

Rosebank Residential Limited - Rosebank Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Rosebank Residential Limited

Premises audited: Rosebank Home and Hospital

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

Dates of audit: Start date: 16 April 2024 End date: 17 April 2024

Proposed changes to current services (if any): Can you please note that the premises name need to change to Rosebank Lifecare as per request from manager.

A reconfiguration request was completed to notify of the intention to reconfigure 14 serviced apartments previously certified as rest home level of care to dual purpose beds. In summary, the dual purpose beds will increase from 56 to 70, dedicated rest home rooms (care centre and serviced apartments) decrease from 54 to 40. The overall bed numbers remain the same.

A partial provisional audit verified that the requested reconfiguration of requested bed numbers to be suitable as dual-purpose beds upon completion of corrective actions.

Total beds occupied across all premises included in the audit on the first day of the audit: 91

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rosebank Lifecare is a privately-owned aged care facility. Rosebank Lifecare provides care to up to 96 rest home and hospital residents in the care centre and 14 rest home beds in the serviced apartment wing. On the day of audit, there were 91 residents.

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

A concurrent partial provisional audit included interviews with management, staff, a visual inspection of the building, and reviewing relevant business documents including a transition plan and draft roster. This provisional audit verified that the 14 serviced apartments which are currently certified for rest home level of care are suitable for dual purpose care following the implementation registered nurse cover on all night shifts.

Rosebank Lifecare is governed by a board of four directors. They provide support for the facility manager and clinical coordinator (registered nurse). Quality systems and processes are implemented with improvements made to the service in response to any corrective action plans. Feedback from resident and family/whānau was positive about the care and the services provided.

The certification audit identified three shortfalls in relation to registered nurse availability, monitoring of neurological observations and weekly medication checks.

Ō tātou motika | Our rights

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

Rosebank Lifecare provides an environment that supports resident rights and cultural safe care. The service works to provide high-quality and effective services and care for all their residents. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan documented with a stated commitment to providing culturally appropriate and safe services.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents (and family/whānau if engaged with the service) are kept informed of any changes or issues.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
---	--	---

Services are planned, coordinated, and are appropriate to the needs of the residents. The strategic document informs the quality and risk management plan. Service objectives are defined and regularly reviewed. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported through a series of meetings that include management and staff meetings.

Health and safety processes are implemented with this itemised as a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

There is a documented staffing policy Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Care plans were evaluated six monthly or earlier.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

Residents are referred or transferred to other health services in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
---	--	--

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau 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 five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Two outbreaks have been well managed.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
---	--	--

The service maintains a restraint free environment. This is supported by the governing body and policies and procedures. Restraint review processes are overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff demonstrated a sound knowledge and understanding of maintaining a restraint free environment, de-escalation techniques for behaviours that challenge and alternative interventions to restraint.

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	24	0	3	0	0	0
Criteria	0	165	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Rosebank Lifecare 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. A Māori Health plan is documented and there are policies referencing the principles of the Treaty of Waitangi and the recognition of mana motuhake.</p> <p>The facility manager interviewed described the role of the Board in ensuring that equity for Māori is progressed. The Board of Directors (The Board) have access to Māori advice. The Board completed training in cultural safety, the Māori health plan and implementation thereof. There are established linkages to iwi and Māori in the community.</p> <p>The staff educator identifies as Māori and provide advice to ensure that Māori residents (if any) receive services that reflected their needs. The facility manager stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The cultural safety policy and strategic plan document the commitment from managers for this to occur. The facility manager interviewed stated they will interview Māori applicants when they do apply for employment opportunities.</p>

		<p>The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi. While there are no residents who identify as Māori, the educator described the commitment to ensuring that individual care plans for residents who identify as Māori would reflect their individual needs. Activities for residents including Matariki celebrations have been held and the staff are being encouraged to learn te reo Māori. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.</p> <p>The service analyses ethnicity data in relation to admissions, infections and feedback provided to ensure health outcomes of Māori vs non-Māori are equitable. The continuous improvement meetings (quality) meeting minutes provide an opportunity to summarise progress against Māori indicators.</p> <p>Staff interviewed confirm they feel supported by the organisation and the organisation’s commitment to Māori. Te reo learning is supported and encouraged with access to opportunities to learn. The educator trains staff annually and as opportunities are presented around Te Tiriti o Waitangi and te ao Māori. The last training was provided in 2023 with 100% staff attendance.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is accessible in te reo Māori.</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</p>	FA	<p>There is a Pacific health plan that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. Pacific support is provided by staff who identify Pasifika. They stated that they have had input into the development of the Pacific Plan. The priority in the Pacific health plan stated Rosebank Lifecare recognises Pacific people to have their own cultural needs according to Pacific worldviews, have equitable delivery of services and this will reflect in care plan documentation. Rosebank Lifecare is committed to applying principles to service provision which promotes equity to</p>

