

Cambridge Life Limited - Cambridge Life

Introduction

This report records the results of a Partial 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: Cambridge Life Limited

Premises audited: Cambridge Life

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 19 March 2025 End date: 19 March 2025

Proposed changes to current services (if any): A partial provisional audit was completed to verify the completion of eight dual-purpose hospital/rest home level care beds into dementia care beds in the east wing.

Total beds occupied across all premises included in the audit on the first day of the audit: 41

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 haumaruru | 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

Cambridge Life is part of the Sound Care group. The service provides rest home and hospital-level aged residential care services for up to 57 people; on the day of the audit, there were 41 beds occupied.

A partial provisional audit was completed to verify the provider's preparedness to provide dementia services for eight residents in the east wing. The management reported that the original application was for the reconfiguration of 16 dual-purpose resident rooms into eight hospital-level geriatric (psychogeriatric) care rooms and eight dementia beds, which has now changed.

Significant changes since the last audit included the appointment of a nurse manager (NM) in 2024.

This partial provisional audit was conducted against the subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included the review of documents, observations, interviews with the general manager (GM), culture and wellbeing manager (CWM), nurse manager (NM), roving registered nurse (RRN), a registered nurse, a diversional therapist (DT), and care staff. Residents interviewed were complimentary of the service and care provided.

This partial provisional audit identified improvements in relation to staffing, training, performance appraisals, environment, and an approved fire evacuation.

Ō tātou motika | Our rights

Not audited.

Hunga mahi me te hanganga | Workforce and structure

The governing body is committed to delivering high-quality services in the care delivery process. The service honours Te Tiriti o Waitangi and reduces barriers to improve outcomes for Māori and people with disabilities. An experienced nurse manager was in this role and was well supported by the senior management team.

The business quality risk and management plan define the organisation's purpose, values, direction, scope, and goals. Suitably qualified and experienced people manage the service. Ongoing business, health and safety, and clinical service monitoring occur, with regular reviews according to predetermined schedules. An established quality and risk management system focuses on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff were involved in quality activities. The current staff were adequate to address the required cultural and clinical needs of the current residents. Additional staff will be employed to cover the dementia beds. The transitional rosters have been developed in readiness. Staff were appointed, orientated, and managed using current good practice. An education/training programme was in place. Staff can access New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are documented policies and procedures for medicine management, including administering pro re nata (PRN) and short-course medications. All staff who administer medication had completed relevant training and were currently competent in

medication administration. All medicines were stored safely and securely. There was a medication self-administration policy with clear guidelines for use when required.

The planned activity programme provided residents with a variety of individual and group activities. There were adequate resources to undertake activities at the service.

The existing food control plan, and food safety policy, will continue to be used. The menu plans have been reviewed and approved by a dietitian. Processes were in place to identify individual residents' dietary needs and preferences.

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

The service was clean and well-maintained. Electrical and biomedical equipment had been checked and assessed as required. Internal areas were accessible and safe. External areas have shade and seating provided and meet the needs of the residents. Staff were trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents, and whānau understood emergency and security arrangements and maintained security.

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

The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes appropriate to the service's size and complexity. An experienced and trained infection control coordinator (registered nurse) leads the programme.

The infection control coordinator is involved in procurement processes, facility changes, and processes related to decontaminating reusable devices. Staff demonstrated good principles and practices around infection control. Residents and whānau were familiar with the pandemic/infectious diseases response plan. The service promoted responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed, and safe and effective laundry services were available.

There was no infection outbreaks reported since the previous audit.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using a restraint at the time of the audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, occurs 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	10	0	1	3	0	0
Criteria	0	84	0	2	4	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 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>Cambridge Life is part of the Sound Care Group. The partial provisional audit was completed to verify the provider’s preparedness to provide dementia services, changing eight dual-purpose hospital/rest-home level of care beds in the east wing into dementia care beds.</p> <p>The NM has extensive experience in the health sector, is a registered nurse, and has been in the role since 2024. The NM is supported by the senior leadership/management team. Compliance with legislative, contractual, and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The Business Quality Risk and Management Plan 2025 outlines the purpose, scope, targets, performance measures, goals, governance roles, and delegated management roles. Cultural safety is embedded in business and quality plans and staff training. Ethnicity data was being collected to support equity.</p> <p>The owner/director owns other aged care facilities across the country, supported by a national senior leadership/management team comprised of an overall clinical manager, a clinical support manager, a culture and wellbeing manager, and a general manager.</p> <p>The governing body, Sound Care Group, assumes accountability for</p>

