

QR 168 Limited - Queen Rose Retirement Home

Introduction

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

The audit has been conducted by 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:	QR 168 Limited
Premises audited:	Queen Rose Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 June 2023 End date: 28 June 2023
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:	29

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Queen Rose Retirement Home (Queen Rose) is privately owned and operated by a family. The service provides rest home level care for up to 29 rest home level care residents. On the day of audit, the facility had full occupancy.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, the general practitioner, and the prospective purchaser.

The facility manager is appropriately qualified and experienced and is supported by a registered nurse. There are quality systems and processes implemented.

There is a stable team of skilled registered nurses, experienced caregivers and non-clinical staff who support the management team. Feedback from residents and families/whānau were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

The prospective purchasers are a group of eight shareholders and include three senior staff currently employed by Queen Rose. The previous facility manager will remain as the facility manager. There are no planned changes in regard to staffing. There is a documented transition plan with minimal changes proposed. The prospective purchasers plan to continue with the current quality and risk management systems.

This provisional audit identified that improvements are required in relation to implementation of education programme, timeframes around completion of clinical documentation, and care plan interventions.

Ō tatou motika | Our rights

Queen Rose provides an environment that supports resident rights and safe care. They embrace Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is Māori and Pacific health plans in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. Services and support are provided in a way that is inclusive and respects the residents' identity and their experiences. Staff listen and respect the voices of the residents and effectively communicate with them about their choices. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems are in place to meet the needs of residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were all documented as taking place as scheduled, with a robust corrective action process implemented where applicable. Health and safety processes are in place and included as a regular agenda item at meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. Human resources are managed in accordance with good employment practice. An orientation programme is in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. The facility manager and registered nurse are responsible for each stage of service provision. The registered nurse assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Electronic resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

The meal service is provided by an external contractor. Meals are delivered daily in hot boxes with temperature monitoring competed to ensure food meets the required temperatures for safe food. Residents' food preferences and dietary requirements are identified at admission and that information is updated as required to the external contractor. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The activities coordinator implements an interesting and varied programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Medication competent caregivers and the registered nurse are responsible for administration of medicines. Medication competencies are completed annually and there is education for this in the annual education plan. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been conducted. There is an implemented policy around resident, staff, and the building security.

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

The infection prevention and control programme is implemented to meet the needs of the organisation and provides information and resources to inform the service providers. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Visitors wear masks when they visit as part of the service's Covid -19 management. A pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There has been one Covid-19 outbreak which was appropriately reported and effectively managed.

Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Further to this, staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely throughout the facility.

Here taratahi | Restraint and seclusion

Queen Rose strives to maintain a restraint-free environment. At the time of the audit there were no residents using restraints. Restraint minimisation training is included as part of the annual mandatory training plan and at orientation.

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	25	0	2	0	0	0
Criteria	0	165	0	4	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>The Māori health plan has been written by an external contractor with input from a Māori advisor and is written in te reo Māori and in English and acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. A cultural advisor is available through Te Whatu Ora - Southern to support residents, family/whānau and staff to embed the principles of partnership, protection, and participation. The kitchen manager who has an early childhood degree advised a relationship with a Kaitiko Matauranga who is affiliated with Otakou Marae. The service had no residents who identified as Māori at the time of the audit.</p> <p>Queen Rose has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/ whānau. Evidence is documented in the activity programme and observed in practice. A cultural assessment is utilised to inform the care plan.</p> <p>The Māori Health and Wellbeing policy states the organisation is committed to ensuring that the day to day needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident</p>

		<p>and their whānau/hapu/iwi.</p> <p>The facility manager stated that they are open to employing Māori staff members when they apply for work opportunities. There has been minimal staff turnover over the last three years and positions have been filled in house by existing staff without advertising. At the time of the audit, there were no staff members who identify as Māori. The Māori health plan includes an acknowledgement of the commitment to employ staff representative of the ethnicity of residents.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The manager (FM) and seven care staff interviewed (five caregivers, one registered nurse (RN), and one activities coordinator) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific People Health and Wellbeing policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. A staff member has a connection to a local Pacific church groups and is affiliated with local Pacific organisations. The staff member has mana as a leader in the local Pacific community and can provide a pathway for family/whānau to contact other members of the Pacific community to provide support for residents.</p> <p>On admission all residents state their ethnicity. There were no residents that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Four residents interviewed, and two family/whānau confirmed that individual cultural beliefs and values are respected.</p> <p>Queen Rose is able to connect with Pacific organisations (Tongan, Samoan, and multicultural Aoraki encompassing all Pasifika) through staff to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pasifika. Code of Rights are accessible in a range of Pacific languages.</p> <p>The service has not needed to recruit new staff in the last year. There are currently staff employed that identify as Pasifika. The FM described</p>

