

# Ambridge Rose Manor Limited - Ambridge Rose Manor

---

## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ambridge Rose Manor Limited
<b>Premises audited:</b>	Ambridge Rose Manor
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 10 March 2025 End date: 11 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	104

# Executive summary of the audit

---

## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Ambridge Rose Manor is a family-owned business. The service is certified to provide hospital services (medical and geriatric services) and rest home care to residents. At the time of the audit there were 104 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. 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.

The chief operating officer provides operational oversight with an experienced clinical manager overseeing the day-to-day clinical operations of the facility. They are supported by an experienced team that includes registered nurses and healthcare assistants. The owners (chief executive officer and the owner/manager) also provide on-site support.

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

This certification audit identified a shortfall around medication room temperatures.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

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

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

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Ambridge Rose Group has a documented organisational structure with other facilities also owned by the same owners. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-

specific operational objectives which are reviewed on a regular basis. Ambridge Rose Manor has a documented quality and risk management system that is implemented. Quality and risk performance is reported across meetings to keep the owners well informed. Ambridge Rose Manor collates clinical indicator data and comparison of data occurs.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care. Competencies are maintained. Health and safety systems are in place for hazard and risk reporting and for the management of staff wellbeing.

The staffing policy aligned with contractual requirements and included skill mixes. Family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs.


There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. Medications are prescribed and administered appropriately. Allergies, intolerances and previous adverse reactions are clearly recorded.

All meals and baking are prepared on site. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for. Residents expressed overall satisfaction with the food service.

A dedicated team of staff lead the activities programme through the facility. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. Residents are satisfied with the activities on offer.

Discharge and transfers are managed safely in collaboration with residents and their 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 warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single, and some have full ensuite facilities. There is lift access to the second floor. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The building and grounds are secure at night.

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

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

Subsections applicable to this service fully attained.

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

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on in a timely manner. Comparison of data occurs.

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

There are documented processes for the management of waste and hazardous substances in place, Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is a policy and procedure for restraint minimisation and safe practice that meets the Standard. The senior management team demonstrate a commitment to attaining a restraint-free environment. A registered nurse is the restraint coordinator. Staff have ongoing training in restraint minimisation and are required to pass an annual competency test. Restraint is only used as last resort after alternatives have been tried. During the audit there were ten residents using a restraint. Resident files show the policies and procedures are fully implemented. The organisation conducts a quality review of restraint six-monthly.

### 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	28	0	1	0	0	0
Criteria	0	176	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

---

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan is documented and is also reflected in the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Ambridge Rose Manor is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible; this was evident in the care plans reviewed.</p> <p>The service uses Te Whare Tapa Whā model as part of the Māori assessment and care plan. Records reviewed evidenced that the Māori assessment, care plan and reviews take a holistic view of health. Activities plans for Māori residents' evidence social and cultural history, needs, likes and dislikes and there are focused activities for Māori residents that they enjoy. There are also Māori cultural celebrations that include recognition and activities associated with Matariki and Treaty of Waitangi. There is evidence in all resident records reviewed of family/whānau engagement. Māori residents and family/whānau interviewed stated that they cannot fault the support and care provided and believe that the service incorporates Māori culture into the lives of the residents and in particular, staff pay attention to identifying needs of</p>

		<p>their family/whānau and ensuring that they deliver services that meet individual cultural norms.</p> <p>At the time of the audit there were Māori staff at Ambridge Rose Beach House. The clinical manager (CM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. The Māori health plan and business plan (Ambridge Rose business roadmap 2022-2028) documents the commitment of Ambridge Rose Group to build cultural capabilities, partnering with Māori, iwi, and other businesses to align their work with, and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. Ambridge Rose Manor has access to kaumātua and their family/whānau for cultural advice when needed. Key relationships and support is also with a local kaumātua from the Auckland Stand Tū Māia. The two owners (one owner identified as the CEO and the owner/manager) and the chief operating officer (COO) interviewed described the relationships as established and longstanding.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ambridge Rose Manor has a Pacific People’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ document which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 sits within the policy. There are also policies and procedures documented for each Pacific Island (eg, Tongan, Samoan, Niuean). There is a cultural awareness and cultural safety policy that aims to uphold the cultural principles of all residents and to provide an equitable service for all.</p> <p>The service has established links with Pacific organisations through their Pacific staff and through external providers. These include a church group from a specific Pacific Island who come in to talk with a resident of the same ethnicity and to provide church services for anyone who chooses to attend two monthly. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training provided at orientation.</p> <p>On admission all residents state their ethnicity. There are currently</p>

