

# Heritage Lifecare Limited - Rosewood Rest Home & Hospital

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## Introduction

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

The audit has been conducted by The DAA Group Limited, 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:** Heritage Lifecare Limited

**Premises audited:** Rosewood Rest Home & Hospital

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

**Dates of audit:** Start date: 7 November 2024 End date: 8 November 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 60

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Rosewood Rest Home and Hospital, known as Rosewood Lifecare, is owned and operated by Heritage Lifecare Limited. Rosewood provides rest home dementia care, hospital level care and specialised psychogeriatric services for up to 66 residents. The service is managed by a care home manager, supported by a clinical services manager and senior registered nurses (RNs). Residents and families spoke positively about the care provided.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, members of the governance group managers, staff, and a general practitioner.

Strengths of the service included the commitment of long-serving staff to the residents. The corrective actions required from the previous audit have been addressed, with improvements made to staff training, service planning and recording the effectiveness of medications administered. As a result of this audit, one area for improvement was identified related to the documentation of informed consent.

## 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.

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

Rosewood works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## 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.

Subsections applicable to this service fully attained.

The service works in partnership with the residents and their whānau or legal representative to assess, plan and evaluate care. Care plans were individualised and based on comprehensive risk-based assessments. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed supported by an approved food control plan.

Residents are referred or transferred to other health services as required.

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

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

Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

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

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

Subsections applicable to this service fully attained.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## **Here taratahi | Restraint and seclusion**

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident who had a restraint in place at the time of audit, with the required consents and approvals in place.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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	17	0	0	1	0	0
Criteria	0	50	0	0	1	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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>Rosewood Lifecare (Rosewood) Heritage Lifecare Limited (HLL) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There is a Māori Health Plan to guide care delivery when there are Māori being supported by the service. The Māori Health Plan incorporates the Whare Tapa Whā model of care, to ensure mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. There were four residents at the time of the audit who identified as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. There were no staff at the time of audit who identified as Māori.</p> <p>The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora</p>

		<p>Waitaha Canterbury), through local Māori health providers and through its local marae.</p> <p>Training on Te Tiriti o Waitangi and cultural safety are part of the training programme. Staff reported, and documentation evidenced, the training had been provided.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Heritage Lifecare understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>There were two staff who identified as Pasifika at the time of the audit. Staff reported, and documentation evidenced, that cultural training had been provided.</p> <p>A Pacific Health Plan is in place which utilises the Fonofale model of care documenting care requirements for Pacific peoples to ensure culturally appropriate services.</p> <p>The plan has been developed with input from cultural advisers. Rosewood has established access to local Pasifika communities through a cultural advisor. There were no residents who identified as Pasifika at the time of the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The code of rights was displayed at the entry of the facility and information included in the admission pack provided to residents and their whānau or legal representative.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Whānau, Enduring Power of Attorney (EPOA) and residents interviewed reported that their property is respected. Facility policy and processes ensure resident finances are protected and staff do not handle residents' money.</p> <p>Professional boundaries are maintained by staff.</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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>PA Moderate</p>	<p>Residents and their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, including residents, EPOA and whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Policy describes consent process and advance directives, including resuscitation status, were well documented. However, documented consents for agreement of care were not sighted in all resident files reviewed; refer criterion 1.7.5.</p> <p>Staff were observed obtaining verbal consents from residents prior to cares, and this was confirmed in resident and whānau/EPOA interviews.</p> <p>All residents in the secure dementia unit or specialised psychogeriatric unit either have a documented EPOA or welfare guardian on file that has been activated by an appropriate medical practitioner, or, in the case of three residents, an application has been made to the courts for a welfare guardian to be appointed.</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. Te Tiriti: Māori and whānau are at the centre of the health</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of The Code of Health and Disability Services Consumers' Rights (the Code). Residents presented with varying levels of capacity and were supported, along with their family/whānau and advocates, to understand their right to</p>