		<p>how the equitable employment process ensured Pacific staff who apply would be welcomed to increase the capacity and capability of the Pasifika workforce.</p> <p>Interviews with the facility manager and ten staff (seven care staff, one maintenance, one kitchen manager, one cleaner) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The FM and/or registered nurse discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings and annual family/whānau meetings. Residents and family interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual supports. Church services are held regularly. The service recognises Māori mana motuhake and this is reflected in the Queen Rose Māori health plan. Staff complete training around defining the meaning of Māori motuhake.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The prospective purchasers explained at interview how their aged care experience and familiarity with the Code and promotion of Māori motuhake will continue to benefit Queen Rose residents.</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>Caregivers and the RN interviewed described how they support residents to make informed independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The Queen Rose annual staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in November 2022 confirmed that residents and families/ whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. There were no married couples in the facility. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Two younger persons with a disability (YPD) have input in their own routine and their identity. Residents’ gender and sexuality are respected.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Staff cultural competencies include assessing their understanding of te reo Māori. Cultural awareness training is provided</p>
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		annually and covers Te Tiriti o Waitangi and tikanga Māori. A Māori word of the day is promoted with staff and residents.
<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>	FA	<p>An abuse and neglect policy is being implemented. Queen Rose policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>The staff handbook and house rules are discussed during the employee's induction to the service, with evidence of staff signing the house rules document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. The good employer policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori staff and Māori residents.</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</p>	FA	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not). The accident/incident forms reviewed identified family/whānau are kept informed following consent by the resident (if able), and this was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora – Southern specialist services. The delivery of care involves a multidisciplinary team approach and residents and relatives/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails, regular newsletters, and resident meetings.</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</p>	<p>FA</p>	<p>Residents and family/whānau interviewed were able to describe informed consent and knew they had the right to make choices. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making when the resident receiving services wants them to be involved.</p> <p>Cultural support from a Kaitiko Matauranga who is affiliated with Otakou Marae, is available to support residents who identify as Māori, and to assist resident's whānau and staff to support cultural practice. Evidence</p>

<p>their own health, keep well, and live well. 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>was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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 procedure is provided to residents and family/whānau on entry to the service. Complaint forms are clearly visible at reception and staff interviewed were knowledgeable about the complaints process. The FM maintains a record of all complaints, both verbal and written, in a complaint register. This register is held in hard copy and electronically.</p> <p>There has been complaint received since the last audit. Documentation including follow-up letters and resolution demonstrates that the complaint was managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaint included an investigation, follow up, and reply to the complainant. Staff are informed of any complaint received (and any subsequent corrective actions) in the clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly where concerns can be raised. During interviews with family/whānau, they confirmed the manager is available to listen to concerns and act promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available if required. The FM acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Queen Rose Retirement home is owned by two families. The service</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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>provides care for up to 29 rest home level care residents. On the day of audit, there was full occupancy with two residents (under 65) funded by a Ministry of Disabled contract, one resident under an individual funding agreement, and one under a respite contract. All other residents were under the age-related residential care (ARRC) services agreement.</p> <p>The ownership team is supportive and committed to supporting Queen Rose management. The management team and senior staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with a Kaitiko Maturanga and mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. One of the current owners was interviewed and confirmed an in-depth knowledge of the operational and clinical activities. One of the owners attend the monthly combined quality and staff meeting and are fully informed. Copies of the comprehensive meeting minutes are shared with all owners.</p> <p>The Queen Rose 2023 business plan has clearly identified their mission, and objectives. The business plan reflects a commitment to improving the health status of ethnic groups including Māori and Pacific people. This aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in the combined quality and staff meetings.</p> <p>The FM is a registered nurse with a current annual practising certificate, with five years management experience at Queen Rose. The FM is covering this role with the assistance of the registered nurse. The FM has maintained at least eight hours of professional development activities each related to their respective roles.</p> <p>The prospective purchasers are a group of eight shareholders and include three senior staff currently employed by Queen Rose. These three staff (including the facility manager) have been employed at Queen Rose for between three and six years and are experienced aged care providers. The directors of the purchasing organisation include the FM, a GP, a lawyer, and an accountant. There is a documented</p>
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		<p>transition plan with minimal changes proposed. The transition plan includes implementation of the prospective purchaser's reporting schedule and meetings and details the roles and responsibilities of the directors, management, and the clinical team. The prospective purchasers plan to continue implementing the current quality and risk management system. The proposed date of takeover is planned for 13 July 2023.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Queen Rose is implementing established quality and risk management programmes. This includes performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs internally against previous monthly and annual results.</p> <p>Monthly combined quality/health and safety, staff meetings, and monthly clinical meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the FM when achieved. Meeting minutes and quality results data are posted on a noticeboard, located in the staff room. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family/whānau have high levels of satisfaction with the services being provided. Results have been communicated to residents through resident meetings (meeting minutes sighted). Corrective actions are implemented to improve on any specific comments.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are provided</p>