		<p>residents who identify as Pasifika. The CM interviewed stated Pacific peoples' cultural beliefs and values, knowledge, and identity are respected when in their care. The Code of Health and Disability Services Consumers Rights (the Code) is accessible in Pacific languages. The COO and CM described how Ambridge Rose Manor increases the capacity and capability of the Pacific workforce through equitable employment processes, as documented in the good employer policy.</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>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Code are included in the information that is provided to new residents and family/whānau. The CM discusses aspects of the Code with residents and their family/whānau on admission, with this also outlined in the welcome book. The Code is displayed in multiple locations in English and te reo Māori. Nine family/whānau interviewed (with family/whānau requiring hospital level of care) reported that the service respects residents' rights. Interviews with 12 residents (2 rest home level of care and 10 hospital level of care, including one under a Long-term Support – Chronic Health [LTS-CHC] contract) also confirmed that their rights were upheld as per the Code. All stated that they did not have any suggestions for improvement and that the care met their cultural beliefs and the Code. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held from several different denominations, noting that any resident is welcomed to any church service.</p> <p>Staff interviewed during the audit, including four managers (the</p>

		<p>owner/CEO, owner/manager, COO, and CM) and seventeen staff (six healthcare assistants (HCAs), four registered nurses (RNs), one head chef, one maintenance person, two cleaners, one diversional therapist (DT), two laundry staff) described how the service provides person-centred care. Staff receive education in relation to the Code at orientation and is a topic in the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Care staff interviewed could describe how the Code was put into practice daily.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Ambridge Rose Manor annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau.</p> <p>The intimacy and sexuality policy is being implemented, and training is included as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their family/whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>

		<p>Privacy is also observed around the use of closed-circuit television surveillance/monitoring (CCTV), with a policy describing the commitment and procedures relating to its use. Cameras are located externally and in common areas internally.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The good employer policy acknowledges cultural diversity. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident's wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. The abuse and neglect policy is being implemented. There are educational resources available. Cultural days are held to celebrate diversity. Staff have completed code of conduct and abuse and neglect training. The training encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. The COO has a quality approach to complaints and residents stated that there are effective safeguards to protect them from abuse.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules. Staff interviewed were able to describe cultural safety and how they respond to cultural needs of residents and family/whānau with differing cultural needs. Residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the CM and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

		<p>Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Ambridge Rose Manor promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed. Staff interviewed report a positive workplace, with a significant number of staff having worked in the service for over five years.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. A sample of 18 accident/incident forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau. If there is a resident without family/whānau involved and there is an incident or accident, then this is documented on the adverse event form.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. Not all residents could speak and understand English; however, family/whānau interviewed stated that they interpret for their family/whānau member. Staff employed can also interpret for residents and family/whānau and stated when interviewed, that they had not come across a family/whānau member who could not support staff on the resident's behalf.</p> <p>Non-subsidised residents` family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the speech language therapist, Mental Health Services for Older Adults, and pharmacists. The CM described an implemented process around providing residents (with support from</p>

		<p>family/whānau if appropriate) time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails, social media (closed group on Facebook), aged connect (software communication solution), phone calls, zoom meetings (through the aged connect platform) and monthly newsletters. There are no resident meetings held because of the high number of residents using hospital level of care and the high acuity; however, there is an open-door policy for residents and family/whānau to quickly visit whenever they want to discuss anything (observed to regularly occur during the audit). The owner/CEO, owner/manager, COO and CM are available seven days a week and all residents and family/whānau interviewed described the managers as being very accessible and responsive. The owner/CEO, owner/manager, and COO take pride in the service being a 'family owned' service and the owners and managers were observed to be well known to residents and family/whānau.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies that guide informed consent in relation to the Code. Informed consent processes were discussed with the resident and family/whānau on admission. Eleven electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care with choices offered whenever possible. Staff were able to give examples of how residents had choice (outings, personal cares, food etc).</p> <p>The admission agreement is appropriately signed by the resident or family/whānau or EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for residents who require this. Residents had a medical certificate for incapacity on file when required.</p> <p>Advance directives for health care including resuscitation status had</p>

