

Rosebank Residential Limited - Rosebank Home and Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Rosebank Residential Limited

Premises audited: Rosebank Home and Hospital

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

Dates of audit: Start date: 28 November 2022 End date: 29 November 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 86

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 tatou 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Rosebank Lifecare is a privately-owned aged care facility. Rosebank Lifecare provides care to up to 96 rest home and hospital residents in the care centre and 14 rest home beds in the serviced apartment wing. On the day of audit, there were 86 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

Residents and families interviewed were complimentary of the care and support provided.

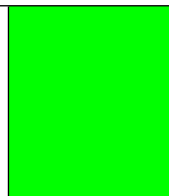
The service has addressed three of the four previous shortfalls around quality improvement data, resident profile information, and designation documentation.

Further improvements are required around care plan interventions.

This audit identified improvements are required around: notifications; registered nurse staffing; care plan timeframes; short-term care plan evaluations; and management of residents self-administering medications.

Ō tatou 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.

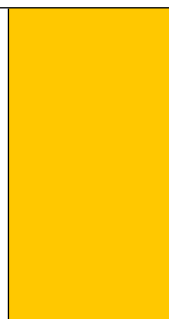


Subsections applicable to this service are fully attained.

A Māori health policy is in place for the organisation. There were staff employed who identify as Māori and Pasifika during the audit. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. The business plan includes a mission statement and operational objectives. Meetings are held regularly, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation, and staff training and development. The service had

an induction programme in place that provides new staff with relevant information for safe work practice. Residents and the family member reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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 are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. Registered nurses complete documentation with input from the resident and/or family/whānau. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

An activities programme is implemented that meets the needs of the residents. The service celebrates cultural events, celebrating Māori and other ethnicities.

Residents' food preferences and dietary requirements are identified at admission and the kitchen provides meals which support individual resident's cultural beliefs and values.

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

Includes 2 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 are fully attained.

The building holds a current warrant of fitness. The environment is inclusive of peoples' cultures and supports cultural practices.

There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in first aid is on duty at all times.

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

Includes 5 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 are fully attained.

Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established.

The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak (Covid-19) since the previous audit which was appropriately managed.

Here taratahi | Restraint and seclusion

Includes 4 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 are fully attained.
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There are policies and procedures and a restraint log available for staff to refer to should the need arise. The restraint coordinator is the clinical coordinator. There were no residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	4	0	0
Criteria	0	51	0	0	5	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>	FA	<p>A Māori health policy is documented for the service. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were staff employed who identify as Māori during the audit. The Māori health policy includes developing a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice.</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>	Not Applicable	<p>The service plans to partner with a Pasifika group to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika.</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>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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and is available te reo Māori. The staff at Rosebank Lifecare ensure that Māori mana motuhake is recognised for all residents through policy and the Māori health plan. Interviews with six residents (one hospital and five rest home) and two relatives (one hospital and one rest home) confirmed Māori mana motuhake is recognised for residents residing in the facility as much as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives.</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>Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with staff confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice. Nine staff interviewed (one quality and risk management coordinator, one clinical coordinator, one registered nurse (RN), three carers, one diversional therapist, the cook, and one maintenance) confirmed they have attended training around cultural safety and described how they get to know the resident's likes, dislikes and preferences and accommodate these.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>There are policies in place to prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff code of conduct is discussed during the new employee's induction to the</p>

<p>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>service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The staff interviewed report there was a good culture of teamwork and feel supported by the owners.</p> <p>There were residents identifying as Māori on the day of the audit. A strengths-based and holistic model is implemented and ensures wellbeing outcomes for all residents, including Māori. A section of the care plan captures any required Māori health and cultural information for each Māori resident. Care plans reviewed focus on resident's strengths and maintaining independence as much as possible.</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 in relation to informed consent. The service follows relevant best practice tikanga guidelines and welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care.</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>FA</p>	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. A record of all complaints, both verbal and written is maintained by the facility manager using a complaint register. Four complaints have been received since the last audit, one made in</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>2021 and three received in 2022 year to date. All complaints reviewed included evidence of appropriate follow-up actions taken. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed.</p> <p>A recent complaint made through an independent consultant has been investigated and reviewed. The service is waiting for a response from the review. A letter from Health and Disability Commissioner (HDC) in October 2021 informed the service they were closing a complaint made through HDC in June 2019. This complaint was included in the previous certification audit. Staff interviewed were able to describe the process around reporting complaints. Discussions with the residents confirmed they were provided with information on complaints and complaints forms. Complaints forms are available at reception. Staff interviewed were able to describe the process around reporting complaints.</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>Rosebank Lifecare is privately owned and governed by a Board. The service provides care for up to 96 residents in the care centre and 14 rest home beds in the serviced apartment wing. The service has 56 dual purpose beds in total. In West wing there are 20 dual-purpose beds and 40 rest home beds, and in the East wing there are 36 dual-purpose beds.</p> <p>At the time of the audit, there were 86 residents in total, including 60 residents at rest home level (including two residents on respite care and one on an ACC contract) and 26 at hospital level (including one on an ACC contract and one on an end-of-life contract). All other residents were on the ARRC contract. There was one rest home resident and two hospital level residents in the serviced apartments; there was no dispensation letters in place for this (link 2.2.6).</p> <p>An experienced facility manager (RN), who has been in the role for over 16 years, manages the service. The facility manager receives support from a clinical coordinator who has been in the role for four years. The facility manager is also supported by a quality and risk management coordinator, staff educator, RNs, and a team of clinical and non- clinical staff.</p>