	<p>by an external consultant and regularly reviewed and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety representative has completed stage one training and provides updates at the monthly quality and staff meeting. Staff have an opportunity to contribute. Health and safety notices are posted on a noticeboard in staff areas. Hazard identification forms and an up-to-date hazard register were sighted. Hazards are regularly monitored. The hazard register was last reviewed June 2023. Contractors are orientated to health and safety. Staff incidents, hazards and risk information is collated at facility level, reported to the facility manager, and is also provided to the owners. Health and safety is a regular agenda item in staff/quality and RN meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Staff are updated on residents at risk of falling. All staff receive training on falls prevention at orientation; however, training has not been provided (Link 2.3.4). In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Residents are encouraged to participate in the regular exercise programme.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in sixteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator.</p> <p>Discussions with the FM evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required since the previous audit. There has been one Covid-19 exposure outbreak in May/June 2022.</p>
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		<p>This was appropriately notified.</p> <p>The prospective purchaser will continue to use the established and implemented quality and risk management programmes and policies and procedures in current use. It is anticipated that the purchase will have a minimal impact, as the prospective purchasers include existing staff who will continue to implement the established systems.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The RN and activities coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7 and on outings.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner.</p> <p>The FM and the RN work full-time (Monday to Friday). On-call cover is shared between the RN and the FM who is a qualified RN. There were sufficient staff including registered nurses rostered on all shifts to meet contractual requirements and the needs of the residents. On interview, staff, residents and family/whānau were happy with staffing levels.</p> <p>There is an annual education and training schedule documented. The education and training schedule lists compulsory training, which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Te Whatu Ora- Southern and Otago hospice. Registered nurse specific training is available through an online training platform. Two RNs are employed (including the facility manager). The facility manager has completed interRAI training and the RN (recently employed) is enrolled to commence the next available course. The service uses care training online and training is included in all monthly meetings.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they were provided with</p>

	<p>resources during their cultural training. Te Whatu Ora -Southern has opportunities for aged care staff to attend one day cultural training sessions and the manager advised they were in the process of scheduling senior staff attendance. The online learning platform and expertise of senior staff creates opportunities for that workforce to learn about and address inequities. Staff are expected to answer competency assessment questions such as: what is the meaning of health equity? How to apply the principles of protection, partnership, and participation; how does Te Tiriti o Waitangi apply to their work; and to define the meaning of mana motuhake.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. Queen Rose employs two Careerforce assessors. Fourteen caregivers are employed. Five caregivers have NZQA level four, four have NZQA level three, four have level two, and one does not yet have a documented level.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation, including (but not limited to): fire safety; hand hygiene; personal protective equipment; and health and safety. Additional RN and senior caregiver competencies cover medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; and wound management.</p> <p>All RNs are encouraged to attend in-service training and Covid-19 preparedness, palliative care, and wound management. Training occurs on specific topics at the monthly combined staff and quality meetings.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. A staff support counsellor is available to staff if required. Social activities are combined with staff meetings.</p> <p>The prospective purchaser stated there are no immediate plans for any staff changes. They plan to provide all staff with education and training consistent with the current established education and training plan. The current facility manager will remain under the new management. The prospective purchaser confirmed they will continue to ensure caregivers are supported to achieve NZQA qualifications and ensure first aid certificates remain current.</p>
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<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>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held electronically with secure password. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Each staff member receives a copy of the staff handbook and house rules and signs in agreement. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. An initial appraisal is completed after three months (sighted in staff files reviewed), and staff who have been employed for over one year have completed annual performance appraisals.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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 entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. The information in the welcome pack for Queen Rose is being developed in te reo Māori.</p> <p>The six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they received the information pack and sufficient information prior to and on entry to the service. Admission criteria is based on the assessed needs of the resident and the contracts under which the service operates.</p> <p>The FM and the RN are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or the level of care was inappropriate for the service. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents; this is documented on the resident management electronic system. The service uses ethnicity data from all residents and is able to analyse it for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the monthly FM report to owners.</p> <p>The facility has established links with Ngā Tahu through a staff member who has been very involved with te ao Māori and is able to arrange</p>