		<p>been completed by the resident. Training has been provided to staff around the Code that included informed consent, choice and family/whānau engagement.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. Staff report verbal complaints to any members of the management team. The complaints procedure is provided to family/whānau on entry to the service. The COO maintains a record of all complaints, both verbal and written, by using a complaint register. There have been five complaints since the last audit in 2023; two were from the Health and Disability Commissioner (HDC). One of these complaints was referred by HDC to the organisation for investigation. The complaint is now closed with the complainant and HDC was informed of the outcome as per the HDC letter. All documentation requested by HDC for a second complaint has been sent and the service is waiting for closure from HDC.</p> <p>Three complaints were reviewed as part of the audit and all were addressed and resolved in accordance with the complaints policy and the Code. The COO stated they are confident in investigating any serious complaint if one was tabled, with the owner/CEO and owner/manager involved in oversight of all complaints. The complaints process links to the advocacy service, with residents and family/whānau informed that they can involve advocacy services at any time. Residents and family/whānau confirmed during interview that the COO or other managers are available to listen to concerns and act promptly on issues raised.</p> <p>Information about the resources to support Māori are available, with Māori advocates available to support any complainant if required. Interpreters are available and can be contacted if required. The COO acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p>

		<p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings and complaints are also discussed at the management meetings.</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 company was formed in May 2003 and is situated in Pakuranga, Auckland. The facility has been extended and renovated between 2007 to 2012 and is certified to provide 104 beds for rest home and hospital level of care (medical and geriatric). All beds are dual purpose. At the time of the audit there were 104 residents. There were 5 rest home and 99 residents at hospital level care. All residents were under the aged residential care contract (ARRC), apart from two who were under a LTS-CHC contract (one at rest home and one at hospital level of care).</p> <p>The service is operated by Ambridge Rose Group (a family owned and operated organisation). There are four facilities owned by the same owners; noting that each is a separate limited liability company. There are two owners (the owner/CEO who has a NZ Diploma Business and NZ Diploma Management; owner/manager who has been engaged in aged care facilities for 39 years), and the COO and CM work closely together with all four managers attending staff and management meetings. The COO provides operational leadership and management of the facility and the CM provides clinical leadership. The owners have confirmed that they have over 25 years' experience in the health care sector and remain as active participants in the aged care sector. The owners and COO all are very involved in the facility, with one owner and/or COO visiting the service daily.</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 and are reviewed quarterly.</p> <p>The owner/CEO, owner/manager, COO and CM have extensive business experience and an understanding of their responsibility in the implementation of Health and Disability Services Standard and explained their commitment to Te Tiriti obligations. The obligations to</p>

	<p>proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan Scope and Review section of the Business, Quality and Risk Management plan. The Māori health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The management team of Ambridge Rose Group include the owner/CEO, owner/manager, COO and CM and or/facility managers from all four facilities. The management team has completed cultural training to provide evidence of cultural competency. The management team meets regularly. The management team is using their Māori staff to provide cultural advice within the facilities. The Ambridge Rose Group has an established relationship of a network of Māori professionals and kaumātua through Stand Services. The management team have an external consultant who participates in developing and reviewing policies in consultation with a cultural advisor. The communication policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys.</p> <p>There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Feedback from satisfaction surveys held annually is used to improve services.</p> <p>Each clinical manager (including the clinical manager at Ambridge Rose Manor) is responsible for collating clinical information related to their individual facility. There is a clinical governance group that meets fortnightly that include the same members as the management team. The clinical governance group provide an opportunity to share and compare clinical data, discuss clinical concerns and identify where improvements are required (if any). The clinical manager oversees the implementation of the quality plan and clinical oversight at Ambridge Rose Manor. Achieving health outcomes for Māori and tāngata whaikaha is a priority for Ambridge Rose Manor, as evidenced through assessment, interventions and evaluation of care process.</p> <p>The clinical manager is a registered nurse who has been at the facility</p>
--	--