		<p>There are four directors on the Board for Rosebank Lifecare Limited. Rosebank Lifecare has a business plan for 2022-2023. The business plan is reviewed annually. The facility manager and clinical coordinator report at the quality/staff meetings with an overview of adverse events, health and safety, staffing, infection control and all aspects of the quality and risk management plan. The facility manager reports monthly to the Board on a variety of management and operational issues.</p> <p>Rosebank Lifecare Board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. The business plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Board undertakes a quality review every three months to gauge progress in the areas of equitable service delivery, equity for Māori and outcomes for tāngata whaikaha.</p> <p>The facility manager has attended at least eight hours of training relating to managing an aged care facility, including NZACA management training with Te Whatu Ora – Waitaha Canterbury.</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>PA Moderate</p>	<p>Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. Interviews with the facility manager, clinical coordinator and staff reflected their understanding of the quality and risk management systems that have been put into place. The quality and risk management coordinator is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is displayed on the staff noticeboard. Analysis/trends of quality data is collected and documented to identify opportunities for improvement. The previous audit shortfall (NZS 8134:2008 # 1.2.3.6) around analysis/trends of quality data has been addressed.</p> <p>An annual internal audit schedule was sighted for the service, with</p>

		<p>evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the facility manager or quality and risk management coordinator when completed. Residents and relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and families. The resident/relative satisfaction survey for 2022 reported a 95% overall satisfaction. Residents and relatives interviewed advised that they were overall very satisfied with the care and service they receive. Corrective actions were implemented and completed around meals/food quality.</p> <p>There is an implemented health and safety and risk management system in place. The service has a health and safety committee with specific role responsibilities. Hazard identification forms and a hazard register are in place. Health and safety is included in the orientation and annual staff training programme. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff on a paper-based system. A sample of 12 resident related incident reports for October 2022 were reviewed and evidenced follow up and investigation to minimise risks by a registered nurse.</p> <p>Discussions with the facility manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications have been completed for pressure injuries, a coroner's inquest, and RN staffing. The Public Health team have been notified of the Covid outbreak in 2022; however, there has been no notifications made through the Ministry of Health around two hospital level residents in the serviced apartments.</p> <p>Staff have completed cultural competencies to ensure the service can deliver high quality care for Māori. Review of policies and quality data provide a critical analysis of practice to improve health equity.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to</p>	<p>PA Moderate</p>	<p>There is a staffing levels guide and human resource policies available that describes staffing and skill mix. The roster template</p>