		<p>contact and training with appropriate personnel to consult on matters 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 Low</p>	<p>Six electronic resident files were reviewed for this audit, including one younger person, one person under an individualised funding contract and one resident on a respite agreement. The FM and the RN are responsible for conducting all assessments and the development of care plans. There is evidence of resident and family/whānau involvement in the development of the long-term care plans. This is documented in the electronic progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a Te Whare Tapu Whā person-centred model of care. All residents have admission assessment information collected and an initial care plan completed at time of admission.</p> <p>All long-term residents, including those not on the ARRC contract, have interRAI assessments completed. Initial interRAI assessments have been completed within 21 days of admission; however, not all reassessments have been completed within six months. Long-term care plans have been developed and reviewed within expected timeframes. The care plan is resident focused, holistic and aligns with the service's model of person-centred care; however, not all care plan interventions are current. Care plans reflect the required health monitoring interventions for individual residents. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, and wounds.</p> <p>The respite resident had appropriate risk assessments and a care plan completed.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each</p>

	<p>resident at least three-monthly. The GP practice provides a limited on-call service and is available over the weekends if necessary. The FM is available for after-hours calls seven days a week. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing provided to the residents and their family/whānau. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service accesses a physiotherapist when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described using the electronic resident management system for the written handover with the RN and caregivers from the previous shift. Comprehensive handovers maintain a continuity of service delivery and were sighted on the days of audit. The RN completes a written weekly progress note for each resident. Further to this if there are any incidents, GP visits or changes in health status these are recorded. However, progress notes are not always recorded for each shift by caregivers as the Clinical Documentation and Report Writing policy requires.</p> <p>When a resident's condition changes, a RN initiates a review with the GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, and medication changes. Wound assessments, and wound management plans are completed. An electronic wound register is maintained. On the day of the audit there was one resident with a stage I pressure injury. Instructions for managing this were included in the progress notes and on a short-term care plan.</p> <p>Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources (sighted). There is access to a continence specialist as required.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regimes. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Neurological observations reviewed were consistently recorded</p>
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		<p>as per policy. Family/whānau are notified following incidents, unless the resident requests that they not be informed, or family have indicated notification parameters. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and caregivers.</p> <p>Residents interviewed reported their needs and expectations were being met.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator who is completing their diversional therapy training that provides activities across the seven days with the support of the caregivers. The activities coordinator has a current first aid certificate.</p> <p>A monthly calendar is available for residents and the programme is written on the whiteboard, so residents know what is available each day. Residents who are able to be, are involved with the regular activities at the home (eg, setting the tables). This activity is recorded in their care plan and was observed on the days of the audit.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, using te reo Māori in the exercise programme, planned participation in Matariki and there is a te reo Māori word of the week on the noticeboard.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable or chose to not attend the communal activities.</p> <p>Outings are scheduled weekly with the maintenance staff driving the vans. Local entertainers provide entertainment three times a month. There are fortnightly interdenominational services. Residents attend a local Pacific church weekly with one of the care staff.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A spiritual, cultural, social, diversional therapy plan is developed and reviewed six-monthly.</p>

		<p>Resident meetings are held quarterly. Residents are able to provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The RN and FM have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses packaged medication for regular 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 appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-medicating. There are policies and procedures in place should a resident choose to self-administer their medication. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is</p>

		<p>documented in the progress notes. The RN and FM described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, 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 consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared by an external contractor and transported to Queen Rose in hot boxes. The kitchen was observed to be clean, well-organised, and well equipped. A current approved food control plan was displayed, expiring in February 2024. The four-weekly menu has been reviewed by a dietitian.</p> <p>There is a food services manual available in the kitchen. The kitchen manager (a new appointment) receives resident dietary information from the FM and RN and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. This information is shared with the external provider and updated as necessary to ensure they are aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen hand uses an online app on a tablet provided by the external contractor to complete a daily diary, which includes cleaning schedules, fridge, and freezer temperatures recordings. Food temperatures are checked when the food arrives. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and residents were observed enjoying their meals. Modified utensils are available for residents to maintain independence with eating. Food services staff have completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service. Feedback regarding the service is provided</p>

