are documented for the service. This service supports cultural safe care delivery. Family/whānau interviewed stated they were informed of their rights. Staff completed code of conduct and abuse and neglect training. 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. Ambridge Rose Cottage has a documented quality and risk management system. Quality and risk performance is reported across meetings to keep the directors well informed. Ambridge Rose Cottage collates clinical indicator data and comparison of data occurs across all facilities owned by the company.

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. 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.

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.
---	--	--

The RN assesses, plans and reviews residents' needs, outcomes, and goals with the family/ whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

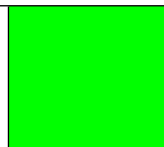
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. There are snacks available at all times.

All residents' transfers and referrals are coordinated with family/whānau.

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.

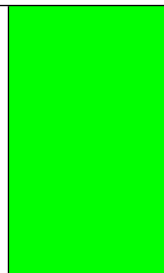


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

The infection control programme is implemented and meets the needs of the organisation. 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.

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. There have not been any outbreaks since the last audit.

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.

The restraint coordinator is the facility manager. The facility had no residents using restraints at the time of audit. Staff receive the appropriate education.

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	18	0	0	0	0	0
Criteria	0	48	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy, which acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. Ambridge Rose Cottage is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau, as documented in the resident care plans. At the time of the audit there were no Māori residents at Ambridge Rose Cottage. 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>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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific</p>	FA	<p>Ambridge Rose Cottage has a Pacific people's policy and `Health of Pacific peoples in Aotearoa is everyone's business` which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all. There are residents that identify as Pasifika and they are supported by staff who identify as Pasifika. Assessments and care plans for residents who identify as Pasifika include interventions to support cultural needs and values.</p>

<p>peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents` family/whānau. 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. The facility manager 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. Five family/whānau interviewed reported that the service respects residents` rights. Interactions observed between staff and residents during the audit were respectful. The previous audit identified a rating of continuous improvement around the dementia family group meeting. This has grown from strength to strength and continues to be well attended.</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. Advocacy services are linked to the complaints process.</p> <p>An owner/CEO, the facility manager, and the chief operating officer [COO] were interviewed along with five staff (three healthcare assistants, the clinical manager [RN at another facility who supports the service] and the cook) described adhering to the Code in relation to their role.</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 abuse and neglect policy is being implemented. 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. Staff have completed code of conduct and abuse and neglect training. The education sessions encourage reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed report a positive workplace.</p> <p>Police checks are completed as part of the employment process. Professional</p>

		<p>boundaries are defined in job descriptions. Interviews with the facility 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 service implements a process to manage residents' comfort funds.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes were discussed with family/whānau on admission. Five 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 agreements reviewed were 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>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. Staff report verbal complaints. The facility manager confirmed that there had not been any complaints in 2024 or 2025; however, a record of all complaints, both verbal and written, would be kept using a complaint register.</p> <p>The complaints policies reviewed include a sample of documentation to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The facility manager stated they would be confident in investigating any complaints and the COO noted that they would provide support if required. The complaints process links to the advocacy service.</p>

		<p>Family/whānau confirmed during interview the facility manager 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 are available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The service is operated by Ambridge Rose Group. Ambridge Rose Cottage is certified to provide dementia level of care for up to 24 residents. At the time of the audit there were 24 residents. All residents were under the aged residential care contract (ARRC).</p> <p>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. The organisation is governed by the two owner/directors. One of the owner/directors is the CEO and the other is an owner/manager. The chief operations officer (COO) provides operational leadership and divides their time between the facilities. Ambridge Rose Cottage is one of four facilities owned under Ambridge Rose Group. The directors and COO (who are family) are very involved in the facilities, with time spent at each site during the week including Ambridge Rose Cottage.</p> <p>The owners and COO have extensive business experience and understand 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. The obligations to proactively help promote 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 is documented within the cultural</p>

		<p>awareness and cultural safety policy and reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The CEO, owner/manager and COO attend meetings at the facility with a three-monthly management meeting attended also by the four facility managers (referred to as the management team). Each facility manager is responsible collating clinical information related to their individual facility. There is a clinical governance group that meets fortnightly that includes 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). The facility manager oversees the implementation of the quality plan and clinical oversight at Ambridge Rose Cottage.</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 Cottage is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data are 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 staff meetings include discussion of all aspects of the quality and risk management programme, and these take place as planned to collaborate and address any service improvements required. There are also clinical management meetings two weekly with the COO, CEO, owner/manager, one clinical manager and RN from other sites, and the two facility managers. This provides managers with the opportunity to review clinical care.</p> <p>A family/whānau survey was completed in August 2024 and evidence satisfaction in all areas of service delivery. The facility manager has an open and transparent decision management process that includes correspondence with 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. The service also offers a family/whānau support group that uses the peer support model. Family/whānau from the three dementia facilities (including Ambridge Rose Cottage) are invited and there are speakers, a morning tea and opportunities for family/whānau to get support and advice from each other. This meeting has proved to be successful with approximately five to 15 family/whānau</p>