<p>me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>provides sufficient and appropriate coverage for the effective delivery of care and support; however, due to the national workforce shortage, there are insufficient RNs to cover the full 24-hour roster. A staff availability list ensures that staff sickness and vacant shifts are covered. All RNs and carers have a first aid qualification. Where there are RN shifts vacant, the service has covered these shifts with overseas RNs working as carers and carers with a level 4 qualification. The facility manager and clinical coordinator work full time. The facility manager and clinical coordinator rotate on-call cover. The service is currently recruiting RNs.</p> <p>There are sufficient kitchen staff to meet service needs. There are designated staff employed to cover laundry and housekeeping. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p> <p>There is an annual education and training schedule being implemented by the staff educator. The education and training schedule lists compulsory training, which includes cultural awareness training, the provision of safe cultural care and Te Tiriti o Waitangi. External training opportunities for care staff include training through Te Whatu Ora – Waitaha Canterbury. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>Discussions with the carers and RNs confirmed that online training is readily available. More than eight hours of staff development or in-service education has been provided annually. Carers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications through Careerforce. There are 34 carers in total; 8 have completed level four, 10 have completed level three and 3 have completed level two.</p> <p>Competencies completed by staff included: medication management; insulin administration; manual handling; infection control; and syringe driver. There are four RNs including the clinical</p>
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		coordinator. Three of the RNs are interRAI trained.
<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. A copy of practising certificates is kept. The human resources policies also include orientation, staff training and development. Five staff files were reviewed and evidenced implementation of the recruitment process, including reference checks, employment contracts, police checking, completed orientation and annual performance appraisals.</p> <p>The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Staff were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. There is a policy governing management of personnel files. Information held about staff is kept secure, and confidential. Nationality data is identified during the employment application stage. The service collects ethnicity data and plans to report analysis of this at governance level.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. The previous shortfall around recording of profile information (NZS 8134:2008 criteria 1.2.9.1) has been addressed. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. All paper-based documentation is dated and signed by the relevant carer or registered nurse, including designation. Corrections to documentation have been implemented correctly. Resident paper-based documents are stored securely. The previous shortfall around documentation of designation and information corrections (NZS 8134:2008 #1.2.9.9) have been addressed.</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 are policies documented around the admission and decline processes to guide management, including the required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals; these capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. The organisation engages with local Māori communities for external support around cultural advice to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six paper-based resident files were reviewed, including three hospital (one in an ACC contract and one end of life contract) and three rest home (including one on a respite).</p> <p>Registered nurses complete an initial assessment and care plan on admission to the service which includes relevant risk assessment tools and dietary profiles. InterRAI assessments were completed within 21 days of admission; however, the six-monthly reassessments are not always completed as required or following significant health changes. Overall, long-term care plans were developed within 21 days of admission; however, one long-term care plan was not developed within timeframes and not all care plan evaluations were completed within six months. Evaluations sighted in long-term care plans evidenced progress towards meeting goals. The care plans were resident focused and individualised; however, did not consistently describe the current supports and interventions to guide care. The previous shortfall around care plan interventions (NZS 8134:2008 criteria 1.3.5.2) continues to require improvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs; however, not all short-term care plans had been evaluated or added to the long-term care plan when appropriate and removed when resolved. Whānau</p>

	<p>interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with whānau to develop initial and long-term care plans.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health 'Te Whare Tapa Whā. Care plans include the physical, spiritual, family, and mental health of the residents. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The RNs interviewed described working in partnership with residents and their whānau to ensure individualised pae ora outcomes are included in care planning.</p> <p>Residents have the choice to remain with their own GP. The service does not have a dedicated house GP and ten GP's currently regularly visit the facility. The GP's visit as required and complete three-monthly reviews, admissions and sees residents of concern. The GP interviewed stated he is notified via text and email in a timely manner for any residents with health concerns. The GP services rotates with other practises to provide after-hours call 24/7. All GP notes are recorded in the resident's file. The GP interviewed commented positively on the care the residents received. Allied health care professionals involved in the care of the resident includes, (but not limited to) physiotherapist, district nurse, speech language therapist and dietitian. Relatives are invited to attend GP reviews and if they are unable to attend, they are updated of any changes. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs.</p> <p>There were 12 residents with 22 wounds, including seven pressure injuries (three unstageable, three stage II and one stage I). All wounds had completed assessments and management plans; however, not all wounds included the planned frequency and where frequency was identified, not all wounds identified the management plan was followed as planned. There is evidence of wound nurse</p>
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		<p>specialist involvement and the GP reviewed wounds where required. Registered nurses have completed wound care training.</p> <p>Carers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weight; observations, including vital signs: food and fluid balance recordings; behaviour monitoring; and intentional rounding. All monitoring charts were implemented according to the care plan interventions. Neurological observations have been completed for unwitnessed falls. Incident reports evidenced timely follow up by an RN.</p> <p>Carers interviewed advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained with ongoing nursing evaluations documented within the progress notes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs one full-time diversional therapist to lead and facilitate the activity programme for the facility. The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language in activities, signage and the everyday use of greetings and common words in te reo. Māori staff speak in te reo to Māori residents. One of the residents demonstrated the use of poi as part of a dance during Te Tiriti o Waitangi celebrations. Kapa Haka children's group visit annually and sing Māori songs and demonstrate associated actions.</p> <p>Community visitors include entertainers, church services and pet therapy visits. Themed days such as Matariki, Waitangi, and ANZAC Day are celebrated with appropriate resources available.</p> <p>Residents and families interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. The clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and carers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. Medication expiry dates are checked fortnightly and expired medications are placed in a secure area for pharmacy to collect. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each drug chart has photo identification and allergy status identified. There were two residents self-administering medications; however, current three-monthly evaluations as per policy were not evidenced.</p> <p>There was documented evidence in the clinical files that all residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the Māori whānau to ensure the appropriate support is in place for their relatives, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>All food and baking are cooked on site. Kitchen staff interviewed understood basic Māori practices in line with tapu and noa and</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>culturally appropriate dishes specific to Māori residents are included in the menu. Family/whānau members interviewed indicated satisfaction with the food and confirmed culturally appropriate options were available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 22 July 2023. Hot water temperatures are monitored and maintained with required ranges. Electrical equipment checks have been completed and medical equipment has been calibrated. A preventative maintenance schedule is implemented. The environment is inclusive of peoples’ cultures and supports cultural practices. General living areas and all resident rooms are appropriately heated and ventilated. On interview, all residents were happy with the temperature of the environment. The service is currently considering options to repair or alter the main building and is engaging with an external Māori consultant to consider how designs and the environment reflects the aspirations and identity of Māori.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness last evidenced on 29 August 2022.</p> <p>The building is secure afterhours with CCTV in corridors and the external perimeters. Staff complete security checks at night and a contracted service is available as required.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan which includes the Covid-19 response plan, which documents preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment were sighted.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around culturally safe practices and provided examples.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Monthly infection data (including ethnicity), is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control meetings, quality, and staff meetings. Ethnicity of residents with infections are displayed on a monthly graph which is available to staff. The service ensures staff and residents are kept informed of all current infection risks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors in the hallways. Ministry of Health information and Covid-19</p>

