

# Heritage Lifecare Limited - Rosewood Rest Home & Hospital

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## 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 The DAA Group Limited, 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:

<b>Legal entity:</b>	Heritage Lifecare Limited
<b>Premises audited:</b>	Rosewood Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
<b>Dates of audit:</b>	Start date: 4 April 2023      End date: 5 April 2023
<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>	52

# Executive summary of the audit

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## 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 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

Heritage Lifecare Limited (HLL) took over the ownership of Rosewood Rest Home on the 2nd May 2022. Rosewood Rest Home provides, rest home dementia care, hospital level care and hospital specialised psychogeriatric services for up to 66 residents. The service is managed by a clinical home manager, supported by senior registered nurses (RNs). Residents and families spoke positively about the care provided.

This certification audit included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, including the regional manager, staff, and a general practitioner, observation of the environment and care being provided. It also included areas requested for follow up by the Te Whatu Ora Waitaha Canterbury service manager.

There have been several challenges for Rosewood Rest Home, including COVID-19 sickness for staff, manager and residents and the turnover of a number of staff. Not all the changes to HLL systems have been fully implemented, such as the policies and procedures, which continue to be a hybrid system with some HLL and some from an external provider. A strength of the service is the commitment of the manager and staff to ensure care is provided to residents, through these challenges. The staff felt well supported by management.

Improvements required related to, resident and whānau satisfaction surveys, documentation of staff training and medication management.

## 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 fully attained.

Heritage Lifecare Limited (HHL) have a head of cultural partnerships, who identifies as Māori and Pasifika and is working with the organisation to support and encourage a Māori and Pasifika world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). Staff have received education on Te Tiriti o Waitangi and the Code.

The provider maintains a socially inclusive and person-centred service. Residents confirmed that they are treated with dignity and respect at all times.

Consent is obtained where and when required. Residents are safe from abuse. Residents and family/whānau receive information in an easy-to-understand format, felt listened to and were included in making decisions. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed where applicable.

Residents are informed of the complaints process as part of admission. Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Heritage Lifecare Limited (HLL) have a Board Charter (dated July 2022) which outlines the boards strategy and leadership including accountability for delivering a high-quality service. The head of cultural partnerships is supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Rosewood Rest Home's business plan follows the HLL template and is signed off by the board. Planning ensures the purpose, values, direction, and goals for the organisation are defined. Performance is monitored and reviewed at least monthly.

Quality and risk management systems are focused on improving service delivery and care. Staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

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

## 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 partially attained and of low risk.

Each stage of service provision is managed by suitably qualified personnel who are competent to perform the function they manage. When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau. Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Files sampled demonstrated that the care provided and needs of residents were reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

The planned activities provide residents with a variety of individual and group activities and maintains their links with the community. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system. Medication is administered by staff who are competent to do so. Medication reviews are completed by the general practitioner (GP) in a timely manner.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. There was a current food control plan.

## 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 fully attained.

The facility is undergoing ongoing internal refurbishment and meets the needs of residents and was observed to be clean. There was a current building warrant of fitness. Electrical and biomedical equipment has been tested as required. Processes are in place for reactive maintenance. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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

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 fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and scope of the service. A qualified registered nurse leads the programme which is reviewed annually. Specialist infection prevention advice was accessed when needed. There is a current COVID-19 pandemic plan and outbreak management plan.

Staff understood the principles and practice of infection prevention and control. This was guided by relevant policies and supported through education and training.

Hazardous waste is managed appropriately.

Prescribed antibiotics are recorded, and occurrence of adverse effects are monitored. Surveillance of healthcare-associated infections is undertaken with results shared with staff. Follow-up action is taken as and when required.