<p>and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>make a complaint and how to do so. Complaint forms and a complaint box were at reception. The Code was available in te reo Māori and English.</p> <p>The care home manager (CHM) is responsible for complaints management and follow-up, with oversight and support from the national quality manager as required. Complaint records showed that there had been two complaints received since the last audit. Each of these complaints was from families, and records showed that these were proactively managed in line with the requirements of the Code. There is one long-standing complaint from the Health and Disability Commission (HDC) that remains open. Requested information has been provided to HDC, and the management of the complaint is now being handled by HLL's quality manager.</p> <p>No other complaints have been received from the Health and Disability Commissioner, Te Whatu Ora – Health New Zealand Waitaha Canterbury or Manatū Hauroa since the last audit. The CHM reported, and documentation evidenced, that a translator would be available to support people if needed. Processes are in place to ensure the complaint process works equitably for Māori, but there was no evidence that any complaints had been received by Māori to date.</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. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Heritage Lifecare Limited (HLL) is the governing body for 42 aged-care facilities across New Zealand. A three-member board of directors is appointed by shareholders, who determine the skills required and the size of the board. Plans are in place for HLL's existing CEO to become chairperson of the HLL board in the new year. Processes are in place to appoint a new CEO to lead HLL's operations.</p> <p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to</p>

		<p>antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Rosewood Lifecare's business plan was sighted and is reviewed quarterly by the CHM and the regional operations manager. The clinical team are guided by the clinical governance policy and the clinical services manager (CSM). The CSM has experience in the aged residential care sector and has been in the role for one year. They oversee clinical care, and monitor, discuss and report on clinical indicators, including medication errors, complaints, compliments, falls, pressure injuries and infections. A sample of their monthly reports were sighted.</p> <p>Rosewood Lifecare has 66 beds, and provides services from three separate units, each focused on providing a particular level of care. The service holds contracts with Te Whatu Ora Waitaha Canterbury to provide rest home level dementia care, hospital level care, including medical and psychogeriatric care, respite care and long-term chronic health conditions. On the day of the audit, Rosewood Lifecare was supporting 60 residents, with 22 people receiving dementia level care in the Totara unit, 20 people were receiving hospital level care in the Rata unit and 18 people were receiving psychogeriatric support in the Rimu unit. One person receiving hospital level care was funded through mental health services, and no one was receiving respite care on the day of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings, surveys, using suggestion boxes or talking with the CHM. The results of the family/whānau survey, and the associated analysis, were reviewed. Corrective action plans had been put in place to address identified areas requiring improvement. The corrective action from the previous audit regarding resident and whānau participation in service planning (criterion</p>

<p>and our health care and support workers.</p>		<p>2.2.1), has now been closed.</p> <p>The 2024 internal audits schedule was sighted. Completed audits include cleaning, laundry, infection prevention, kitchen, meal satisfaction, care planning and the environment. Internal audit results were reported at the staff meetings, and health and safety meetings. These forums are used to review and evaluate progress against established quality outcomes. Where required, corrective action plans were developed and evidence of these were sighted. Each corrective action plan included the area of focus, the improvement action required, the timeframe and the person responsible. Once the corrective action plan had been fully completed, it was signed off by the CHM to document that the issue has been resolved.</p> <p>The service ensures staff can deliver high quality health care for Māori through, for example, training including cultural safety training, cultural assessments and care plans.</p> <p>The CHM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks, and these were reviewed and discussed at staff meetings and at the health and safety meetings. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin.</p> <p>The CHM and clinical service manager (CSM) understood and have complied with essential notification reporting requirements. The Section 31 notifications were sighted, including two for pressure injuries and one for a missing resident. The CHM reported that there have been no police investigations, coroner's inquests, issues-based audits or employment disputes since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A Safe Rostering tool is used, and the facility adjusts staffing levels to meet the changing needs of residents. There is a</p>