		<p>for six years and in the current role for five years. They have a Post Graduate Diploma in Nursing. They are supported by the COO who has a Bachelor of Arts, and has been in the role for 14 years (and is a family member), with attendance at the Aged Care Association conference annually.</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 Manor is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented, and the progress are reviewed, monitored and evaluated at meetings. The quality system is fully implemented and evidence staff collaboration. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through monthly RN meetings, two-monthly HCA meetings, monthly management meetings, and quarterly health and safety meetings. Opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Meetings are taking place as per schedule to collaborate and address any service improvement required.</p> <p>A documentation review on site was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Ambridge Rose Group adopted the quality system and policies developed by an aged care industry leader. There is documented evidence that updated and new policies are discussed at relevant meetings and staff sign when they read policies.</p> <p>The clinical manager has an open and transparent decision management process that includes attendance at all meetings. There is regular correspondence to family/whānau, either when they visit the facility or through regular emails, as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau. Feedback from satisfaction surveys held annually is used to improve services. Both the surveys in August 2023 and 2024</p>

		<p>showed a 96% satisfaction from respondents.</p> <p>A health and safety system is in place. The COO provides oversight over health and safety. Health and safety is discussed at all meetings, including the health and safety meeting. Hazard identification forms are completed, and an up-to-date hazard and risk register were reviewed. Health and safety policies are implemented. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have not been any serious staff injuries since the last audit.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears and medication errors). Opportunities to minimise future risks are identified by the clinical manager in consultation with the COO, RNs and staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking activities occur by doing comparisons between months. Results are discussed in the staff/quality meetings and clinical governance group meetings. Discussions with the owner/CEO, owner/manager, COO and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no events that required notifications to HealthCERT. There was one Covid-19 outbreak since the last audit, with relevant external providers informed.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Ambridge Rose Manor practice occurs to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally</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 clinical manager is on site Monday to Friday and provide on-call support 24/7. There are three HCAs who are identified as team leaders and one HCA</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>team leader/supervisor. They support the RNs on shifts and lead orientation of the HCAs. The number of HCAs allocated to the roster is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau receive emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff /quality meetings. There are medication competent HCAs on morning, afternoons and night shifts to support RNs to administer and sign for administration of medication. Medication competencies are completed annually.</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 completed as per schedule for 2025. Training and education is provided at HCA meetings and may include guest speakers. The clinical manager meets their training requirements through Health New Zealand training and training sessions held in-house. The clinical manager and three other RNs are interRAI trained.</p> <p>The service is implementing an environment that encourages and supports cultural safe care through learning and support. Staff attended cultural awareness training annually and at orientation. Training provides for a culturally competent workforce. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information. Competencies are completed by staff, which are linked to the education and training programme. All HCAs in staff files reviewed completed annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), and moving and handling. A record of completion is maintained.</p> <p>There are 69 HCAs employed. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-eight HCAs have obtained a level 4 NZQA certificate, eight have completed level 3, four have completed level 2;</p>
--	---

		<p>and nineteen are on level 0.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and their upcoming performance appraisals. Staff interviewed stated the clinical manager has a transparent process when making decisions that affects staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (clinical manager, three RNs, one enrolled nurse, three HCAs, one head chef, one cleaner, one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, clinical manager, GP, pharmacy, physiotherapy, podiatry, and dietitian). The annual appraisal schedule is implemented and completed staff appraisals were on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the HCAs to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured.</p>
Subsection 2.5: Information	FA	Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destroyed. The COO is the privacy officer for Ambridge Rose Manor and has to approve requests for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home or hospital level care. Authority from the needs assessment and coordination service (NASC) were sighted in residents' files. There is accurate information about the facility and services available on the Ambridge Rose Manor website, Facebook page and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time, an enquiry form is completed and the CM discusses their needs, including cultural, physical, psychosocial and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty. Residents and families/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. Where there are delays to entry, such as waiting for an available bed, family/whānau are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options and referred back to the referrer. The COO stated they would only decline entry if a person needed a different level of care.</p>