## 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 fully attained.
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Heritage Lifecare Limited (HLL) has a philosophy of being restraint free and Rosewood Rest Home is continually working towards a restraint free environment. Any restraint use is supported by policies, procedures and forms to allow for monitoring of the restraint. There were three residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used as well as the review of overall use of restraint by the facility. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	2	1	0	0
Criteria	0	171	0	2	1	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

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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>	<p>FA</p>	<p>Heritage Lifecare (HLL) have introduced a head of cultural partnerships (HCP) who identifies as Māori and Pasifika to assist and inform their models of care and service delivery. The board are seeking to embed the principles of Te Tiriti o Waitangi and 'Te whare tapa wha' model of care.</p> <p>A Māori health plan (November 2022) recognises the special relationship between iwi and the crown and Te Tiriti o Waitangi as the founding document. Respecting the three principles - partnership, participation and protection. It outlines the strategies for the services to reduce inequities, support partnership and informed choice and engage with local iwi.</p> <p>Rosewood Rest Home (Rosewood) displays the Te whare tapa wha model on the wall and staff understood the meaning of the model as well as the three principles of Te Tiriti o Waitangi. Rosewood has staff and patients who identify as Māori, and they celebrate cultural occasions, such as Matariki. The diversional therapist spoke of links with local community groups and engaging with the local</p>

		<p>school to have their kapa haka group come to Rosewood. There were three Māori residents identified during the audit.</p> <p>Training on Te Tiriti o Waitangi is part of the HLL training programme. The training is geared to assist staff to understand the key elements of self-determination (mana motuhake) and providing equity in care services.</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>	FA	<p>The HLL Pacific Peoples Health Plan (November 2022), which was developed with input from the HCP, identifies how they will work with Pasifika people in their services and their whānau to support the individual needs of that resident. The plan includes Pasifika models of health care.</p> <p>Some residents identify as Pasifika but had no specific cultural requirements. Pasifika staff spoken with felt their culture was recognised and they had community links which they could call on if a Pasifika resident required these supports.</p> <p>Staff interviewed stated they had undertaken training related to Pasifika models of care.</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>	FA	<p>Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporated residents' rights in daily practice. Copies of the Code in English and te reo Māori were posted on notice boards around the facility. The Nationwide Health and Disability Advocacy Service (Advocacy Service) pamphlets, the Code and information on advocacy services was included in the admission agreement.</p> <p>Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>Māori mana motuhake is recognised in practice. The Māori Health</p>

		<p>Plan is used to guide care for Māori residents. The care plans are implemented and informed from a family/whānau centric approach and recognises building and fostering relationships with iwi and hapu as important factors taken into consideration. This approach enabled residents to practice autonomy and independence to determine individual wishes and support needs.</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>Residents' values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified through the admission assessment process. These were documented in the residents' care plans sampled. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Shared bathrooms had clear signage when in use. Residents were supported to maintain as much independence as possible.</p> <p>Principles of Te Tiriti o Waitangi are incorporated in service delivery. Tāngata whaikaha needs are responded to as assessed. Residents are supported to participate in te ao Māori as desired.</p> <p>Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated in all activities. Staff have received Te Tiriti o Waitangi training. Te reo Māori words and phrases were posted around the facility to increase residents and staff awareness. Family/whānau for residents who identify as Māori confirmed satisfaction with the consultation process during assessment and care planning.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are discussed in the orientation process for all staff. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>Systems in place to protect residents from abuse, revictimisation,</p>

		<p>systemic and institutional racism include the complaints management process and care evaluation meetings with residents and family/whānau. Staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect, exploitation.</p> <p>Residents' property is labelled on admission. Residents, family/whānau and staff confirmed that they have not witnessed any abuse or neglect.</p> <p>Te whare tapa whā model of care is used to ensure wellbeing outcomes for Māori.</p> <p>Residents' family/whānau confirmed that residents are treated fairly.</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>Residents and family/whānau are provided with an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. Residents and family/whānau stated they were kept well informed about any changes to care and any incidents in a timely manner. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures.</p> <p>Residents were referred to allied health care providers where required. Information provided to residents and family/whānau was mainly in the English language. Interpreter services are engaged when required. Family/whānau support Māori residents with interpretation where appropriate. Written information and verbal discussions were provided to improve communication with residents, their family/whānau or legal representatives.</p> <p>Residents' family/whānau stated that all staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with family/whānau or legal representatives was maintained. For non-verbal residents, communication strategies were documented and observed to be effectively implemented by staff during the audit.</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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making.</p> <p>Appropriate best practice tikanga guidelines in relation to consent are followed. Staff interviewed understood the principles and practice of informed consent.</p> <p>General consent is obtained as part of the admission agreement. Informed consent for specific procedures had been gained appropriately. Enduring power of attorneys were activated for all residents under dementia and psychogeriatric level of care, and where applicable for hospital level of care.</p> <p>Resuscitation treatment plans were in place and advance directives where applicable. Staff were observed to gain consent for daily cares.</p> <p>Residents are supported by family/ whānau and support of advocacy services is accessed when required. Communication records verified inclusion of support people where applicable.</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>The complaints policy, from an external provider, guides Rosewood's processes and meets the requirements of the Health and Disability Commissioner (HDC) Code. This was a fair, transparent, and equitable system when receiving and resolving complaints. Issues identified during the process lead to improvements. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>Rosewood had seven complaints in 2022, all of which were closed, with none to date for 2023. A sample of three complaints showed the time frames met the requirements of the Code, right 10, and were closed to the satisfaction of the complainant.</p> <p>There has been one HDC complaint since the last audit and prior to</p>

