

Rosaria Rest Home 2006 Limited - Rosaria Rest Home

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rosaria Rest Home 2006 Limited
Premises audited:	Rosaria Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 August 2022 End date: 17 August 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	19

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

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

General overview of the audit

Rosaria Rest Home 2006 Limited - Rosaria Rest Home provides rest home care for up to 26 residents. The rest home is a 'niche' facility and provides services to residents that are all of Chinese ethnicity and who speak limited or no English. An independent interpreter was used for all resident and some staff interviews. There have been no significant changes to the service and facilities since the last audit. The registered nurse has returned from long term leave.

This audit was conducted against the Nga Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora. The certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the managers (who are the owners), staff, catering staff, and a general practitioner.

This audit has identified six areas requiring improvement. These relate to management roles, essential notifications, the recruitment process, overdue fire drill, review of care and support plans and the external environment / undertaking electrical test and tagging. A recommendation has been made about adverse event reporting and aspects of internal building maintenance / refurbishment.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

All the residents at Rosaria Rest Home are Chinese as are the majority of staff. There are policies that align with the Te Tiriti o Waitangi and the principles of mana Motuhake. Appropriate cultural supports would be obtained for residents that identify as Māori or Pasifika. The care provided is culturally appropriate for the current residents.

Residents and their families are informed of their rights according to the Code of Health and Disability Services Consumer Rights (the Code) and these are upheld. The rights are displayed at both entrance of the facility in English, te reo Māori and Chinese. Personal identity, independence, privacy, and dignity are respected. Residents are free from abuse.

Residents and families receive information in an easily understood format and feel listened to and included when making decision about care. There are good systems in place around open communication and open disclosure. Interpreter services are provided as needed for residents who are not fluent in Mandarin or Cantonese. Family/whānau and legal representative are involved in decision making that complies with the law. Advocacy directives are followed when required.

Rosaria Rest Home provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific peoples, and other ethnicities.

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The governing body and management team are responsible for delivering safe and appropriate care/services.

The purpose, values, direction, scope and goals for Rosaria Rest Home are documented. Goals are reviewed during annual business planning processes. Performance is monitored and reviewed by the owner/director.

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau are given the opportunity to provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

There is one staff member on duty at night, and more during the morning and afternoon shifts. The manager and the RN are on call when not on site.

Staff are provided with a detailed orientation and ongoing education programme relevant to the facility and level of care provided.

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

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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There is a person-centred approach to care for residents and family from the beginning to the end of their journey at Rosaria Rest Home. An admission pack is provided to the residents and family on admission with relevant information.

The facility works in partnership with the residents and their family to assess, plan, implement, and evaluate care. Care plans are developed for each resident. Residents' files reviewed demonstrated that residents are assessed, and appropriate care is provided and evaluated by the registered nurse with input from other members of the team, in a timely manner. All changes are documented accordingly.

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

The facility has an approved food safety programme. The menu follows a weekly cycle, and it is reviewed by the dietitian every two years. It is appropriate for aged residential care. Individual residents' needs, including preferences, allergies, modified meals, and cultural needs are identified and met.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The facility meets the needs of residents and was warm and clean. Some refurbishment and maintenance is ongoing. There is a current building warrant of fitness. Clinical equipment has current performance monitoring and clinical calibration. External areas provide shade and seating.

Staff are trained in emergency procedures, use of emergency equipment and supplies and fire safety principles. Staff, residents and whānau understood emergency and security arrangements. Call bells are available in appropriate areas. Security is maintained and includes the use of security cameras.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body and management staff at Rosaria Rest Home ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control registered nurse leads the programme.

The infection coordinator is involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has been restraint free since before the last audit and aims to maintain a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit, and restraints have not been used since the last audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	5	0	0
Criteria	0	150	0	1	5	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Rosaria Rest Home provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pasifika, and other ethnicities. The owner/director advised all the residents are Chinese so having Māori centred focus of care is not applicable. However, Rosaria Rest Home (RRH) would work collaboratively with external Māori and Pasifika supports to encourage a Māori/Pasifika world view of health in service delivery if a resident is admitted and reports Māori and Pasifika ethnicity. Organisation policy states an aim to employ staff representative of the residents. The owner/director advises there have not been any staff that identify as Māori applying for job vacancies, however, would be employed if appropriate for the applied role. The director noted that there are significant challenges and constraints in the current labour market, which is a sector wide issue. There are no residents or staff that identify as 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 health outcomes.</p>	FA	<p>A number of policies and procedures are available to guide staff in the care of Pacific peoples. This references the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people, expert advice will be sought if not available from the resident and whānau'. Residents will be encouraged to participate in cultural activities in the community and community groups will be invited to share their culture and knowledge with the care home.</p> <p>Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are currently no residents that identify as Pasifika. Policy states an aim to employ staff representative of the residents. There are staff employed who identify as Pasifika. Due to the size of the service this does not currently include leadership or management roles as these roles are already filled. The Owner/director advised communication with Pasifika organisations would occur for advice and support if this is required for individual resident care in the future.</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 Code of Health and Disability Service Consumers' Rights (the Code) and were observed caring for residents in accordance with their wishes, promoting independence, and respecting their cultural beliefs, values, protocols, and knowledge.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Service (Advocacy Service) as information was provided in their admission pack. Posters are seen at the entrance of the facility. Residents said they were fully aware of who they can go to if they were not happy about anything, and the residents and family/whānau were satisfied that their needs were being met.</p> <p>The Code was displayed in English, te reo Māori and Mandarin. There are also brochures on the Code, advocacy, and the complaints process in the reception/entrance. Staff undergo training on consumer rights and the Code during their orientation at the commencement of</p>