<p>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>registered nurse, and at least one trained first aider on site 24/7. A review of the fortnightly rosters confirmed adequate staff cover, with any unplanned absences covered by the service's own casual or permanent staff.</p> <p>All laundry is done on site by the caregivers, who provided feedback during interview that this prevented them from engaging with, and doing activities with, residents. Staff were observed to be folding laundry on the day of the audit and activities were observed to be occurring. Residents' family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>The service is managed by an experienced CHM, who has worked at this facility for five years. The CHM is supported by the CSM, who is an experienced RN, and who has been in the CSM role for the last year. The CHM and the CSM provide afterhours support as required, and staff reported that good access to advice is available when this is needed.</p> <p>The CHM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs) where required. The review of recruitment documentation and employees' files showed that good employment practices were in place.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments, and the corrective action raised at the last audit is now closed. Staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications and have completed or commenced the required dementia training to meet the requirements of the provider's agreement with Te Whatu Ora.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registrations. Annual practicing certificates sighted were current.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred three months</p>

<p>care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Rosewood work in partnership with the resident and whānau to support wellbeing. Six resident files were reviewed and verified that a registered nurse develops a plan of care to suit the resident's needs following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values and beliefs, and which included wider service integration, where required.</p> <p>Assessments included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals or outcomes. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans were developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly, or earlier if clinically indicated. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau were given choices and staff ensured they had access to information. The EPOA or welfare guardian was involved at every step of the assessment, care planning and review process for residents. Those interviewed confirmed active involvement, including for residents with a disability.</p> <p>All residents in the secure dementia and specialised psychogeriatric units had a behavioural management plan in place that identified 24-hour activity needs, behavioural triggers and documented de-escalation techniques to manage and behavioural challenges.</p> <p>When a resident's needs change and there is a change in the level of care</p>



		they require, for example, when a resident requires hospital level care or specialised psychogeriatric care, referral is made to the NASC for reassessment of needs and the EPOA and whānau are kept informed. As Rosewood is able to provide higher levels of care within the facility, it is unusual for a resident to require transfer elsewhere; should this occur staff would assist the resident and/or EPOA to find a suitable facility. Examples of this occurring appropriately were discussed, and the general practitioner confirmed nurses identify when a resident's needs change and they are called appropriately when needed.
<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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly general or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse confirmed this did not occur in the secure dementia units and described how this would be facilitated and managed safely in the hospital should the need arise.</p> <p>Recording of the effectiveness of as-required medication is occurring and the corrective action raised under criterion 3.4.2 at the last audit is now closed.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	FA	The menu has been developed in line with recognised nutritional guidelines for older persons, taking into consideration the dietary needs, intolerances

<p>and consider my food preferences.  Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.  As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>and food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interview.</p> <p>The service operates with an approved food safety plan and current registration.</p> <p>Each unit has a separate servery and snacks such as toast, sandwiches, fruit, yoghurt, biscuits and drinks are available 24 hours a day for residents.</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.  Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.  As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau and EPOA reported being kept well informed during the transfer of their relative.</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.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples’ cultures and comply with relevant legislation. This includes a current building warrant of fitness, electrical and bio-medical testing, and hot water temperatures.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance are required. Spaces were culturally inclusive and suited the needs of the resident groups. Residents, staff and family/whānau were happy with the environment, including heating and ventilation, natural light, privacy, maintenance and outdoor garden areas.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical services manager is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the Heritage Lifecare Limited governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors and required actions. Benchmarking with other facilities in the Heritage Lifecare group occurs. Results of the surveillance programme are reported to management and shared with staff.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event were identified and staff education provided in relation to hand hygiene and outbreak management.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>At the time of audit, one resident had an approved restraint in place. This</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint had only been used twice, and staff reported they now use strategies to manage the person's behaviour, so the use of the restraint has not been required; however, approved restraint remains an option for this resident should the need arise. The restraint records showed that there had been a reduction in restraint use over the past six months, from four restraints used down to one, which is reported through to the governance group. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>
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## 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 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	<p>PA</p> <p>Moderate</p>	<p>Heritage Lifecare Limited policy requires informed consent to be obtained for all residents using the organisation's informed consent documentation. Staff interviewed understood the requirements. However, in four out of six files sampled, the consent documentation was not present in the resident file. This included documentation for two recently admitted residents and two long-standing residents.</p>	<p>Not all informed consent documentation met the requirements of the facility policy.</p>	<p>Ensure all informed consent documentation is fully completed and held in the resident's file.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.