		<p>The COO collates enquiry forms and enters data into a spreadsheet (sighted). This data includes ethnicity.</p> <p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. The registered nurse stated Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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>Eleven resident files were reviewed, including two rest home level and nine hospital level (one on LTS-CHC). Registered nurses are responsible for all assessments including interRAI assessments and care planning. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage, from assessment to care planning to evaluation. Initial assessments, short-term admission care plans, interRAI assessments and long-term care planning are done within the timeframes required by ARRC. InterRAI is used for the residents on LTS-CHC funding.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven days per week on-call services. The general practitioner expressed the registered nurses give skilled care and communicate with them accurately and in a timely manner. The general practitioner can access the electronic resident file system offsite. The diversional therapist completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes a cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. There is a contracted physiotherapist on site fortnightly to undertake assessments for mobility, strength and balance and contributes to the plan for exercise and falls prevention. Residents</p>

		<p>have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system. Where interRAI shows a trigger for a specific need, this is included in the care plans. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. The intervention guidelines are detailed to guide staff in the care of the residents to meet their medical, social and cultural needs. Residents who identify as Māori have an additional Māori care plan based on Te Whare Tapa Whā model of Māori wellbeing. Māori residents and whānau interviewed confirmed their involvement in all aspects of the care and expressed staff facilitate access to information and supports they need to achieve their own pae ora outcomes. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system and staff have access to tablets so they can record the cares and complete monitoring forms at the time.</p> <p>Registered nurses and HCAs described how they involve residents and family/whānau in implementing care plans. Residents and family/whānau interviewed confirmed they feel staff and management involve them and communicate well with them and stated they feel like they are part of a big family. They stated staff are respectful, genuinely caring and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan is reviewed and the review is documented on a care evaluation form. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. When care plans are updated, HCAs are informed of any changes. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections. At the time of the audit there were 48 wounds being treated, including four pressure injuries (one stage I and three stage II). A review of all pressure injury care plans and</p>
--	--	---

		<p>a sample of wound care plans and photographs show wounds and pressure injuries are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. This was observed during the audit. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the HCAs and daily by the RNs. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, RNs, physiotherapist, activities staff and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed, including (but not limited) weight (monthly as a routine or more often if indicated); blood glucose; behaviour; positioning; restraint; bowels; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is delivered by a registered diversional therapist and two activities coordinators. The activities programme runs five days per week, and on weekends healthcare assistants can access resources to provide activities for residents who are not visited by family/whānau. Review of resident files shows activities plans are informed by using information from a lifestyle assessment that includes the significant people and life events for each resident, family/whānau connections, cultural preferences, previous employment, interests and hobbies, and input from family and whānau. The diversional therapist</p>

		<p>gets ongoing feedback from residents in conversation about the activities programme.</p> <p>Review of the activities schedule shows a broad range of activities are provided, including physical exercises to enhance strength and balance, individual and group walks outside, and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading, and board games. Social activities include outings in the community and activities themed around calendar events including Easter, Christmas, Valentines Day, ANZAC Day, Matariki, and Te Wiki o Te Reo Māori as examples. A local church visits once a month to provide a church service. Some residents are taken out to church and other venues by family/ whānau. Residents prepare a range of food including peeling potatoes and making biscuits.</p> <p>Outings occur weekly and staff keep a record of which residents go out so all have an opportunity to go out regularly. Residents are transported in a van accompanied by two staff members, both with current first aid certificates. Residents are taken out to local beaches and parks and have morning tea while out. Family/whānau are supported to take residents on outings to maintain links with family/whānau and their communities. An entertainer visits the facility weekly on a Wednesday and a pet therapist visits on a Thursday. The local RSA visits on ANZAC Day. Cultural events such as Samoan language week, Chinese New Year and Diwali are celebrated where staff wear cultural dresses and relevant food is provided. During Te Wiki o Te Reo Māori, one resident who is fluent in te reo Māori delivered a speech and a musician led waiata. Māori words were sighted on noticeboards. The head chef provides a hāngi during Te Wiki O Te Reo Māori and Matariki.</p> <p>Individual activities include reminiscing, pampering, exercises and conversations. Records of individual and group activity participation are documented in the resident's file.</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</p>	<p>PA Low</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing,</p>