		<p>their employment. There is a policy in place that identifies the need for cultural safety and competency for staff.</p> <p>Two residents asked for a refresher on the Code of Rights as a reminder since they have forgotten what was discussed during the admission process.</p> <p>At the time of the audit there were no residents who identified as being Māori.</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>	FA	<p>Rosaria Rest Home provides care for residents that is inclusive and respects their identity and their experiences. Residents interviewed confirmed they are provided with opportunities to identify any individual spiritual, cultural, or other needs they have on admission, and that they receive services in a manner that has regard for their dignity, privacy, sexual orientation, spirituality, and independence.</p> <p>Staff were observed to maintain privacy throughout the audit. Most residents were in single rooms with their own toilet and wash hand basin but shared two communal showers. The residents in the shared room were married and had chosen to be in the larger room together. Staff were observed to knock on residents' doors prior to entry and ask if the door should be left open or closed.</p> <p>Staff members have training on cultural safety, Tikanga and Te Tiriti of Waitangi as part of mandatory training. The RN can access the local DHB kaumatua for advice and support on the provision of culturally appropriate services, where necessary. However, there has never been a need to do this since Rosaria Rest Home offers and provides care for residents of Chinese origin.</p> <p>There is regular resident, family/whānau satisfaction surveys which give opportunities for feedback about residents' experiences, including food, activities and staff training.</p>
Subsection 1.5: I am protected from abuse	FA	<p>Staff understood Rosaria Rest Home policy on abuse and neglect, including what to do should there be any signs. Residents and</p>

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>family/whānau reported that their property and space were respected.</p> <p>Staff were aware of the requirements established by Rosaria Rest Home in relation to expected staff behaviours and conduct. Professional boundaries are maintained.</p> <p>Residents interviewed reported they feel safe from abuse and have not witnessed any other residents being mistreated. In addition, residents also reported their observation of staff members with other residents which was patient, kind and gentle. On the day of the audit, staff were observed interacting with the residents in a kind patient manner.</p> <p>No concerns were raised by residents, family or staff about racism. The facility manager advised any concerns would be investigated and responded to. Care staff noted the managers were always available to them if they had any concerns.</p> <p>Care is planned to meet the holistic needs of residents and is strengths based.</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>	FA	<p>Residents and family/whānau interviewed confirmed that all communication was open and effective with words including 'informative' and 'reassuring' used to describe staff communication. They confirmed that they received information in a manner that they understood both written and orally. There was evidence of open disclosure, files reviewed showed communication from the RN and family members. Families/whānau are informed of any adverse events affecting their loved ones in a timely manner and were involved in updates on medical reviews.</p> <p>Staff are aware of how to access interpreter services should this be required. At the time of the audit there was one resident requiring an interpreter with a contact name and number of an interpreter for easy access.</p> <p>Residents' notes reviewed, along with interviews with staff, medical professionals, and residents, demonstrated other agencies involved in</p>