<p>health outcomes.</p>		<p>Pacific people regarding employment.</p> <p>There are links Pasifika Health Hub who can also provide advice and support for residents.</p> <p>On admission, all residents state their ethnicity. While there are no residents who identify as Pasifika in the service, staff interviewed stated that family/ whānau are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Pacific staff interviewed also stated that cultural safety and support was at the forefront of care provided.</p> <p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in a range of Pacific languages.</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 Commissioner's (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 managers interviewed stated that they discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori. Seven residents (four rest home level of care and three hospital level of care) and seven family/whānau interviewed (three rest home, four hospital), reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Discussions relating to the Code are held during the six monthly resident and family/whānau meetings. Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. An advocate from the Nationwide Advocacy services provided staff training in residents' code of rights.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>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>A spirituality policy is in place. There are links to spiritual supports. Church services are held on site regularly. The service recognises Māori mana motuhake and this is reflected in the Rosebank Lifecare Māori health plan.</p> <p>Four managers were interviewed: a facility manager (registered nurse), clinical coordinator, staff educator (registered nurse) and quality and risk manager. Staff interviewed included five caregivers, three registered nurses (RNs), one diversional therapist, one maintenance person, one chef, one laundry assistant and one cleaner. All stated that the rights of residents and family/whānau were upheld. Interviews with managers and staff and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.4: 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 registered nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice and 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 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. The results/outcomes of the 2023 annual satisfaction surveys confirmed that residents are treated with respect. This was also confirmed during interviews with residents. 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</p>

		<p>orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, this was confirmed by a married couple (interviewed). Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Residents' gender and sexuality are respected.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission (with family/whānau involvement) and is integrated into the resident's care plans.</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. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, Māori equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An elder abuse and neglect policy is being implemented. Policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace with the recent Matariki celebrations evidencing this.</p> <p>A staff code of conduct is discussed during the employee's induction to the service, with evidence of staff signing this 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. Policies 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 staff confirmed their understanding of professional</p>

		<p>boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Interviews with the managers and staff described how care is based on a holistic and person-centred care model of health aligned to Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents and those reviewed were underpinned by a strength based approach.</p> <p>The Treaty of Waitangi is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori.</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>Information about the service is provided to residents and family/whānau on admission. Six monthly resident and family/whānau meetings identify feedback from residents and family/whānau and meeting minutes include subsequent follow up by the service.</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 adverse event that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms reviewed identified that family/whānau are kept informed.</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. The staff described using a variety of communication techniques for residents with communication deficits.</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 Health New Zealand Te Whatu Ora – Waitaha Canterbury specialist services. The palliative nurse specialist visiting on the day was interviewed and described a high level of satisfaction with the provision of end of life care. They stated that they were involved in discussions around resident care when appropriate. The delivery of care involves a multidisciplinary team approach. The clinical coordinator and registered nurses 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 confirmed they know what is happening within the facility and felt informed through resident meetings and an open door philosophy, which was confirmed by the facility manager who stated they were available to talk with residents or family/whānau at any time.</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>	FA	<p>Informed consent processes are discussed with residents and families/whānau on admission. Ten resident files sampled included written consents signed by the resident. Family/whānau (or enduring power of attorney) had signed consent forms for residents who were not able to give informed consent. The signed service agreements include consent for care and support, for photographs, sharing of information, family involvement. Advanced directives were documented in files reviewed. Caregivers and registered nurses interviewed, confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practice is reflected in informed consent policies. Enduring Power of Attorney (EPOA) documentation was evident in the resident files reviewed where appropriate.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. Complaints forms are available at the entrance to the facility. A record of all complaints,</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>both verbal and written is maintained by the facility manger in the complaint register. The staff interviewed could describe directing the complainant to the most senior person on duty.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held six monthly and concerns can be raised. Residents interviewed stated that they would have no problem making a complaint or talking with any of the managers or registered nurses if they had concerns. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaints process links to advocacy services.</p> <p>Residents advised that they are aware of the complaints procedure and how to access forms.</p> <p>There were four complaints documented in 2023 and one in 2024. Three complaints were reviewed and showed that complaints were investigated within timeframes set out by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Three complaints were resolved and closed off with the satisfaction of the complainants, one complaint is still open. One complaint were referred to HDC in June 2023 related to care delivered in October 2022. The service has provided all the required documentation in the required timeframe. The complaints is still open without further communication received from HDC.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>Rosebank Lifecare is privately owned and governed by a Board of four directors. The service provides care for up to 96 residents in the care centre and 14 rest home beds in the serviced apartment wing. The service has 56 dual purpose beds in total. In West wing there are 20 dual-purpose beds and 40 rest home beds, and in the East wing there are 36 dual-purpose beds. At the time of the audit, there were 91 residents in total, including 57 residents at rest home level (including one on respite care and two in the service apartments)</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>and 34 at hospital level (including one on an end-of-life contract, one younger person with disability [YPD] and one in the serviced apartment). All other residents were on the aged related residential care (ARRC) contract.</p> <p>A reconfiguration request was completed notifying HealthCERT of the intention to reconfigure 14 apartments (under occupation Right Agreements [ORA]) currently certified for rest home level care to dual purpose beds. However, the service will only take up to six hospital residents at any given time in the apartments. Overall, the dedicated rest home beds decrease from 54 to 40 and dual-purpose beds to increase to 70. The total bed numbers remain 110. The audit identified that the 14 apartments, equipment requirements, established systems and processes are appropriate for providing dual-purpose level care.</p> <p>There are four directors on the Board for Rosebank Lifecare Limited. Rosebank Lifecare has a business plan for 2022-2023. The business plan includes a mission, vision, philosophy and values statement. The business plan was reviewed in March 2024 and the business plan for 2024-2025 were in draft format for Board approval. Facility manager and clinical coordinator provide clinical governance with regular continuous improvement meetings (quality) held. An overview of adverse events, health and safety, staffing, infection control and all aspects of the quality and risk management plan is reported to staff. The facility manager reports monthly to the Board on a variety of management, clinical and operational issues. The clinical governance is appropriate for the size and setting of the service. Rosebank Lifecare Board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The Board was described as having a strong focus on quality improvement and regulatory compliance. Meeting minutes are documented and show that risks are escalated by the managers and discussed. The managers reports to the board include progress against clinical key performance indicators.</p> <p>Regular management meetings ensures there is a commitment from leadership to implement the quality and risk management programme to provide clinical and culturally safe care. Weekly</p>
--	--	---