		<p>at the resident meetings and through resident surveys.</p> <p>The prospective purchaser intends to continue with the external contractor for their food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The FM and RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	FA	<p>There is a current building warrant of fitness expiring March 2024. Medical equipment has been calibrated annually as scheduled. At the time of the audit, one owner was working as a general handyman/maintenance officer two days a week. Essential contractors are available after hours.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and are able to personalise their room. The facility, including pictures on the walls, are inclusive of resident's cultures.</p> <p>There are handrails in ensuites and communal bathrooms. The corridors are sufficiently wide to enable safe mobility for the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. There is wheelchair access to all areas.</p>

		<p>The dining room is adjacent to the kitchen servery. All resident rooms are single with hand basins, and some rooms have ensuites. There are adequate communal toilets and showers. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounge and in smaller lounges. There are 22 rest home rooms downstairs and 7 rooms upstairs, with a chair lift providing access between the two floors. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is electric heating and heat pumps throughout the facility. The temperature in each room can be individually adjusted. There is plenty of natural light in the rooms.</p> <p>The service is not currently engaged in construction. If this were to happen, the Board member and the general manager described how they would utilise their links with a Kaitiko Matauranga and local iwi to ensure the designs and environments reflect 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>Emergency management policies, including the pandemic plan and a business continuity plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill (February 2023) has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a gas barbecue for cooking on. There are adequate supplies in the event of a civil defence emergency, including 750 litres of water stores. Emergency management is included in staff orientation and external contractor orientation. It is also</p>

		<p>ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. Residents were observed to have their call bells within reach. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed by a designated caregiver.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The FM is the infection prevention control coordinator and oversees the infection prevention and control programme. The RN is currently being trained and is working alongside the FM. The job description outlines the responsibility of the role. The infection prevention control programme's content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are worked on by the FM and RN. There is documentation regarding the July 2022 outbreak which was reported to the owner and Te Whatu Ora – Southern. Infection prevention control committee meets monthly as part of the staff meeting. Infection rates are presented and discussed at the staff meetings and presented by the FM at this time. Infection prevention and control is part of the quality plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora - Southern. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, who will discuss as part of the next general staff meeting.</p> <p>Visitors are asked not to visit if unwell. All visitors and contractors are required to wear masks. There are hand sanitisers strategically placed around the facility.</p>

		The prospective owners will continue to implement the existing infection prevention and control programme.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The FM is the infection prevention control coordinator and is working with and supporting the new RN to take over the role. The service has a pandemic plan with a Covid-19 response plan, including easily accessible resources for the preparation and planning for a further outbreak. There is a communication pathway to include infection prevention control advice when required.</p> <p>The infection prevention control coordinator (FM) and RN attended external infection control training with Te Whatu Ora – Southern in May 2023. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The infection prevention control coordinator purchases PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight and training and education of staff. Policies and procedures are reviewed annually by the staff at Queen Rose and the external contractor general manager and clinical manager, in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for wound care and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control internal audits are completed, and any corrective actions identified have been implemented and signed off. The service's infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encourage culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Infection prevention control practices include laundry and</p>