		<p>the change of ownership. This was managed by the clinical home manager (CHM) and documentation showed that all requests for information by the HDC have been provided and Rosewood are awaiting the outcome from the HDC. Te Whatu Ora – Health New Zealand also carried out a review of the service at this time and a number of recommendations were made. These were followed up during the audit and all the recommendations had been undertaken. This included training of RNs in:</p> <ul style="list-style-type: none"> <li>• Wound care carried out in 2021</li> <li>• Pressure injury online training (2021) and is part of the HLL training in skin management, pressure injuries and wound care.</li> <li>• The use of the ISBAR (Identify, Situation, Background, Assessment and Recommendation) tool, carried out in 2021, and is part of the HLL observation, reporting and documentation process which includes ISBAR.</li> <li>• The RNs have undertaken training in critical thinking. This occurred twice in 2021 to ensure all RNs had completed this. There has been no new RNs employed and this training has not been repeated since 2021.</li> </ul> <p>The CHM spoke of how the shortage of RNs and the investigation into this event has led to a change in management style with the RNs being given more responsibility for oversight of patient care. The handover from one shift to the next is now from one RN to another and a ‘duty book’ documents any concerns and ensures follow up of issues to a closure. This is monitored by the CHM, who will attend the handover from time to time.</p> <p>No other external complaint has been received. HLL manage all HDC complaints centrally with input from the facility involved.</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>FA</p>	<p>Heritage Life Care (HLL) board charter identifies the board’s responsibility for identifying, analysing and evaluating material risk for the company on an ongoing basis and assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups and honouring</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>Te Tiriti, health equity, and cultural safety. As well as ensuring service providers deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities and support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. This would be undertaken as part of the resident whānau survey, see corrective action 2.2.1.</p> <p>There is a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation and shows escalation pathways for high-risk issues. The regional manager, who identifies as Māori, was present during the audit and provided support to the manager on an ongoing and regular basis. The mission statement is 'Better every Day' and there are stated values which are known to staff.</p> <p>Heritage Lifecare Limited (HLL) has a business plan template used by all services as their annual plan. Rosewood's business plan (2023) is in place and was signed off by the board. It defines the groups overarching goals, and outlines five goals with the business requirements and measures of success. The manager reports on the progress related to these areas on an ongoing basis.</p> <p>The clinical home manager (CHM) is a registered nurse (RN) with a current annual practising certificate. They have been in the position for just over three and a half years and worked in aged care for approximately 13 years. Prior to this they work in a district health board and undertook management training. They are presently undertaking the HLL leadership programme.</p> <p>The computerised quality management system identifies risks and links to quality/clinical indicators which are reported by the CHM monthly to the regional manager and up to the clinical advisor group (CAG), attended by the chief executive officer (CEO) who reports up to the board. A sample of the minutes of CAG showed review of the indicators including, falls, infections - being broken down for analysis, medication errors, restraint use and pressure injuries. These showed adequate information to monitor performance is reported and issues of concern, such as RN shortages, being</p>
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		<p>discussed.</p> <p>Rosewood has 66 beds, two rooms are able to take two beds. These were usually kept for couples and were being used as single rooms during the audit.</p> <p>The service holds contracts with Te Whatu Ora for Age-Related Residential Care (ARRC) Services Agreement and the Aged Residential Hospital Specialised Services Agreement to provide support for aged care residents requiring respite care, medical conditions, palliative care, specialist hospital psychogeriatric care and dementia rest home care. Fifteen of 20 available beds in the hospital services unit were occupied. Two other hospital level care residents were in the public hospital during the audit. Eighteen residents were in the 26-bed rest home dementia service. Seventeen of the 20 hospital specialised services beds were occupied at the start of the audit.</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 Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, policies and procedures, patient/whānau satisfaction survey, monitoring of quality indicators, including infections and falls, medication errors and restraint.</p> <p>Ethnicity data for patients is collected which allows for analysis of residents and ability to look at access equity.</p> <p>Residents and whānau contribute to this through an annual HLL satisfaction survey. However, this is yet to take place for this service this year. The service used a survey from an external contracted provider, in May 2022, however the results were not available during the audit. The diversional therapist also holds resident/whānau meetings, but these were also not available during the audit. This is an area for improvement.</p> <p>Staff contribute to quality improvement through involvement in audits and staff meetings where issues are discussed, and</p>