		<p>attending each meeting.</p> <p>The previous audit identified a rating of continuous improvement around the project initiated to enhance the quality of life and care for residents by identifying changes in health status and taking appropriate action in the process. The project included initiating clinical review meetings and a traffic light system to improve quality outcomes. This project is now implemented and the managers state that this continues to identify residents' deterioration early and to support their progression to the next level of care.</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 register were reviewed (sighted). 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 since the last audit.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, a severity risk rating is identified, and immediate action is documented with any follow-up action(s) required. A sample of nine accident/incident forms were reviewed (witnessed and unwitnessed falls, behaviours that challenge, and a finger jammed in a door). Opportunities to minimise future risks are identified by the facility 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 meetings and at the clinical management meetings.</p> <p>Discussions with the facility 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. The service has implemented the Severity Assessment Code (SAC) into the adverse event reporting system. The management team can explain implementation of the SAC and notifications aligned to SAC. There were no outbreaks reported since the last audit.</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 facility manager is on site Monday to Friday and provides on-call advice 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.</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. The training schedule has been implemented for 2024 and is on track for 2025. Training and education is provided at staff meetings. The facility manager meets their training requirements through Health New Zealand training and training sessions held in-house. The clinical manager and a RN at other facilities are interRAI trained and they complete the interRAI with the facility manager as both are interRAI trained. They also provide oversight of all care plans and review of care planning documented. Staff receive training in de-escalation and diversion strategies in relation to behaviour.</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 13 healthcare assistants employed. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen healthcare assistants 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 related residential care contract.</p>
<p>Subsection 2.4: Health care and support workers</p>	<p>FA</p>	<p>Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are</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. 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>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. Current annual staff appraisals are in place.</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.</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. The RN and clinical manager from another facility (interviewed) complete all interRAI assessments and oversee all documentation of care plans and review of care planning. The facility manager (EN) is responsible for care planning and evaluation of care with this signed off by the CM or RN. All residents had an interRAI assessment completed. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>Initial assessments and long-term care plans (LTCP) were completed for residents, detailing needs, and preferences within 24-hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All initial documentation sampled in the five files reviewed confirmed that they had been completed within three weeks of the residents' admission to the facility. Long-term care plans are formally evaluated every six months, in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The previous shortfall (3.2.1) identified at the previous certification audit has been addressed.</p> <p>Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care. This included evidence of individualised de-escalation, diversional and distraction strategies over a 24-hour period. The previous shortfall (3.2.3) identified at the previous certification audit has been</p>

	<p>addressed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Evaluations are documented by the facility manager and include the degree of achievement towards meeting desired goals and outcomes. There are Māori and Pasifika health care plans available to use when there are residents who identify as Māori and Pasifika. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing three-monthly reviews by the GP and when their health status changes. The GP is on call 24/7. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A physiotherapist is contacted as required. A podiatrist visits regularly and a dietitian, continence advisor, speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required.</p> <p>An adequate supply of wound care products was available at the facility. At the time of the audit there were no wounds or pressure injuries. A review of previous wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, this is reported to the facility manager. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and behaviour charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</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>There are policies and procedures available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The facility manager and healthcare assistants interviewed could describe their role regarding medication administration.</p> <p>The service currently uses blister packs and an electronic medication system. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored weekly. All stored medications are checked weekly. Medications with a short shelf life are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications and the facility manager confirmed that this would not be appropriate in a dementia unit. No standing orders are used.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects.</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</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes. Dislikes and special dietary requirements are accommodated, including food allergies. The cook interviewed reported they accommodate all requests. Snacks are available at all times.</p> <p>There is a verified food control plan which expires 30 November 2025. Family/whānau interviewed were complimentary regarding the standard of food provided.</p>

and wellbeing.		
<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	Planned discharges or transfers are coordinated in collaboration with family/whānau and receiving service provider to ensure continuity of care. The facility manager explained that all residents are accompanied by family/whānau or a staff member. A comprehensive verbal handover is provided between providers.
<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	The building holds a current warrant of fitness, which expires 19 February 2026. The building is old but well maintained. There is a maintenance request book for repairs and maintenance requests located in the office. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment (expiry date July 2025), call bell checks, calibration of medical equipment (expiry date December 2025) and monthly testing of hot water temperatures. Essential contractors/tradespeople are available as required.
<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</p>	FA	There is a comprehensive infection control programme documented, including an outbreak and pandemic plan. The infection control programme is developed by an industry expert and approved by the clinical governance group. The infection control programme links to the quality programme. The infection control coordinator audits and monitors the effectiveness of

<p>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>education and infection control practices. The infection control programme was reviewed in December 2024.</p> <p>The infection control coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proves to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. Staff completed infection control training at orientation and as part of the scheduled annual training. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Staff have completed hand hygiene, and personal protective equipment competencies.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 Cottage infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. All infections are entered into the infection register. Surveillance of all infections (including organisms) and ethnicity are entered onto a monthly infection summary. Data (including ethnicity) is monitored and analysed for trends and patterns. Infection control surveillance is discussed at staff meetings. 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. Any significant events are escalated to and discussed at the clinical governance meetings.</p> <p>The service receives information from Health New Zealand for any community concerns. There have not been any outbreaks since the last audit.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint coordinator is the facility manager. The restraint coordinator described the facility's focus to maintaining a restraint-free environment. If restraint were ever to be considered, the restraint coordinator described how they would work in partnership with the resident and family/whānau to promote and ensure services are mana enhancing. At the time of the audit, there were no residents using restraint.</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Restraint is reported at staff meetings and to the clinical governance group.</p> <p>All staff have received training in maintaining a restraint-free environment, managing distressed behaviour and associated risks as part of the orientation programme and annual training.</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.