		<p>information is available to all visitors to the facility.</p> <p>There has been one outbreak since the previous audit (Covid-19 April to June 2022). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen tests (RAT) daily. Families were kept informed by phone or email. Visiting was restricted.</p> <p>Visitors to the facility register their visit and are required to wear masks while on site.</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 facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical coordinator (RN). At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the quality/staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</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 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA</p> <p>Moderate</p>	<p>The serviced apartments are certified to provide rest home level of care. There was one rest home resident and two hospital level residents in the serviced apartments. There have been no notifications made through the Ministry of Health. Noting, the notification can only be for one hospital level resident in a rest home.</p>	<p>There were two hospital level residents in the serviced apartments. There have been no notifications made through the Ministry of Health in regard to the hospital level residents in the serviced apartments.</p>	<p>Ensure notification is made to HealthCERT regarding one hospital level resident in the serviced apartments as per current requirements. Ensure the second hospital level resident in the serviced apartments is reviewed and managed through Te Whatu Ora.</p> <p>60 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide</p>	<p>PA</p> <p>Moderate</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p>	<p>The service does not have sufficient numbers of RNs to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a RN is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p>

culturally and clinically safe services.		As per the ARRC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to have at least one RN on duty at all times; however, the service has been unable to provide a RN on site at times for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an on-call process with the facility manager at all times. Section 31 notifications were completed weekly for incidents related to RN staffing shortages from 29 August to 28 November 2022.		90 days
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	Initial risk assessments and care plans have been completed within expected timeframes; however, not all interRAI reassessments, long-term care plans and care plan reviews have been completed within expected timeframes.	<p>i). Two long-term residents' files (two rest home) had not been evaluated within required timeframes, with a gap of up to a year.</p> <p>ii). InterRAI reassessments had not been completed within six months for one rest home resident.</p> <p>iii). One resident funded by ACC did not have a care plan developed within 21 days of admission.</p>	<p>i). Ensure care plans are reviewed within six-month timeframes.</p> <p>ii). Ensure interRAI assessments are completed six-monthly or when there is a significant change in the resident's condition.</p> <p>iii). Ensure all care plans are developed within 21 days of admission.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined</p>	PA Moderate	A registered nurse is responsible for assessments and documentation of care plans. Short-term care plans are utilised for acute needs; however, these have	Short-term care plans for three (two rest home one hospital) residents whose acute issues had resolved,	Ensure that short-term care and long-term care plans are evaluated as per required timeframes.

<p>intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>not always been reviewed or resolved in a timely manner.</p>	<p>had not been evidenced as reviewed or resolved.</p>	<p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>Two residents self-administer all or some of their medications. The medication policy includes guidelines for management of residents who self-administer medications. Medications are securely stored as per policy. The policy states that the competency of the resident is reviewed three-monthly; however, this has not always occurred as scheduled.</p>	<p>Two of two residents who self-administer medications did not have current self-medication competencies in place.</p>	<p>Ensure all residents who self-administer medications complete three-monthly reviews as per policy.</p> <p>60 days</p>

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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 of this audit.

No data to display

End of the report.