		<p>corrective actions identified and followed up. This was confirmed in the minutes of meetings reviewed. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Rosewood has still to be fully integrated into the HLL policies and procedures. HLL policies used cover areas such as governance and the monthly reporting requirements. Rosewood currently use an external provider's policies which covered all the necessary aspects of the service and contractual requirements and were current. The contract with the external service provider will expire in six months. The CHM transfers information to the HLL clinical indicators (number of falls, pressuring injuries) reporting system manually. This allows for analysis of risk, trending and benchmarking with other facilities. The benchmarking showed Rosewood is below the HLL average ratings for most areas.</p> <p>The CHM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. This was sighted on the external provider's risk management system. The CHM understood and has complied with essential notification reporting requirements, and examples were sighted from last year with the reporting of a shortage of RNs.</p> <p>Any adverse event or near miss is reported onto the external providers adverse events reporting system by the RN. This process is in line with the National Adverse Event Reporting Policy. 150 events were sighted for a three-month period, 31 of which were still open. An email system updates the CHM of any event that has been open for more than one month. A sample of incidents reviewed showed these were risk rated (1-5), were fully completed, incidents being investigated, action plans developed and actions followed-up in a timely manner. Benchmarking occurs within this system with similar facilities who use this system.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to</p>	<p>PA Moderate</p>	<p>Heritage Lifecare Limited (HLL) have documented process for determining staffing levels and skill mixes to provide culturally and</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>clinically safe care, 24 hours a day, seven days a week (24/7). Rosewood continues to use the external contracted providers policies which also meet the requirements of the standard. There was evidence that the facility adjusts staffing levels to meet the changing needs of residents.</p> <p>The staffing levels have been a challenge over the last two years, mainly due to COVID-19. Rosters sighted showed this impact last year. The CHM provided evidence of reporting to the Ministry on the lack of RNs for most months early last year (2022). They continue to seek to employ more RNs and have some commencing employment soon. At the time of audit, there were enough RNs to cover all duties on the roster, but with limited ability to cover for sickness or annual leave. The CHM is an RN and will work on the floor if required and this has occurred frequently in the last year.</p> <p>A continuous improvement process has been written up by the service for the in-depth analysis Rosewood undertook of the work tasks of the RNs and Level 4 caregivers to redistribute these to the workforce and free up the RNs to cover all areas of the hospital. These changes continue and the analysis to date showed that staff feel more empowered and have a better understanding of how the service works. However, there has been no evaluation of the impact on resident wellbeing, for example a reduction in falls, medication errors or their satisfaction with the changes.</p> <p>There were a number of caregiver vacancies over the last year, this has been improved with 15 being employed in the last six months. Level 4 caregivers undertake competencies which allow them to administer medications and observations of patients, under the guidance of an RN.</p> <p>Staff reported they felt that staffing was now adequate to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>At least one staff member on duty has a current first aid certificate. HLL have an annual education plan, which includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA)</p>
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		<p>education programme to meet the requirements of the provider's agreement with the DHB. This included:</p> <ul style="list-style-type: none"> <li>• NZQA Level 4 – 17 carers</li> <li>• NZQA Level 3 – 13 carers</li> <li>• NZQA Level 2 – 3 carers</li> <li>• Not commenced or engaged – 11 carers</li> </ul> <p>Staff working in the dementia care areas have either completed or are enrolled in the required education.</p> <p>Staff reported being supported to undertake external training, for example, undertaking diversional therapy training and the competency assessment programme (CAP).</p> <p>The change over to HLL saw the introduction of HLL's training requirements since September 2022. This is still work in progress. Records available did not demonstrate completion of the required training and competency assessments.</p> <p>Caregivers reported feeling well supported by the manager and RNs and safe in the workplace.</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>	<p>FA</p>	<p>Human resources management policies and processes, both HLL and the external contracted provider, are based on good employment practice and relevant legislation. This includes police checks, curriculum vitae, interviewing, reference and training/qualification checking and currency of annual practising certificates. HLL provide group support for managers recruiting new staff. All health professionals, nurses, doctor, pharmacy, dietitians, physiotherapists had a current annual practising certificate.</p> <p>Heritage Lifecare Limited (HLL) processes ensure that staff cannot be loaded onto the payroll system unless all recruitment paperwork is in order. A sample of job descriptions showed that these outlined the responsibilities and accountabilities.</p> <p>Orientation was sighted as an ongoing process for new staff, allowing six months to complete. Documentation as part of</p>