		<p>management meetings discuss and overview of adverse events, health and safety, staffing, infection control and all aspects of the quality risk management plan. Critical and significant events are reported immediately to the management team. There is a discussion and agenda topic for cultural safety included in the Board meeting.</p> <p>There is Māori representation within the management team who takes responsibility for cultural safety and Māori advice to the board provided by a law firm. The facility manager understands their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti obligations and to addressing barriers to equitable service delivery. The obligations to proactively help address barriers for Māori and tāngata whaikaha to provide equitable health care services is documented in the business plan and as part of the quality and risk management programme. The Māori Health plan reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with Health New Zealand strategies. The directors and managers have completed cultural training that included Te Tiriti, health equity, and cultural safety.</p> <p>The management team at Rosebank Lifecare is very experienced in aged care. The facility manager (registered nurse) has been in the role for 18 years. A clinical coordinator has been in the role for six years. They are supported by an experienced quality and risk manager (non- practicing health professional) and staff educator (registered nurse)</p> <p>The facility manager and clinical coordinator has attended conferences and training relevant to their role.</p> <p>There are no changes to the governance structure as a result of the reconfiguration of the 14 apartments that have been verified as suitable as dual-purpose beds. The podiatry contract, physiotherapy contract, pharmacy contract and GP arrangements will remain unchanged. The transition plan is included in the 2024-2025 business plan with allowance for provision of required resources.</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>Rosebank Lifecare implements the quality and risk management plan which includes quality goals. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. 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 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. The service analyses health outcomes of Māori vs non-Māori and actively strives to try to achieve equitable outcomes. The management meeting minutes provide an opportunity to summarise progress against Māori indicators. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>There are regular quality and risk, staff, RN meetings, health and safety an infection prevention and control meeting, restraint meeting, resident and family/whānau meetings. The meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data takes place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the quality and risk manager and/or facility manager/clinical coordinator. Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in relevant meetings to ensure any outstanding matters are addressed with sign-off when completed. There is a continuous quality improvement plan documented around palliative care training.</p> <p>The 2023 resident satisfaction surveys indicate that residents have high levels of satisfaction with the services being provided. Results have been communicated to residents and family/whānau through</p>
--	-----------	---

		<p>emails. The overall results of the survey were satisfactory.</p> <p>Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly, analysed and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team consists of the quality and risk manager who takes a lead in oversight of health and safety and contractor management. There are regular moving and handling training sessions for staff provided by the staff educator. 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. A 2023 hazard and risk register has been reviewed prior to the documentation of the 2024 register. Each hazard is risk rated with controls put into place. The hazard register includes the current building project to mitigate noise and dust. Residents do not have access to the built project site. Hazards and staff injuries/accidents are discussed at the health and safety meeting. The noticeboard keeps staff informed on health and safety matters. Staff wellbeing is promoted through various activities.</p> <p>Discussions with the managers evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been five Section 31 notifications completed to notify HealthCERT in relation to four pressure injuries and one unexpected death. There are continuous notifications provided for the RN unavailability for four nights a week.</p> <p>One gastroenteritis outbreak (reovirus) in December 2023, and one Covid -19 notification in March 2024 were appropriately notified.</p> <p>There is one notification to HealthCERT for one hospital resident cared for in the serviced apartments (rest home), this notification was valid at the time of the audit and will require a review on 24 May 2024.</p>
Subsection 2.3: Service management	PA Low	There is a policy that guides staff allocation and requirements for