<p>access appropriate medication and blood products.  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>administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs. The general practitioner completes three-monthly medication reviews. A medication round was observed and seen to be safe. Medications are administered by RNs, enrolled nurses and HCAs who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident record file and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored in six locked rooms and trolleys and a controlled medication safe. The medication refrigerators and medication room temperatures are monitored as required and the refrigerators are within an acceptable range. There is evidence that all the medication rooms exceed the required temperature at times and corrective actions were taken. There is a lack of documentation to show the corrective action implementation was effective. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Twenty-two medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are no residents who self-medicate but there is a process for ensuring residents are competent if they wish to self-medicate. No vaccines are kept on site. There are standing orders for paracetamol and loperamide. The standing order meets the requirements of the Standing Order Guidelines 2016 of the Ministry of Health. These have been issued by the general practitioner who reviews them annually as per the policy. The registered nurse stated if a standing order is administered the general practitioner is informed and the general</p>
--	---

		<p>practitioner then charts the medication as a prn.</p> <p>Over-the-counter medications and supplements are considered by the general practitioner and where possible, prescribed on the medication chart. Residents and whānau who identify as Māori confirmed staff provide appropriate support, advice and treatment for them.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked on site by a lead chef and two other chefs, supported by kitchen assistants. The menu has been reviewed by a registered dietitian on 15 October 2024. There are four-week seasonal menus. Dietary needs including food texture, preferences, allergies and intolerances, and cultural preferences are forwarded to the lead chef who maintains a folder of diet request forms and a whiteboard on the wall of the kitchen. Food is fortified as needed and nutritional supplements prescribed are provided. The lead chef meets with residents on an individual basis to get to know them and their food preferences. A sandwich tray is prepared for each area in the evenings for staff to offer a light snack for residents at night. There is also access to pureed food such as yoghurt as needed. The kitchen is spacious, well organised and clean.</p> <p>Residents are involved in the preparation of food. The lead chef prepares traditional Māori kai during Matariki and Te Wiki o Te Reo Māori. Other ethnic food is prepared and served regularly.</p> <p>Meals are plated in the kitchen and transported to each wing in a hotbox. The temperature of all hot meals is recorded. There are dining areas in each area of the facility. The food service was observed, and residents were seen to be enjoying their meals. Residents were seated at tables with other residents having similar nutritional needs, such as pureed food. Staff were seen to be discreetly assisting with feeding residents who needed it. Modified utensils and plates are used where needed.</p> <p>The food control plan has been registered and is dated 22 June 2024. The lead chef uses an electronic system to record daily checks, completed cleaning tasks, temperatures of food before serving, and the refrigerators and freezer temperatures. Temperatures are maintained within an acceptable range. Dry food storage is well organised and food</p>

		containers are labelled with the date of opening. Food in the refrigerator is labelled with the date of preparation. All staff in the kitchen have safe food certificates and evidence of ongoing training was sighted in staff files.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell, the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and advanced directive in a yellow envelope with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers. Staff can access Māori health practitioners and kaupapa Māori agencies if needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments, allied health appointments and dentist appointments. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</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</p>	FA	<p>There is a planned and reactive maintenance programme in place. There are two maintenance staff employed and one gardener. Maintenance staff undertake fortnightly and monthly checks and an annual audit (sighted for 2024) to ensure all equipment, and the building is maintained, serviced and safe. The building has a current warrant of fitness which expires on 20 March 2025 (the facility has been reviewed and is awaiting the renewed building warrant of fitness). There are essential contractors who can be contacted 24 hours a day. Repairs and maintenance requests are logged in maintenance books which are placed in all the six wings. These are checked every morning and</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>signed off once the job has been completed by the maintenance staff.</p> <p>The planned maintenance schedule includes electrical testing and tagging (last completed in December 2024), equipment checks, calibrations of weigh scales, and clinical equipment performance monitoring and testing (last completed in August 2024). The organisation has purchased new standing and full sling hoists, which all have current certificates, showing they are compliant. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p> <p>A tour of the facility was conducted. The facility is on two levels and there is a lift for residents to access the second floor. The environment is inclusive of peoples' cultures and supports cultural practices. Each resident floor is divided into six areas for 18 to 20 residents in each. Each area has a lounge, kitchenette and dining area. Some rooms have a toilet and hand basin and other rooms have a full ensuite with shower. There are sufficient number of communal showers for residents that do not have full ensuites. All resident rooms have windows providing natural light and ventilation. Radiator heaters in hallways and bedrooms provide heating in the winter.</p> <p>Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Communal areas were adequate, safe and age appropriate, and is accessible to meet relaxation, activity, lounge, and dining needs. Residents can easily access an enclosed garden area which has a pathway for residents to walk safely. There is a seating area and shade.</p> <p>All rooms are single and spacious. There is ample space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported they have plenty of space to provide care to residents. Residents are encouraged to personalise their bedrooms with personal, cultural and spiritual belongings, as viewed on the day of audit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors when in use or vacant. Visitor toilets are clearly identified. The facility is non-smoking.</p>
---	--	--