		<p>orientation includes the 'Heritage Way' booklet detailing the values of the organisation and requirements of employment. A code of conduct and confidentiality agreement is signed by all new staff. Staff performance is reviewed and discussed at regular intervals and the CHM has a process to ensure these are undertaken when required.</p> <p>A continuous improvement form was completed by the provider related to a new way to manage orientation. This included the orientation manual being updated to cover the HLL orientation/induction documents, identification of induction champions, and having groups of new staff undertaking the orientation training together. The training sessions have been rated as meeting the staff's needs. Overall evaluation of this improvement has yet to be undertaken. Staff spoken with were complimentary about the orientation they received and felt supported by other staff around them and were given the opportunity to debrief following events. This was confirmed by the CHM.</p> <p>Ethnicity data is recorded and used in line with health information standards.</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>	<p>FA</p>	<p>The service is in the process of transitioning from paper-based clinical files to an electronic system. Files were stored securely in locked cabinets. Accurate data was collected with files being well organised. Paper based files included sections for assessment data, care plans, monitoring charts, allied health information, general practitioner notes, referral information, needs assessments. All entries were legible, dated, and identifiable. Archived records were securely stored.</p> <p>The CHM is the privacy officer and any requests for access to a past resident is managed through them. There is an appropriate storage area for past residents' files and for files which become bulky to be kept in the office.</p> <p>All residents come with their national index number as part of the</p>

		referral process.
<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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) Service with the consent of the EPOA. Specialist referral to the service was confirmed. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Entry to services data is documented, including ethnicity data. Entry data, including specific entry rates for Māori, is analysed at the national office levels. Work is in progress to implement analysis of decline rates, including decline rates for Māori. The organisation has an appointed Māori cultural advisor who provides cultural support for Māori residents and whānau when required. Additional Māori cultural support can be accessed from the family/ whānau as desired.</p> <p>Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</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</p>	FA	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Cultural assessments were completed by staff who have completed appropriate cultural training.</p> <p>Timeframes for the initial assessment, medical practitioner</p>

<p>whānau to support wellbeing.</p>	<p>assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner, and from observations. Te whare tapa whā model of care was utilised to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora. Māori healing methodologies, such as karakia, rongoa, spiritual assistance, tohunga, whānaungatanga were documented where applicable. Tāngata whaikaha and family/whānau are involved in the care planning process to ensure their choices and wishes are respected. The service enables accessible services by encouraging strength-based approaches to promote engagement and build whānaungatanga.</p> <p>A range of clinical assessments, including interRAI assessment outcome scores, referral information, and the needs assessment and service coordination assessments (NASC) served as a basis for care planning. Residents, family/whānau and legal representatives of choice were involved in the assessment and care planning processes as confirmed in interviews. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed with identified triggers and strategies to manage the identified behaviours documented. Family/whānau goals and aspirations identified were addressed in the care plan where applicable.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist</p>
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		<p>services as indicated as evidenced in the residents' files sampled. In interview, the GP confirmed they were contacted in a timely manner for any residents' health issues and care was implemented promptly. Care staff report noted changes to the RNs, as confirmed in the records sampled. Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Evaluation of care included the residents' degree of progress towards the achievement of agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care. Residents' transfers and discharges were planned and managed effectively with appropriate documentation completed.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. The unit coordinator attends shift change handover sessions in each unit (one physically and the other two units they read the electronic handover records), then follow up with each unit as required. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</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</p>	<p>FA</p>	<p>The activities programme is overseen by trained diversional therapists. There were two diversional therapists and one activities coordinator who run the activities programme. Activities calendars were posted on notice boards around the facility. Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are</p>