	<p>delivering a high-quality service to the resident communities served, with meaningful Māori representation on the governance group. The organisation has a Māori health advisor who can be sought if needed and ensured obligations to meet the needs of Māori were met. The senior leadership/management team demonstrated expertise in Te Tiriti, health, equity, and cultural safety, and records of education and training were reviewed. Cultural competencies have been completed by all care staff. A comprehensive cultural manual was reviewed, developed,</p> <p>Equity for Māori, Pasifika, and tāngata whaikaha is addressed through policy documentation and enabled through choice and control over supports and the removal of any barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Both Māori and Pasifika models of care have been developed and implemented.</p> <p>The NM meets with the senior leadership/management team monthly. Reports to the owner/director showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>The service is certified for 57 beds, with eight being dedicated for rest home-level care, 21 for hospital-level care, and 28 dual-purpose beds. The service holds contracts with Health New Zealand – Te Whatu Ora to provide residential services under the age-related residential care agreement (ARRC). On the day of the audit, there were 41 residents receiving care and support. Eighteen residents were receiving rest home-level care, including one respite, one Accident Compensation Corporation (ACC), one long-term support for chronic health conditions (LTS-CHC), and 23 hospital-level care, including one LTS-CHC.</p> <p>This service has currently reconfigured eight beds in the east wing to secure dementia beds. This reconfiguration is still under way, with storage areas, a workstation, and an external outdoor ramp still to be completed.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</p>
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<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>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mix to provide culturally and clinically safe care for current residents 24 hours a day, seven days a week (24/7). The GM and NM reported that the service was currently in the process of recruiting staff to cover the reconfigured dementia beds.</p> <p>The GM and NM described timeframes and actions for developing an annual staff training plan, which includes ensuring staff have dementia training and all staff have cultural competencies and other essential skills and knowledge, for example, in infection control, safe administration of medicines, first aid, and restraint minimisation. The general practice service is already contracted to provide medical coverage and services.</p> <p>The staff training plan was reviewed. Training on Te Tiriti o Waitangi and health equity has been provided at all levels of the organisation. A Māori health advisor was available if required. Continuing education is planned annually and includes all mandatory training requirements. The current staff have completed all training requirements, and records were sighted and were well maintained. Attendance records showed evidence of regular education provided to staff.</p> <p>Staff at all levels reported feeling well-supported and safe in the workplace.</p> <p>Improvements are required to ensure that staff numbers are adequate for the dementia wing, and they have the required dementia care training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and</p>	<p>PA Low</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed that the organisation's policies were being consistently implemented. Each position has a job description. Six staff files were reviewed.</p> <p>The GM and NM stated that they were aware of the Age-Related Residential Care Service (ARRC) contract requirements for staff training. Staff confirmed that current staffing numbers had been adjusted to meet</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>the needs of the residents. All newly employed staff will complete an orientation, including fire evacuation. Records confirmed that all regulated staff and contracted providers had proof of current registration with registration authorities such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, Pharmacy Council NZ, and other allied health service providers. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices, standards, and orientation to the environment, including emergency management.</p> <p>Each staff member's ethnic origin was documented on their personnel records and was used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data was in place, and this is reported at management meetings. Following incidents, the NM, senior leadership/management team, general practitioner (GP), and the owner/director are available for any required debriefing and discussion. Staff have access to the Employee Assistance Programme if required.</p> <p>An improvement is required to ensure performance appraisals are completed annually as per policy requirements.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities were appropriate to the residents' needs and abilities. Activities were facilitated by an experienced registered diversional therapist (DT). The programme runs from Monday to Friday, with Saturdays and Sundays reserved for church services, movies, EPOA/whānau/family visits, and other activities facilitated by the care staff. The activities were based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays were celebrated, and resident meetings undertaken monthly. An activity profile detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>The activity programme is formulated by the DT in consultation with the NM, culture and wellbeing manager, nursing staff, EPOAs, residents, and care staff. The activities were varied and appropriate for people assessed as requiring hospital, rest home, ACC, LTS-CHC, and respite care. The</p>