		Management advised that future developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 27 June 2012. A fire evacuation drill is repeated six-monthly, with the last one being held on 13 December 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The chief operations officer checks the civil defence supplies three-monthly. In the event of a power outage there is a generator in place and a gas barbeque. There are sufficient food stocks for three days if needed.</p> <p>There are adequate supplies in the event of an emergency, including a 30,000 litre water tank and additional bottled water in cupboards. Emergency management is included in staff orientation, the annual training schedule and external contractor orientation. A minimum of one person trained in first aid is available at all times. The call bell system is monitored for response times. Call bells are in each bedroom, ensuite and communal toilets and showers. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Security measures are implemented. The gate and entrance ways lock automatically in the evening and closed-circuit television is situated throughout the facility in communal areas and outside the building.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Ambridge Rose Manor business and quality plan to ensure an environment that minimises the risk of infection to residents,</p>

<p>leadership to manage my risk of infection and use antimicrobials appropriately.  Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.  As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health and Health New Zealand. Infection control and AMS resources are accessible. Any significant events are managed using a collaborative approach involving the clinical governance group, the GP, and the public health team. There is a documented communication pathway for reporting infection control and AMS issues and the directors are well informed of all significant events.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and AMS programme is formally reviewed annually as scheduled (not yet due) by the clinical manager, who is the infection control coordinator (IC).</p> <p>The infection control (IC) manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection control programme and associated policies and procedures are reviewed at regular intervals by an industry leader and approved by the clinical governance group. The IC has input in related clinical policies that may impact on HAI risk.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC coordinator has completed an online training in infection control. The IC coordinator has access to a network of professional aged care peer support within the region when required.</p> <p>The IC coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility, staff were observed to adhere to infection control policies and practices. The IC coordinator monitors the effectiveness of education and infection control practices through completion of internal audits.</p> <p>The IC coordinator has input in the procurement of good quality</p>

		<p>consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support a pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and HCAs work in partnership with Māori residents with support from family/whānau for the implementation of culturally safe practices. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Staff /quality meetings (sighted) evidence a clear process of involvement and early consultation with the IC coordinator related to the environment and building. The infection prevention and control during construction, renovations and maintenance policy guides the input required from the IC coordinator.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>There is a documented AMS programme integrated as part of the overall infection control programme, which was approved by the clinical governance group. The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the clinical governance group. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)  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 Manor infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance activities are implemented by RNs and the IC coordinator. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at staff/quality meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented and completed. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand for any community concerns. There has been one Covid-19 outbreak (April 2024) documented and appropriately managed.</p>
<p>Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.  Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>There are policies related to the management of hazardous substances and waste. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked area when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are new and have been included in the preventative maintenance programme.</p> <p>The IC coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing IC practices in relation to the building.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service has a restraint minimisation and safe practice policy in place. Its aim is to attain a restraint-free environment. The owners and management team demonstrated a commitment to this. Currently there are 10 residents using a bed rail for restraint; a reduction over the last year. Minutes of staff meetings show restraint is discussed and reported in management reports to the directors.</p> <p>The policies and procedures reviewed meet the requirements of the standards. A registered nurse is the restraint coordinator. They provide support and oversight of all restraint practice. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the registered nurse, family/whānau and general practitioner, then to the restraint coordinator and clinical manager. The team considers approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they</p>