<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>safe clinical care. 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 addressed in a timely manner. The facility manager, staff educator, quality and risk manager and clinical coordinator are on site at times during the week. The facility manager and clinical coordinator provides on call after hours.</p> <p>Staffing levels are adjusted based on resident acuity. Registered nurse staffing levels to cover the roster do not meet contractual requirements. There are six RNs (excluding the clinical coordinator, facility manager and staff educator). There are three newly appointed RNs that are inexperienced and not yet ready to provide cover for night shift; therefore, four nights per week are covered by a very experienced enrolled nurse (EN). The enrolled nurse is interRAI trained. There is a first aider on each shift. In West wing there are 20 dual-purpose beds and 40 rest home beds, and in the East wing there are 36 dual-purpose beds and 14 serviced apartments. There are sufficient number of HCAs allocated to the roster to provide clinical safe care to residents.</p> <p>The west wing, east wing and serviced apartments are rostered separately. There are staff allocated to the serviced apartments till 8.30pm and staff in the west wing attends to the residents in the serviced apartments after 8.30pm. Staff have communication devices to communicate to one another.</p> <p>There are hospitality staff rostered (separate from the kitchen staff) that assist with breakfast, fluid rounds, morning and afternoon tea, transfer of residents to the dining room and serving of meals. The roster reviewed evidence of flexibility in the roster where extra short shifts are allocated as floater shifts to manage change in acuity. Staff that are absent are replaced.</p> <p>There are dedicated cleaning and laundry staff to provide for non-clinical tasks.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Training records reviewed evidence a high level of staff attendance at sessions.</p>
--	--

	<p>External training opportunities for care staff include training through Health New Zealand- Waitaha Canterbury and by a palliative nurse specialist. Rosebank Lifecare has access to online training; most sessions are face to face sessions or questionnaires to complete. Registered nurses have also access to external clinical training.</p> <p>Six of the registered nurses have completed interRAI training and syringe driver training. Two other RNs are interRAI trained and the service employs an interRAI nurse for 16 hours a week.</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 are provided with resources during their cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 38 caregivers and 17 have completed level 3 or 4 Certificate in Health and Wellbeing, and 14 completed level 2. The staff educator is a Careerforce assessor.</p> <p>Staff complete competencies including (but not limited to) correct use of personal protective equipment, hand hygiene, medication competencies, manual handling competencies and restraint competencies.</p> <p>Staff reported good teamwork and a positive work environment.</p> <p>Partial provisional:</p> <p>This audit has verified the service as suitable to utilise the 14 apartments as suitable for dual purpose use upon the readiness of the new RNs to commence and fill the night duty roster. Currently there is one notification to HealthCERT for one hospital resident cared for in the serviced apartments (rest home), this notification was valid at the time of the audit and will require a review on 24 May 2024. There were two residents at rest home level of care in the serviced apartments. All other 11 residents were independent living under the ORA.</p>
--	---

	<p>The facility manager confirmed that the initial phase is to accommodate the three residents to continue their care in the apartments; however, envisage that only a maximum of six beds will be utilised as hospital level at any time. There is a phased transition staffing plan to accommodate the changes in reconfiguration. The transition plan reviewed evidenced that no changes are required to the core staffing in the roster to accommodate care for one or two residents.</p> <p>A draft roster was reviewed include a phased approach when residents in the apartments might become /change to hospital level care. There is already one staff member allocated to the morning and one in the afternoon till 8.30pm. Registered nurse oversight will be covered by the nurse in West wing; however, at the time of report writing there were three night shifts that were not covered by a RN, but by an experienced enrolled nurse. There are sufficient numbers of RNs on staff and the resident ratio is appropriate; however, the new inexperienced RNs were not ready to commence night shift as yet.</p> <p>The resident ratio (West wing and the serviced apartments) is considered appropriate to provide to support the initial introduction of resident hospital-level care, when all the night shifts are covered by an RN. If numbers increase above two hospital-level residents in the apartment the RN hours per week will be increased for the apartments. The West wing (predominantly rest home level of care) and apartment wings are adjacent to one another and fully connected. The HCAs in the west wing assist in the apartments when assistance is required.</p> <p>There is not yet RN cover 24/7. The draft roster takes into consideration the footprint to assist residents from the apartments to the communal lounges and dining room. There is a draft roster for one to two and three to six hospital level residents and seven to fourteen. If there are more than two residents identified at hospital level care, at least 2 HCAs will be recruited to provide cultural and safe care for residents at a higher level of care. Activities staff, laundry and cleaning/household staff will remain unchanged for the initial phases of the transition plan.</p> <p>There are hospitality staff rostered (separate from the kitchen staff)</p>
--	---

		that assist with breakfast, fluid rounds, morning and afternoon tea, transfer of residents to the dining room and serving of meals.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An agreement is signed by both the new staff member and the facility manager. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented and all staff who have been employed for over one year have a completed annual performance appraisal on file. 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 for Māori. 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>Partial provisional audit:</p> <p>The roster and staff files reviewed evidence staff skills, staff numbers, orientation, training, and education suitable to care for residents at a higher level of care. This audit has verified the staffing processes as suitable for the 14 apartments as suitable for dual purpose, for the initial phase of reconfiguration and upon implementation of full RN cover (link 2.3.1).</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>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. There is a business continuity plan documented with guidelines in an event of an Information Technology failure.</p> <p>The service is in the last phase of implementing the electronic resident management system. There is a documented quality improvement plan to fully integrate and upload the paper documents into the electronic system. 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 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. The service is not responsible for the registration of National Health Index Numbers.</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>Residents who are admitted to Rosebank Lifecare are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for rest home, hospital and respite level of care residents were sighted. The facility manager and clinical coordinator screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the</p>