		<p>cleaning practices that reflect Māori participation when required and consultation in infection prevention, to promote culturally safe practice. Relevant staff received training in cleaning protocols and procedures related to the cleaning of high touch areas.</p> <p>The infection prevention control policy states that the service is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid -19. Staff have completed handwashing and donning and doffing/personal protective equipment competencies.</p> <p>Residents and families/whānau were kept informed and updated on Covid -19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There was no construction, installation, or maintenance in progress at the time of the audit; if this were planned, the FM would have input to planning.</p> <p>The prospective purchasers will continue to implement the existing infection control processes and practices, which is linked to the electronic quality system following the purchase.</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>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the bimonthly infection control committee meeting and discussed with the GP. Infection rates are analysed for antimicrobial use and the facility manager reports results to the quality meeting and to the owners. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Ethnicity data is collected on the electronic surveillance form submissions and analysed by the facility manager. Benchmarking occurs internally and monitors infections rates in comparison to previous months. Action plans are required for any infection rates of concern. Infection control surveillance is discussed at the three-monthly combined quality and health and safety meeting. Staff are informed through the variety of meetings held at the facility.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. The service receives email notifications and alerts from Te Whatu Ora - Southern for any community concerns.</p> <p>There was one Covid-19 event in July 2022. The outbreak was documented with evidence of comprehensive management, regular outbreak meetings and comprehensive debrief meetings. The facility manager interviewed described the daily update and debrief meetings that occurred. The service completed a review after the outbreak to prevent, prepare for and respond to future infectious disease outbreaks. The facility manager/infection control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce proved to be challenging but successful. Staff confirmed that during the Covid-19 outbreak, they had sufficient resources (including PPE).</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in at the door and wear masks when moving around the facility.</p>
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		The prospective purchaser does not plan any changes to the existing surveillance processes.
<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 antimicrobial resistant organisms.</p>	FA	<p>The facility implements a waste and hazardous management policy that confirm to legislative and local council requirements. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the utility room, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the training plan.</p> <p>Interviews and observations confirmed that there is enough protective equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was routinely used wherever appropriate. Cleaning services are provided seven days a week.</p> <p>Personal protective equipment is available, including aprons, goggles, and gloves for the cleaning of these items. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. On the day of interview, the on-site laundry demonstrated the implementation of a dirty to clean process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the infection control coordinator. Residents and family/whānau confirmed satisfaction with housekeeping and laundry services during interviews, and in satisfaction surveys.</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 restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN (facility manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to maintaining a restraint-free environment. They are conversant with restraint policies and procedures. The facility is restraint free. Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and is updated annually.</p> <p>The reporting process to the owners includes data gathered and analysed monthly (which would include restraint) that supports the ongoing safety of residents and staff. The restraint policy ensures resident, and family/whānau approval would be sought if restraint was being considered. Any impact on family/whānau would also be considered.</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 2.3.4</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>	PA Low	There is an annual education and training schedule documented which includes mandatory training requirements. However, not all mandatory training has been completed two-yearly as per policy.	Mandatory training has not been completed around falls prevention, moving and handling, Code of Rights and nutrition and hydration.	<p>Ensure that all mandatory training requirements are completed two-yearly.</p> <p>90 days</p>
<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</p>	PA Low	There are a suite of risk assessments available on the electronic resident system for the RNs to utilise. All assessments are completed by an RN in partnership with the resident and family/whānau. Outcomes of the assessments form the basis of the long-term care plans. Initial interRAI	Two of the four files who required an interRAI assessment had not met the six-monthly timeframes for repeat interRAI assessments.	Ensure interRAI reassessments occur at least six-monthly or when there is a significant change to resident's condition.

<p>receiving services requests this.</p>		<p>assessments had been completed for all long-term residents; however, interRAI reassessments had not always been completed at least six-monthly (one resident had been admitted for less than six months and the respite resident did not require interRAI). All long-term care plans had been completed within 21 days of admission and were evaluated when there were changes in resident conditions or at least six-monthly.</p>		<p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau</p>	<p>PA Low</p>	<p>Care plans are completed by the RN and includes input from the resident and their family/whānau. There are a range of interventions including spiritual and cultural interventions. Care plans are holistic, and resident focused; however, shortfalls were noted in three of the six care plans where the interventions to ensure care is provided is absent or limited in the information provided.</p>	<p>i). One resident's file had conflicting information regarding their dementia; it is described as mild and then as moderate and the resident's progress notes record the resident as deteriorating dementia. In the same resident's file, there are limited interventions for i) sexuality and intimacy and ii) the ways to manage the resident's challenging behaviour, including use of 'as required' medications.</p> <p>ii). One resident with insulin dependent diabetes did not have interventions documented to manage hypo and hyperglycaemia.</p> <p>iii). One resident using cytotoxic medications did not have interventions documented around risks, management, and administration of the medication.</p>	<p>i). – iii). Ensure care plans interventions are accurate and reflect the resident's requirements.</p> <p>90 days</p>

<p>rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the</p>	<p>PA Low</p>	<p>Care plan evaluations are completed routinely six-monthly, and if there have been changes in resident’s condition. The evaluations reviewed evidenced resident’s progression towards meeting goals and input from the residents and family/whānau. Short-term care plans are reviewed and resolved when the acute issue has resolved. Registered nurses record in progress notes for GP visits, planned updates, or acute changes, as well as a weekly RN progress note. Caregivers document acute changes and concerns in progress notes; however, progress notes at times did not evidence caregiver input over a period of weeks.</p>	<p>Caregiver progress notes have not been documented in line with policy, with gaps of up to four weeks.</p>	<p>Ensure progress notes meet the requirements of the Queen Rose Clinical Documentation and Report Writing policy.</p> <p>90 days</p>

ongoing re-assessment and review process, and ensure changes are implemented; (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.				
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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.