		<p>ensure the correct equipment is used. There is evidence in resident files of discussion with family/whānau and their consent.</p> <p>Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme. Restraint data is discussed as part of the quality meetings and clinical governance group meetings (where the owners are in attendance).</p> <p>The commitment to staff training is ongoing. In the last year, all staff have completed annual training on de-escalation and managing challenging behaviour and have completed competency tests.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Review of five resident files using restraint showed before authorising the use of restraint, a detailed assessment is completed which includes consideration of alternative strategies. Staff stated this includes the use of sensor mats and using a bed that can be positioned close to the floor. Consultation occurs with the family/whānau and authorisation needs to be given by the general practitioner, registered nurse and clinical manager. Family/whānau also sign the consent form. Care plans include the use of restraint and interventions required for monitoring risks and provision of care. These are reviewed three-monthly as part of the general practitioner review and six-monthly as part of the care plan review. If a resident no longer needs a restraint, the care plan is reviewed at the time.</p> <p>The restraint coordinator determines the frequency and extent of monitoring which is two-hourly for bedrails. Monitoring is to include physical cares such as toileting, change of position, provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document each time the restraint is applied, released and the cares given in the electronic system. Review of monitoring records show monitoring requirements are followed. Each episode of restraint use is evaluated.</p> <p>A restraint register is accurately maintained and contains detailed information to allow an auditable record. This includes the type of restraint used; why the restraint is being initiated; what alternative strategies have been tried and support given to the resident and</p>

		<p>family/whānau; the outcome of restraint and whether the goals of the resident are being met; any injuries as a result of restraint; completion of monitoring records; and a summary of the evaluation. Restraint discussions are completed as part of quality meetings. The restraint coordinator confirmed they work in partnership with individual residents and their family/whānau to ensure the least restrictive form of restraint is used and that at all times, residents maintain their mana and wellbeing. The organisation has established links with Māori to ensure policies and procedures align with the Māori health strategy.</p> <p>The policy specifies if emergency restraint is used there is to be a debrief for staff, family/whānau and the resident. This has not happened in the last few years. Incidents related to restraints are recorded as part of the incident management process. There have been no incidents related to restraint use. Debrief processes (if required) will be implemented by the registered nurse, with support from the clinical manager.</p> <p>Review of resident files showed evaluations are comprehensive and meet the requirements of Ngā Paerewa. Seclusion is not used at Ambrose Rose Manor.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>Quality review of restraint occurs six-monthly and records were sighted for June and December 2024. The review includes: the number of restraints in use; any trends (downward trend over the last year); what has been done to reduce restraint such as staff reminders, ongoing education, annual competencies up-to-date, de-escalation; that the policy and procedures are adhered to; if any changes are needed to the policy or procedures, if interventions are safe; that alternatives to restraint are identified in the care plans; that there is staff, resident and family/whānau input; that staff training is up-to-date; and whether additional resources are needed. The outcomes of the quality reviews are reported to the clinical governance group. There is evidence in the clinical governance group and quality meetings that initiatives to support a restraint free environment is discussed and explored.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>Medicines were seen to be stored in six locked rooms and trolleys and a controlled medication safe. The medication refrigerators and medication room temperatures are monitored as required and the refrigerators are within an acceptable range. There were periods where the medication room temperatures were above 25 degrees for all medication rooms reviewed. The CM confirmed the use of fans to cool the room temperature seems to be effective following episodes where the temperatures were noted to be above 25 degrees; however, there is a lack of documentation to show the corrective action implementation was effective.</p>	<p>(i). Records of medication rooms temperatures for January and February 2025 show temperatures documented were up to 27 degrees Celsius in each room. A fan was observed in one medication room to reduce the temperature. There is a lack of documentation to confirm temperatures when above 25 degrees have returned to the accepted range.</p>	<p>(i). Ensure medication room temperatures are maintained within the accepted range.</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.