		<p>service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The facility manager reported that all potential residents who are declined entry are recorded. When an entry is declined the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The facility manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>Ten resident files were reviewed: Five hospital (including one on younger person with a disability (YPD) contract and one on end of life (EOL) contract) and five rest home (including one on a respite contract). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>Rosebank Lifecare utilises a range of risk assessments available on the electronic resident management system alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments (excluding for YPD, LTS-CHC and EOL residents) have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. The residents not on the ARRC contract had appropriate</p>

	<p>risk assessments completed and a detailed long term care plan. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non- medical requirements. The long-term care plans had detailed interventions to provide guidance for staff. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for five residents and when changes occurred earlier as indicated. The other five residents had not been in the facility for six months. Written evaluations reviewed and those documented in the resident six-month review form identify if the resident goals had been met or unmet.</p> <p>The service is supported by four local general medical practises and ten general practitioners, one practice nurse and a community liaison nurse. There is a known shortage of primary medical practitioners in Ashburton. Documentation from Health New Zealand - Waitaha Canterbury and discussion with the facility manager confirmed there was an understanding that the service can utilise acute services at the local hospital 24/7 as required. A general practitioner (GP) or nurse practitioner (NP) had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are readily available as required. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A local physiotherapist is available as required. A podiatrist visits regularly</p>
--	---

	<p>and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand - Waitaha Canterbury. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and caregivers on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the GP or NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, nurse practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 16 wounds from 14 residents being actively managed across the service. These included skin tears, lesions, surgical wounds and abrasions. There were two pressure injuries (including one non facility acquired deep tissue injury and one stage two) being managed. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and</p>
--	---

	<p>equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. All monitoring charts were completed as per care plan. Each event involving a resident was reviewed by the clinical coordinator. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations are expected to be taken for an unwitnessed fall or a fall involving a head injury. Incident reports reviewed indicate that neurological observations were not always completed as per policy and procedure required. Opportunities to minimise future risks are identified by the clinical coordinator in consultation with RNs and caregivers.</p> <p>Rosebank Lifecare provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The Māori health and wellbeing assessments support kaupapa Māori perspectives to permeate the assessment process. The cultural care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the cultural care plan.</p> <p>Staff confirmed they understood the process to support residents and whānau. There were residents who identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, Rongoā and spiritual assistance when required. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</p>
--	--

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities are conducted by a team comprising of a diversional therapist and two activity coordinators. The diversional therapist and one activity coordinator work full time Monday to Friday and the second activities coordinator works two days a week.</p> <p>The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a recreational assessment, and activities care plan developed detailing the past and present activities, career, and family. A weekly planner is developed, posted on the notice boards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities. The diversional therapist on interview stated they visited everyone on a daily basis.</p> <p>The activity programme is formulated by the diversional therapist and activities staff. The activities were varied and appropriate for residents assessed as requiring rest home, and hospital level of care. The care plans have sufficient interventions recorded in the activities plan to guide staff including for the resident on the YPD contract. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planner included exercises, quizzes, housie, floor games, singing, table games, outdoor walks, church services, van outings, music, pampering nail therapy and entertainment. Special cultural events such as Matariki, Te Tiriti o Waitangi and Māori language week are celebrated with kapa haka, poi making and relevant discussions. On interview, the diversional therapist confirmed there were school and pet therapy visits. The service promotes access to EPOA, family/whānau and friends through an online social media page. There are regular outings and drives for all residents (as appropriate).</p> <p>There were residents who identified as Māori. The activities staff</p>
--	-----------	--

		<p>reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with local marae, traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up. Activities calendars include reference to days and celebrations in te reo. Family/whānau and residents reported overall satisfaction with the level and variety of activities provided</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>Rosebank Lifecare has policies available for safe medicine management. The registered nurses and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, medication competent registered nurses were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their roles regarding medication administration. Rosebank Lifecare uses robotic packs for all medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately; however, required stocks checks have not occurred as scheduled. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Twenty medication charts were reviewed. There is a three-monthly</p>

	<p>general practitioner or nurse practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there was one resident self-administering oral medications and insulin. Competency assessments were evidenced as completed as per policy. Residents stored the medications safely according to policy. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical coordinator described how they would work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Partial provisional audit:</p> <p>There are RNs, EN and senior HCAs deemed competent who are currently responsible for medication administration. There will not be any changes required to those who can administer medications with the changes to dual purpose configurations.</p> <p>The medication process, systems, and storage of medications for the 14 apartments will remain unchanged to accommodate the dual-purpose reconfiguration. In the West wing, there is a secure medication room with lockable cabinet for controlled drugs. The cabinet is sufficient for safe storage and handling of a larger number of controlled medications.</p> <p>There is one medication trolley for the apartments. All other equipment for administration and management of medication is in place with no changes are required.</p> <p>The current pharmacy contract will remain unchanged and will assist to support the service, tāngata whaikaha and Māori to access</p>
--	---