<p>suitable for their age and stage and are satisfying to them.</p>		<p>offered. There is a wide variety of activities offered including gender specific activities. Opportunities for Māori residents and family/whānau to participate in te ao Māori are facilitated. Māori art was displayed in several areas within the facility. Residents are supported to go out to visit family/whānau and friends where applicable. Family/whānau support with this activity.</p> <p>A quality improvement initiative was implemented to promote spiritual wellbeing and boost residents' self-esteem in a relaxing environment. The 'quiet lounge' was renovated with the paint changed to a calming colour and a desk that accommodates wheelchairs purchased. Aromatherapy and pamper sessions are carried out weekly for residents. This initiative has provided residents with a relaxing environment where residents are pampered. This project is ongoing.</p> <p>Diversional therapy care plans were completed in all residents' files sampled. Residents' activity needs were evaluated as part of the formal six-monthly interRAI reassessments and care plan review, and when there is a significant change in the residents' abilities. Twenty-four-hour activity plans were completed for all residents under dementia and psychogeriatric level of care. Residents and family/ whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The implemented medicine management system is appropriate for the scope of the service. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter</p>

		<p>medicines and supplements were documented on the medicine charts where required. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>Medicines are supplied to the facility from a contracted pharmacy. Medicine reconciliation occurs. All medicines sighted were within current use by dates. The medicines, including controlled drugs and associated documentation, were stored safely. The required stock checks have been completed. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medicine rooms sampled were within the recommended range. Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice will be provided.</p> <p>There were no residents self-administering medicines at the time of the audit. Appropriate processes were in place to ensure this will be managed in a safe manner when required.</p> <p>The implemented process for analysis of medication errors is comprehensive and corrective actions are implemented as required. The national office is involved the completion of regular medication audits and implementation of corrective action plans. Administered pro re nata (PRN) medicines were not consistently evaluated for effectiveness.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents 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>family/whānau. The assessment identifies residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans.</p> <p>Kitchen staff have received the required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 31 March 2022. Meals are served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Culturally specific to te ao Māori food options were on the current menu and the cook stated that these will be provided per residents’ request. Family/whānau for residents who identify as Māori expressed satisfaction with the food options provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 29 January 2024. Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the variety of the meals. Snacks and drinks were provided on a twenty-four-hourly basis for residents.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or EPOA. Residents’ family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents</p>

<p>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>reviewed and the resident's progress notes.</p> <p>Residents are supported to access Kaupapa Māori agencies where indicated or requested. Referrals to seek specialist input for non-urgent services are completed where required as evidenced in the records sampled.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There are appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, and that they meet legislative requirements. The dementia wing meets the specific needs of this group and includes a safe external area for residents to walk around. There is a full-time maintenance person who undertakes any maintenance required and engages with external contractors where required. They spoke of the annual test and tagging and provided evidence of ongoing regular checks on system, such as hot water, in the storage area and at the tap throughout the facility. The monthly fire signage checks for the building warrant of fitness (BWoF) were being undertaken and the present Building warrant of fitness (BWoF) expires in March 2024. There is also a certificate of trade waste for the kitchen and laundry wastewater. Both of these are available at the reception desk.</p> <p>An ongoing refurbishment programme is progressing with many of the corridors being painted. There were areas that need some maintenance, such as the tables and chairs in the hospital dementia wing. This work has gone through the capital expenditure (CAPEX) process with HLL and has been programmed for over the next six months.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident</p>

		<p>groups. There are adequate numbers of accessible toilet facilities, some shared between two rooms, some ensuites and others shared between a few rooms. These were also situated near dining and recreation areas convenient for the residents. Staff and visitor toilets were separate.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The regional manager stated that HLL has a policy of not undertaking rebuilds or new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency, including the specific needs of the residents in the dementia wing. The fire evacuation plan was approved by the New Zealand Fire Service in 2006 and this was part of the due diligence of HLL and was found to be current. However, the New Zealand Fire and Emergency Service (NZFE) has requested the completion of a new application by the new owners. This has been sent and they await feedback.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There is a petrol generator which will run some equipment such as freezers and computer system. Emergency lighting is battery powered. A barbecue would be used for cooking. Fire drills are held six monthly - reports were sighted for the February 2023 and September 2022 drills. No recommendations were made on these drills. Staff reported undertaking fire and emergency training (refer to corrective action 2.3.4) and felt comfortable about moving residents from cell to cell. There is a staff member on each duty who has a current first aid</p>