		<p>DT and the culture and wellbeing manager reported that residents assessed as requiring dementia level of care in the new dementia wing would be involved in activities of their choice and participate in a range of recreation, leisure, cultural, and community events consistent with their interests and preferences. Each resident will have 24-hour activities care plan developed.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit day that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Residents were going on outings as required. Residents were observed walking outside the facility accompanied by staff, and family members.</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and whānau to participate in te ao Māori was facilitated through community engagements with community traditional leaders, and by celebrating religious and cultural festivals and Māori Language Week.</p> <p>Residents reported overall satisfaction with the level and variety of activities provided. No family members were interviewed.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, reconciliation, and reporting errors. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies were indicated, and all photographs uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of pro re nata (PRN) medications was documented.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any</p>

		<p>external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as per policy and legislative requirements. Monitoring of medicine fridges and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>Inspection of medication procedures and onsite review of the medication round indicated the service follows approved protocols in administration and management of medication. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. The medications for the residents in the dementia unit will be stored in the new dementia wing when all storage areas are installed (refer to 4.1.1).</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. This was reiterated in interviews with the nursing team, GM, and NM.</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>The food service is in line with recognised nutritional guidelines for older people. A qualified dietitian reviewed the menu within the last two years (22 May 2023), and recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration; the current food control plan will expire on 9 September 2025.</p> <p>The kitchen and pantry were observed to be clean and tidy. Regular</p>

<p>and wellbeing.</p>		<p>cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained. All decanted food had 'use-by' dates recorded on the containers, and no expired items were sighted.</p> <p>There is adequate dining room space in the hospital area and dementia wing to accommodate residents. Each resident has a nutritional assessment on admission to the facility. The daily meal plan accommodates personal food preferences, special diets, and modified texture requirements. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks were available 24 hours a day. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents expressed satisfaction with the food service.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>There is a current building warrant of fitness that expires on 17 June 2025. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely with mobility aids in their respective wings.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Monthly hot water temperature monitoring is completed as per policy requirements. The service employs a maintenance officer on a full-time basis. Certified tradespeople carry out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The reconfigured wing has six single bedrooms, two rooms with ensuites, one bathroom, and two toilets. Some rooms have new beds, bedside</p>

		<p>lockers, chairs, and televisions. The current six beds in the dementia wing are occupied by the rest of the home-level care residents and the other two are vacant. Two keypad-locked doors have been installed, which can automatically open in case of fire. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate. The residents will be able to personalise their own rooms. The rooms are culturally and spiritually inclusive and suited to the needs of residents. The wing will be blessed appropriately prior to the official opening. Furniture installed is appropriate to the setting. The dining area and lounge have been decorated to reflect a homely atmosphere. The bathroom has non-slip vinyl, and a wall-mounted heater. Appropriate secured and approved handrails are provided in the bathrooms. Adequate toilets are available for staff and visitors.</p> <p>All rooms have external windows to provide light and ventilation. Heat pumps are located in the lounge and dining areas. All rooms have wall heaters. Consultation was sought with Māori health advisory input to ensure the design and environment would reflect the identity of Māori. The rooms are fit for purpose and can easily accommodate dementia-level care residents.</p> <p>Improvements are required to ensure there is a workstation for staff, fixed storage areas, and external areas that are accessible to residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>The policies and guidelines for emergency planning, preparation, and response were displayed and easily accessible by staff. Civil defence planning guidelines direct the facility in its preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparedness for disasters and describe the procedures to be followed. Emergency evacuation plans were displayed and are known to staff. The emergency plan meets the needs of people with dementia in an emergency. Staff have completed first aid training. Hot water checks are maintained by the maintenance team and recorded accurately. Call bells are installed in each room and communal areas.</p> <p>There are adequate supplies for use in the event of a civil defence</p>