		<p>medication in a timely manner. The RNs described a process where they support Māori with understanding their medication and treatment options.</p> <p>The partial provisional audit verified that the medication service is suitable to provide for the change in the requested reconfiguration of beds.</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>The kitchen service complies with current food safety legislation and guidelines. The head cook (qualified chef) has oversight of the kitchen and undertakes cooking responsibilities. They are supported by one other cook, and kitchen hands to ensure a seven-day cover. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 26 June 2024. The menu was last reviewed by a registered dietitian on 1 March 2023. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents have options to choose from and cooked breakfast is served as per resident's preference. All alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least fortnightly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food in the care centre is served by the cook from the bain-marie. Food to those residents in the rooms is delivered using covered plates on a trolley. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents</p>

		<p>interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service is able to prepare food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, such as ‘boil ups,’ hāngi and Māori bread. Special occasions such as Matariki, Māori language week or Waitangi involve appropriate foods as part of the celebration.</p> <p>Partial provisional:</p> <p>The chef confirmed no changes to the food service would be required as they already cater for the residents in the service apartments.</p> <p>There is sufficient equipment currently to provide meals for up to 110 residents. There is a hot box available to keep meals warm for residents wishing to eat in their rooms. There are sufficient supply of utensils to assist to maintain independence when eating and drinking.</p> <p>Residents in the serviced apartments currently enjoy their meals in the communal dining room; however, there is a small dining space with kitchenette in the studio lounge that can accommodate up to six hospital level residents with their mobility equipment. The facility manager stated that the intention is to transfer residents to the main dining room.</p> <p>This partial provisional audit verified the food services to be suitable to accommodate the reconfiguration of beds.</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</p>	FA	<p>There were documented policies and procedures to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected transfers from services. The registered nurse reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the registered nurses who manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external</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>agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services –whaikaha/disability services, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last nurse practitioner review records.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident’s information is required by a subsequent medical service, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents’ records and any instructions integrated into the care plan. The registered nurse advised a comprehensive handover occurs between services.</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>The building has a current warrant of fitness that expires on 1 July 2024. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens.</p> <p>There is a maintenance person that works 30 hours per week. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists and clinical equipment. Calibration checks were last completed in February 2024. Hot water temperatures were monitored monthly (including the service</p>

	<p>apartments), and the reviewed records were within the recommended ranges. Tradespeople are available as required with a full list of contracted ones available for staff. The facility is maintained at appropriate temperatures with mixture of underfloor and central heating throughout.</p> <p>The physical environment allows easy access/movement for the residents and promotes independence for residents with mobility aids. There is disabled access at the front door of the facility and at exit doors. Outdoor areas have a maintained garden and patio areas. There is outdoor seating and shade provided. Occupation right agreement apartments call bells are integrated with the rest of the facility. All apartments are easily accessible and within a short distance from the nurse's station and main dining room.</p> <p>There are an adequate number of toilet and showering facilities, easily accessible and adequate for the size of the facility. Privacy locks are in place. Vacant/in use signage is on the toilet/shower rooms. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene care. All rooms have handwashing facilities and either individual or shared ensuite access. There is appropriate ventilation and lighting throughout the building.</p> <p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. There are no double rooms. Residents are encouraged to personalise their bedrooms. Care can be provided safely within the space of the occupation right agreement units.</p> <p>A large dining room is adjacent to the kitchen area and provides adequate space for residents to enjoy their meals. There is a large lounge used for activities and a separate lounge area adjacent for residents who choose not to participate in activities to enjoy. Three smaller lounges and a chapel are available for private quiet time. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving freely within the communal areas throughout the audit. Residents interviewed reported they can move freely around the facility and staff assist them if required.</p>
--	--

	<p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The service was undergoing building construction at the time of the audit and Māori representation within the management team (educator) provides input with support from the board to ensure aspirations of Māori is included.</p> <p>Partial provisional:</p> <p>There are no changes required to the maintenance schedule. The equipment and monitoring of the hot water temperatures for the apartments are included in the maintenance schedule.</p> <p>The care centre and service apartments are on one level. The 14 apartments are part of the main building; however, there is also a separate access to this part of this part of the building. The 14 apartments have a separate lounge area, small seating alcoves and a dining room/kitchenette. Activities are provided in the communal main lounge that is spacious and this will remain unchanged. There are quieter spaces available for other residents.</p> <p>There are no access from individual apartment to the outdoors. There is safe access from the studio lounge to the outdoors and gardens with seating and shade.</p> <p>There are an equipment bay near the entrance to the apartments with sling hoist, standing hoist, wheelchair and sitting scale. There is plenty of storage space for linen and continence products. The transition plan includes purchasing hospital beds.</p> <p>All apartments are for single occupancy only (confirmed with the facility manager) and have individual ensuites. The space in the apartment (30sqm) and ensuite is sufficient to manoeuvre mobility equipment and hoist equipment with assistance of two staff. Apartments are well ventilated with appropriate light. There were sufficient numbers of mobility, staff, and visitors' toilets and in close proximity to communal areas. There are resting bays to use when</p>
--	--