		<p>certificate.</p> <p>Call bells alert staff to residents requiring assistance and if an emergency response is required. Alarms alert staff to the opening of fire doors. Staff and reception have a duress alarm available. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. Staff lock doors and windows at night and if a person comes to the front door, they can see the person and talk to them before allowing access.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Heritage Lifecare Limited (HLL) see infection prevention and antimicrobial stewardship important to their safe service delivery. Infection is monitored through the monthly CHM reports. Infection prevention advice is available through a group wide infection prevention clinical nurse specialist. There were appropriate HLL infection control policies which guide good practice, including events such as pandemics. The service continues to screen visitors entering the facility including taking their temperature. Staff continue to require unplanned leave due to COVID-19 sickness. There was sufficient personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The nominated infection prevention nurse coordinates the implementation of the infection prevention (IP) programme. The IP nurse's role, responsibilities and reporting requirements are defined in the infection prevention programme. The IP nurse completed external education on infection prevention in October 2022. They have access to shared clinical records and diagnostic results of residents.</p>

<p>scope of our services.</p>	<p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme is reviewed annually, and it was last reviewed in November 2023. The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflected the requirements of the infection prevention standards and include appropriate referencing.</p> <p>The COVID-19 pandemic plan and the outbreak management plan in place are reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic and outbreak management response plan if required.</p> <p>The clinical advisory group has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk. Staff have received education in IP at orientation. Education with residents was on an individual basis when an infection was identified and through infection control posters posted around the facility.</p> <p>The IP nurse is involved in the procurement of the required equipment, devices, and consumables through approved suppliers. The clinical advisory group will be involved in the consultation process when significant changes are proposed to the existing facility, though this has not been required so far as stated by the IP nurse.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. Policies and procedures to guide staff practice were available. Infection control audits were completed,</p>
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		<p>and where required, corrective actions were implemented.</p> <p>Infection prevention practices were observed during the audit. Ongoing COVID-19 symptoms monitoring is completed for all visitors. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>A Māori cultural advisor was involved in the development of IP policies to ensure culturally safe practices in IP are protected and to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The AMS policy in place aims to promote appropriate antimicrobial use and minimise harm. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement through the national office.</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</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in surveillance data.</p>



<p>focus.</p>		<p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and family/whānau. A COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical storage room, the laundries and cleaners' room. Cleaning products were in labelled bottles. Cleaners ensure that the cleaning trolleys were safely stored when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The cleaners and laundry staff have attended training appropriate to their roles. The IP officer (care home manager) has oversight of the facility testing and monitoring programme for the built environment.</p> <p>The effectiveness of cleaning and laundry processes is monitored by the internal audit programme. Residents confirmed satisfaction with cleaning and laundry processes.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free 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>Heritage Lifecare Limited (HLL) governance and Rosewood management and staff aim for a restraint free environment. At the time of audit, three residents were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored. This was clearly articulated by staff interviewed.</p> <p>Restraint use is one of the monthly reported clinical indicators which is reported up to senior management and governance.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. Rosewood have approved the use of lap belts as the only restraint in use. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau were involved in approval and ongoing review decisions. Emergency restraint was discussed with the restraint coordinator, and this has not occurred in her time. They confirmed a debrief would occur with staff if this did occur.</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,</p>	<p>FA</p>	<p>The files of the three residents who have restraint in use, were reviewed. These showed assessments for the use of restraint, including the need for consideration of culture for the individual, and monitoring occurring at the set times with appropriate comments, for example, toileting and fluid intake. Evaluation was documented and included all requirements of the standard. Whānau confirmed their involvement by signing the documentation. Access to advocacy is facilitated as necessary.</p>