		<p>emergency or a pandemic, including food, medical supplies, and personal protective equipment, and gas is available for cooking. There is a designated cupboard for storage of civil defence resources. Emergency lighting is available if needed. Water supplies exceed the needs of local authority requirements for the service. A generator can be hired from a local supplier if required. The facility is secured after hours, with appropriate security arrangements in place. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility. Staff wear name badges for identification purposes.</p> <p>An improvement is required to ensure that an approved fire evacuation scheme is available for review when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the senior leadership/management team, which oversees clinical governance for the organisation. The IP and AMS programmes are appropriate for the size and nature of the service. The policies and procedures were developed by the contracted quality consultant and approved by the governance team.</p> <p>Infection prevention and AMS programmes are linked to the quality and risk management system and are reported monthly to the NM, who reports monthly to the owner/director. Infectious disease specialist advice and/or expertise can be accessed through the infection prevention team at Health New Zealand – Te Whatu Ora if needed, and through the contracted laboratory service microbiologist and the contracted general practitioners. Infection prevention and AMS are discussed at the quality and staff meetings. Information on infections and antibiotic use also includes residents’ ethnicity data. The data is collected and analysed to support IP and AMS programmes across the organisation.</p> <p>A pandemic response plan is in place. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>The service has a documented infection prevention and control programme reviewed annually by the senior leadership/management team and approved by the governing body. A registered nurse is the nominated infection prevention coordinator (IPC) who oversees the implementation of the infection prevention (IP) programme. The infection prevention coordinator's role, responsibilities and reporting requirements are defined in the infection prevention coordinator's job description. The IPC has completed external education on infection prevention within the past two years. They have access to shared clinical records and residents' diagnostic results.</p> <p>The IP policies were developed by suitably qualified personnel and complied with relevant legislation and accepted best practices. The IP policies reflect the requirements of this standard and includes appropriate referencing.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IPC has input into other related clinical policies that impact health care-associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified and through infection prevention information posted around the facility.</p> <p>The IPC reported that they work in consultation with an infection prevention and control specialist from Health New Zealand – Te Whatu Ora in procurement processes of the required equipment, devices and consumables through approved suppliers. The IPC was involved in the consultation process when significant changes were proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on the manufacturer's recommendation and best practice guidelines. Single-use medical devices were not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Appropriate infection control practices were observed during the audit. Handwashing and sanitiser dispensers were readily available around the</p>
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		<p>facility. Māori cultural needs were assessed during admission to ensure culturally safe IP practices were protected and to acknowledge the spirit of Te Tiriti.</p> <p>Educational resources in te reo Māori were available. Residents expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the service's size, scope and complexity. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The governance body has approved the AMS programme. The policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the potential for harm.</p> <p>Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data included antibiotic usage and identified areas for improvement.</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>	FA	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IP programme reviewed. Infection prevention audits were completed, including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data was collated and analysed to identify any trends and possible causative factors, and action plans were implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect data. Results of surveillance were shared with staff at staff meetings and staff handovers. All infection data was reported to governance. Benchmarking was completed by comparing with the previous monthly results. Ethnicity data was collated at the time of surveillance and recorded.</p>

		<p>Residents and whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>There was no infection outbreaks reported since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste was removed as per the local authority requirements. All chemicals were stored securely and safely. Material data sheets were available. Cleaning products were in labelled containers. Cleaners ensured that trolleys were stored when not in use. Cleaning schedules were developed for implementation for the dementia wing. An adequate amount of PPE was available which included masks, gloves, goggles and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There were two cleaners employed. Cleaning guidelines were in use. Six-monthly internal environmental cleanliness audits occur. The management team and the maintenance officer oversee the built environment's facility testing and monitoring programme.</p> <p>There were designated laundry staff who were responsible for all laundry at the service. The laundry is clearly separated into clean and dirty areas. Clean laundry was delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit programme. The laundry staff and cleaning staff demonstrated awareness of the infection prevention and control protocols. Resident surveys and residents' interviews confirmed satisfaction with the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free</p>	FA	<p>The service aims to maintain a restraint-free environment. Policies and procedures meet Ngā Paerewa HDSS 2021 requirements. The clinical team is responsible for the restraint elimination strategy and monitoring restraint use in the organisation. Restraint is discussed at the clinical</p>