		<p>walking to the communal areas.</p> <p>There is a mix of central heating and underfloor heating throughout the area. Toilets are well identifiable and included privacy locks. Apartments currently caters for residents at rest home level of care are verified as being appropriate and suitable for residents requiring hospital level of care. There are handrails within the ensuites, showers and hallways to promote mobility. Hallways and door entries are wide to accommodate mobility equipment.</p> <p>There are gloves, handtowels, alcogel and flowing soap accessible to staff. There is a transition plan documented to ensure there is further sufficient numbers of flowing soap, handtowels and alcogel in the hallways accessible for staff. All rooms including flooring are suitable for hospital level residents.</p> <p>A nurse`s station is located in West wing and a secure treatment room is adjacent to the nurse`s station.</p> <p>The planning and refurbishment process included advice from Māori. There are no further plans for refurbishment to the apartment area.</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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service in November 2017. A trial evacuation drill was performed on 13 March 2024. The drills are conducted every six months. The staff orientation programme includes fire and security training.</p> <p>There were adequate supplies in the event of a civil defence emergency including food, water sources in excess of 11000 litres (equivalence of three litres per person per day for at least three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 110 residents and rostered staff. There is generator on site, and staff have received training on how to operate it. Emergency lighting is available and is regularly tested. The</p>

		<p>registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance team. The call bells from the serviced apartments can be heard throughout the facility and staff from the West wing will attend to the serviced apartments call bells after 20.30 pm. Residents and family/whānau confirmed that staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p> <p>Partial provisional:</p> <p>The fire evacuation scheme remains unchanged. There are emergency management plans to ensure health, civil defence and other emergencies are appropriate. Civil defence supplies(sighted) are stored centrally and checked at regular intervals. Evacuation lists with residents' mobility requirements are regularly updated. There is an ambulance bay near the entrance.</p> <p>There are call bells in the residents' rooms and ensuites, lounge/dining room areas. Sensor mats are used for fall prevention management. These are audible and are displayed on attenuating panels in hallways to alert care staff to who requires assistance. Residents are provided with pendants if necessary. The call bells from the serviced apartments can be heard throughout the facility and staff from the West wing will attend to the serviced apartments call bells after 8.30 pm.</p> <p>The partial provisional audit verified that the security and evacuation</p>
--	--	--

		procedures are suitable to accommodate the reconfiguration of the beds required.
<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>The quality and risk manager is the infection prevention and control coordinator (IP&C) currently a non-practicing health professional with a New Zealand tertiary qualification in infection control and prevention including a Master of Health Science. The IP&C coordinator described their role as overseeing the infection prevention and control programme and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infections are reported through the incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the Board and the facility manager as part of the relevant meetings. Infection rates are presented and discussed at staff and registered nurse meetings. Infection control and AMS are part of the quality and risk management plan and documented business plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Health New Zealand - Waitaha Canterbury. 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 facility manager, clinical coordinator, IP&C coordinator, the GPs, and the public health team.</p> <p>Partial provisional:</p> <p>There are no changes to the governance structure required in relation to infection prevention and control.</p>
Subsection 5.2: The infection prevention programme and implementation	FA	The service has a documented pandemic and outbreak management plan. The plan includes preparation and planning for the

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>management of restricted access, isolation procedures and transfers into the facility. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available onsite as required.</p> <p>The IP&C coordinator has completed external infection training and keep up to date with relevant best practice. There is good external support from the GPs, laboratory, and Health New Zealand - Waitaha Canterbury nurse specialists. Rosebank Lifecare is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the orientation and annual training plan. Staff have completed hand hygiene and the correct use of personal protective equipment competencies. Resident education occurs as part of the daily cares.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures have been developed with input from the quality and risk manager who is an infection control specialist, the programme is reviewed annually (March 2024). Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with an audit process in place to check that this is being completed as per policy.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents from Māori health providers through Health New Zealand - Waitaha Canterbury. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator and managers are involved in the procurement of all equipment and consumables and have been involved in the current building project and choice of carpets in the hospital.</p> <p>Partial provisional:</p> <p>There are no changes to implementation of the infection prevention and control programme as a result of the reconfiguration of the 14</p>
--	--

		apartments that have been verified as suitable as dual-purpose beds. The partial provisional audit also verified that the policies and procedures related to the infection prevention and control programme were sufficient to meet the requirements of the service delivery with the requested changes to dual purpose beds.
<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 service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all meetings with these attended by the IP&C coordinator and RNs with the facility manager also involved as required. The GP reported they only prescribe antibiotics where required based on signs, symptoms and microbiology results.</p> <p>Partial provisional:</p> <p>There are no changes to the monitoring activities related to the AMS programme in relation to infection prevention and control as a result of the reconfiguration of the 14 apartments that have been verified as suitable as dual-purpose beds.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. 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 risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and monthly and annually comparison occurs. Infection control surveillance is discussed at all meetings and reported to the management team as issues arise or through regular monthly meetings. Meeting minutes and graphs are given to staff at meetings for discussion and left in the staffroom for</p>