<p>and only use approved restraint as the last resort.</p>		<p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</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>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. All restraints are reported up to the governance body, including any changes in restraint use, trends and any issues identified by the service. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced by one over the last year and there is evidence provided that one resident has had a reduced number of events and is being managed to meet their deteriorating condition and changing needs.</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 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	PA Low	<p>HLL have an annual resident and whānau satisfaction survey which is to occur shortly. Rosewood residents and whānau will be part of this process from this year onward.</p> <p>The CHM stated the last Rosewood resident and whānau survey was undertaken in February 2022, under the previous owner. The documentation related to this could not be found on the present electronic system. The CHM followed up with the last owner and support staff to try to gain access to the report. This was unsuccessful.</p> <p>No evidence of resident and whānau meetings was available.</p> <p>There was evidence of the involving</p>	<p>No evidence was sighted of a residents and whānau involvement in the overall planning and review of the services being provided.</p>	<p>Residents and whānau be involved in the overall planning and review of the services being provided.</p> <p>180 days</p>

		residents and whānau in the planning of care including areas such as diversional therapy and outings.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>HLL annual education plan for 2022 and 2023 describes the required training for CHM, RN/enrolled nurses (ENs), senior caregivers, caregivers and all staff. This includes competences for these roles.</p> <p>Rosewood have implemented the HLL training plan (from September 2022). Seven staff files were reviewed. These did not all contain certification of training undertaken. The administration provided a spreadsheet which contained each staff member and the training they had undertaken. Examples took into consideration new staff who would have undertaken appropriate training as part of their orientation:</p> <p>Administration of medication:</p> <ul style="list-style-type: none"> <li>• RN 1 out of six completed,</li> <li>• level 4 care giver 6 out of 12,</li> </ul> <p>next scheduled training is June 2023.</p> <p>There was no recorded training for falls with the next scheduled training April 2023.</p> <p>Manual handling:</p> <ul style="list-style-type: none"> <li>• RN 1 out of 6,</li> <li>• Level 4 caregiver 2 out of 12,</li> <li>• Other care givers 19 out of 24.</li> </ul>	<p>Staff have been following the HLL training since September 2022. The evidence available via staff files and a spreadsheet kept by the administrator showed that not all staff have completed training requirements.</p>	<p>All staff undertake the HLL training requirements.</p> <p>90 days</p>

		<p>Dementia, delirium and depression:</p> <ul style="list-style-type: none"> <li>• RN 1 out of 6,</li> <li>• Level 4 care givers 6 out of 12</li> <li>• Other care givers 2 out of 24,</li> <li>• Diversional therapist 1 out of 2</li> </ul> <p>Restraint:</p> <ul style="list-style-type: none"> <li>• RN 3 out of 6,</li> <li>• Level 4 care givers 10 out of 12</li> <li>• Other care givers 14 out of 24</li> <li>• Diversional therapy 2 out of 2.</li> </ul> <p>Abuse and neglect:</p> <ul style="list-style-type: none"> <li>• RN 0 out of 6,</li> <li>• Level 4 care givers 4 out of 12</li> <li>• Other care givers 12 out of 24</li> </ul> <p>Cultural safety:</p> <ul style="list-style-type: none"> <li>• RN 3 out of 6,</li> <li>• Level 4 care givers 6 out of 12</li> <li>• Other care givers 12 out of 24</li> <li>• Diversional therapy 2 out of 2.</li> </ul> <p>There was evidence that all RNs and the majority of level 4 care givers had a current first aid certificate. Fire warden training had occurred and was current.</p>		
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed</p>	PA Low	<p>The medication management policy identified all aspects of medicine management in line with current legislation,</p>	<p>Five out of sixteen sampled medication charts did not have consistent evaluation of the administered PRN</p>	<p>Provide evidence that administered PRN medicines are</p>

<p>and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>		<p>standards and guidelines. The service uses an electronic medication management system. RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. The administered PRN medicines were not consistently evaluated for effectiveness. Some evaluations were documented in the progress notes and others on the electronic system, but not for all administered PRN medicines. The last internal medication audit identified the same finding and was shared with all staff in staff meetings in March 2023. Corrective actions are being implemented but were not fully embedded as the same finding was noted in this audit.</p>	<p>medicines documented. Eleven PRN medicines administered did not have evaluation of their effectiveness documented on the electronic medicine management system. These medicines included pain relief, and behaviour management medicines.</p>	<p>consistently evaluated for effectiveness.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.