<p>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>governance level.</p> <p>At the time of the audit, one resident used bedrails as restraint. Restraint is a last resort when all alternatives have been explored. The RN is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. The RN reported that the dementia wing will be a secure unit.</p> <p>The clinical team, including the GP, is responsible for approving the use of restraints and the restraint processes. There are clear lines of accountability. All restraints have been approved, and the overall use of restraints is being monitored and analysed. Family/whānau/EPOA and residents were involved in decision-making.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The facility can adjust the staffing levels to meet the changing needs of residents as they are admitted. At least one staff member on duty has a first aid certificate, and there is 24-hour registered nurse coverage. The provider has not yet employed extra staff to cover the beds in the dementia wing. Cambridge Life is currently in the process of recruiting staff. The GM and NM reported that two health care assistants (HCAs) are required in the morning from 7am-3pm, two HCAs again from 3pm-11pm, and one HCA from 11pm-7am with oversight from the registered and diversional therapist in the main hospital wing. The GM and NM reported that staff are also available from other sister sites if required during the transitional period. The proposed roster reviewed verified that about nine full-time equivalent (FTE) health care assistants are</p>	<p>There was not adequate staff to cover the dementia wing.</p>	<p>Ensure adequate staffing to provide clinically safe practice in the dementia wing.</p> <p>Prior to occupancy days</p>

		<p>needed to cover all shifts.</p> <p>The management knew and understood the requirements for adding dementia beds, including providing adequate staffing and training.</p>		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>The HCAs are trained in New Zealand Qualification Authority (NZQA) education courses, to meet the provider's funding and service agreement requirements. Seven HCAs have attained Level 4, four at Level 3, two at Level 2, and two at Level 1. Nine HCAs have been enrolled to complete the dementia training. The GM and NM reported no HCAs employed at present had the required dementia training.</p>	<p>Some of the HCAs have not completed the specific dementia training.</p>	<p>Ensure staff have the required training to work in the dementia wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Staff performance is reviewed and discussed regularly; however, this had not occurred in four of the six staff files reviewed. Staff reported that they have input into the performance appraisal process and can set their own goals.</p>	<p>Four of the six staff files reviewed had no evidence of completed performance appraisals.</p>	<p>Ensure performance appraisals are completed at defined intervals as per policy and standard requirements.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	<p>There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available within the lounges and dining rooms and outside on the open deck areas. However, storage areas for medications, resident files, and a workstation for staff were still to be installed. The GM and NM reported filing cabinets, including locked cupboards, and a workstation had been ordered and would be installed within a</p>	<p>Fixed storage areas such as cupboards for medications, filing cabinets, and workstations are yet to be installed.</p>	<p>Ensure cupboards, filing cabinets, and workstations are installed prior to the beds being occupied.</p> <p>Prior to occupancy days</p>

		week.		
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>The service is required to have a physical environment that supports the independence of the residents. There are two external doors that lead to the open garden area. External areas were not independently accessible to residents, as one sliding external door had a raised area, which was a trip hazard, with no outdoor ramp for safe mobility of residents using walking aids. The grounds and external areas were well maintained. All outdoor areas have seating and shade. The secure dementia unit has a large, enclosed walking courtyard and garden area where residents can mobilise freely.</p>	<p>The external dining room door has a raised area, which is a trip hazard.</p>	<p>Ensure the identified external door has an outdoor ramp for safe mobility of residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Moderate</p>	<p>The service is required to have an approved evacuation scheme on file; however, this was not sighted on the audit day. The GM reported reconfiguration of the east wing did not require any change to the fire evacuation scheme. Communication sighted with Fire and Emergency New Zealand (FENZ) evidenced that the service had requested to be reissued with a new fire evacuation scheme since they could not locate the old scheme and there was no change to the current scheme after the reconfiguration. This was reported to be in process. A trial evacuation drill was performed on 18 November 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire, first aid, and security training.</p>	<p>An approved fire evacuation scheme was not verified on the audit day.</p>	<p>Ensure there is an approved fire evacuation scheme on file.</p> <p>90 days</p>

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.