		<p>reference. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>There are monthly meetings that are facilitated by the quality and risk manager. The discussions are also tabled at the quality meetings and the clinical meetings. The service receives email notifications and alerts from Health New Zealand - Waitaha Canterbury for any community concerns. All communications were observed to be culturally appropriate. There are hand sanitisers strategically placed around the facility with flowing soap and paper towels available. There have been two outbreaks since the last audit. Visitors were asked not to visit if unwell and during the outbreaks. All visitors and contractors were managed appropriately. Isolation procedures were implemented. Regular outbreak meetings occurred and outbreak reports reviewed lessons learned. Daily logs were maintained, and staff were updated daily. Residents and family/whānau were updated regularly through emails and phone calls. External agencies and the board of directors were appropriately notified of the outbreaks.</p> <p>Partial provisional:</p> <p>Infection surveillance processes will remain unchanged .The partial provisional audit also verified that the policies and procedures related to the infection surveillance were sufficient to meet the requirements of the service delivery with the requested changes to dual purpose beds.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolley is kept locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the</p>

<p>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing the appropriate PPE when required.</p> <p>There are facilities for sluicing waste (four sluice rooms), and adequate PPE including face shields and goggles were available within the areas. There are separate handwashing basins with flowing soap and paper towels.</p> <p>All laundry is done on site seven days a week. The laundry is spacious with good ventilation. There is a clear clean and dirty flow. There is also a separate area for folding and storage of clean linen. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule.</p> <p>There are dedicated cleaning staff. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was able to describe appropriate infection control procedures and was wearing appropriate PPE.</p> <p>The IP&C coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.</p> <p>Partial provisional:</p> <p>There are two sluice rooms in West wing that is accessible from the apartments.</p> <p>There are no changes to the cleaning and laundry service in as a result of the reconfiguration of the 14 apartments that have been verified as suitable as dual-purpose beds.</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>FA</p>	<p>Rosebank Lifecare is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the standards. The restraint committee is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the restraint and quality improvement</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>meetings which then inform reporting that goes to the board. Interview with the restraint coordinator (CC) confirmed that restraints are used as a last resort and the service is committed to a restraint free environment.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Rosebank Lifecare will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes input from the resident, enduring power of attorney, GP, restraint coordinator and physiotherapist (as required).</p> <p>At the time of the audit there were no residents using restraints. If restraint is used this is a last resort when all alternatives have been explored. The restraint coordinator (CC) has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques.</p> <p>Partial provisional:</p> <p>There are no changes to the processes or use of restraint or to the commitment to a restraint free environment as a result of the reconfiguration of the 14 apartments that have been verified as suitable as dual-purpose beds.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Certification and Partial Provisional:</p> <p>There is a policy that guides staff allocation and requirements for safe clinical care. 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. Staffing levels are adjusted based on resident acuity. Registered nurse staffing levels to cover the roster do not meet contractual requirements. There are six RNs (excluding the clinical coordinator, facility manager and staff educator). There are three newly appointed RNs that are inexperienced and not yet ready to provide cover for night shift; therefore, four nights per week</p>	<p>Certification and partial provisional: The service does not have sufficient numbers of RNs to cover night shifts therefore are not able to meet the requirements of the ARRC contract D17.4.a.i.</p> <p>Partial provisional: There are not sufficient HCAs on staff to accommodate more than two residents in the serviced apartments identified at hospital level of care.</p>	<p>Certification and partial provisional: Ensure a RN is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>Partial provisional: Ensure sufficient HCAs are on staff to accommodate more than two hospital level residents in the apartments.</p> <p>90 days</p>

		<p>are covered by a very experienced enrolled nurse (EN).</p> <p>Partial Provisional.</p> <p>There are sufficient number of HCAs to accommodate one to two residents at hospital level of care. There is one HCA rostered in the morning and one in the afternoon till 8.30 pm. The HCAs in West wing assist when required. There are recruitment plans in place.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. All monitoring charts were completed as per care plan. Each event involving a resident was reviewed by the clinical coordinator. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations are expected to be taken for an unwitnessed fall or a fall involving a head injury. Incident reports reviewed indicate that all neurological observations were not always completed as per policy and procedure required.</p>	<p>Neurological observations were commenced; however, not completed as per the 24 hour post-fall and neurological assessment guidelines policy (reviewed February 2023) for six of eight unwitnessed falls.</p>	<p>Ensure neurological observations are completed as required for all unwitnessed falls.</p> <p>90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>There is a medication policy in place that complies with current legislative and contractual requirements. Medications are stored securely. Temperature checks are recorded and maintained within safe ranges. Controlled drug administration processes are followed and are checked and signed as administered by two medication competent staff. Page 11 of the medication care guide for residential aged care and the facility policy documents the need for weekly stock checks to be recorded in red pen in the controlled drug register. Checks were undertaken fortnightly as per instructions in the front of the controlled drug register and therefore the risk is assessed as low.</p>	<p>Certification: Weekly controlled medication checks were not completed as per policy or as per page 11 of the medication care guide for residential aged care.</p>	<p>Certification: Ensure weekly controlled drug checks are undertaken as per policy and guidelines.</p> <p>90 days</p>
--	---------------	---	--	--

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.