		residents' care was professional, timely, open, and appropriate.
<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>Residents are provided with the information to make informed choices related to their care at Rosaria Rest Home. At interview they confirmed that they are asked about their preferences for activities, and their input is sought for their initial care plans, and when these are evaluated.</p> <p>Admission agreements were both in Mandarin for reading and English copies are signed on admission, and included informed consent and authorisation for vehicle transportation, photos, information about use of CCTV in communal areas and public areas, and use of residents' information for newsletters. Where residents are unable to sign admission agreements, there is a process to allow these to be signed by their enduring power of attorney (EPOA).</p> <p>Decisions about resuscitation are made in conjunction with the resident and their general practitioner (GP). All files reviewed included signed documents identifying the residents' status on resuscitation and this is reviewed six monthly. The EPOA documents were also included and discussed. All files reviewed had an EPOA. One was activated at the time of the audit and included the appropriate documentation to support activation. Establishing and documenting EPOA requirements for residents unable to consent were understood by the RN interviewed.</p> <p>Staff members interviewed understood the principles of informed consent. Where advance directives are in place, these are respected.</p> <p>Residents confirmed that they received suitable information during COVID-19 lockdowns, if there was an outbreak with residents or staff, and what was expected of them during that time. At the current national COVID-19 setting, family can visit at any time providing an appointment is made, and they return a negative rapid antigen test (RAT) result. If family are unable to access these at home, then a RAT will be done on site, prior to visiting.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents interviewed with the assistance of an independent interpreter and whānau understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern. One resident noted she had discussed a couple of issues with the managers but had not made a complaint.</p> <p>There has been one complaint received since 1 January 2022. Records showed this complaint has been acknowledged, investigated and followed up in a timely manner. There were no open complaints at the time of audit. The manager is the complaints officer and is supported as required by the registered nurse.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC), Te Whatu ora (TWO) or Ministry of Health (MoH) since the last audit.</p> <p>The complaints management system has not been reviewed to ensure this works effectively for Māori; as there are no Māori residents. Processes would be put in place if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and</p>	PA Moderate	<p>Rosaria Rest Home provides aged related residential care at rest home level of care. Rosaria Rest Home has two owners who are also the directors. One assists with activities programmes twice a week. The other owner/director used to be on site more often, but now has delegated the day to day running of the care home to the manager with the assistance of the registered nurse. The owners/directors have owned the care home since 2006.</p> <p>The manager has worked in the care home since 2017 initially as a health care assistant (HCA) and has progressed to being the manager and reports transitioning to this role around the time of the last audit. The manager has a Master of Business Administration Operations</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>and Logistics from Auckland Institute of Studies (August 2019).</p> <p>The owner/director is responsible for business planning, some aspects of recruitment and all financial processes. The manager is responsible for ensuring the day-to-day care needs of the residents are being met, some aspects of staffing/human resources, maintenance, and quality and risk activities. The manager has not attended over eight hours of education in the past year as required to meet the providers contract with Te Whatu Ora Waitemata. There are some aspects where the manager was unclear about responsibilities. These are areas requiring improvement. The manager is supported by the registered nurse who has a current annual practising certificate, interRAI competency and was employed in 2016. The RN has a diploma in 'English as a second language'.</p> <p>Policies and procedures have been developed by an external consultant and provided to Rosaria Rest Home. These documents have current references including those related to equity and outcomes for Māori. The manager and owner advised cultural advice and support for Māori residents would be accessed in the event this is needed. All the residents identify as Chinese and have limited or no ability to communicate in English. Interviews with residents using an independent interpreter verified residents chose this facility because it is a care home for people of their own culture. There have been no concerns raised about the cultural appropriateness of care provided to residents. The manager and registered nurse have an open-door policy and are available to residents and families at any time.</p> <p>The owner/director and manager have attended training on Te Tiriti and cultural safety. Training on equity has not occurred as yet. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</p> <p>The manager and the RN confirmed a continuing commitment to ensure that the residents receiving services and their family/whānau continue to actively participate in all aspects of planning, implementation, monitoring, and evaluation of their individualised</p>
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		<p>services/care. This includes reviewing services for tāngata whaikaha via the care planning and review process and environment audits.</p> <p>The owner/licensee (governing body) of Rosaria Rest Home assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including clinical governance, that is appropriate to the size and complexity of the organisation • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management <p>The manager and the registered nurse confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with what is now Te Whatu Ora Waitemata (TWOW) for rest home level of care and long-term care chronic health conditions (LTC-CHC). There is another contract with the Ministry of Health for residential non aged care. On the days of audit there are 19 residents receiving care. This included 17 residents receiving long term care and one resident receiving privately funded care while waiting for the needs assessment to be processed. There was also one resident who was under the age of 65 years of age under the Ministry of Health contract.</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</p>	PA Moderate	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and staff training. The manager is responsible for implementation of the quality and risk system with the assistance of the registered nurse.</p>

<p>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>A resident satisfaction survey was undertaken earlier in 2021 with residents being offered the opportunity of providing feedback. Only one resident provided feedback.</p> <p>There are a range of internal audits, which are undertaken using template audit forms. Audits have been completed and corrective actions are developed and implemented to address any shortfalls. There is generally a good level of compliance in the audit results sighted.</p> <p>Organisational policies, procedures and associated documentation are developed by an external consultant and provided to Rosaria Rest Home via email with recent changes made to reflect the Nga Paerewa standards and legislation. These documents are reviewed by the manager on arrival and printed for staff to access in the policy manual.</p> <p>Health and safety systems are being implemented according to the health and safety policy by the management team. There is a current hazardous substance register that was last reviewed in May 2022.</p> <p>Organisation business risks are identified, and mitigation strategies implemented for aspects within the owner/directors and manager's control. The manager and owner/director confirmed changes, or the identification of new risk related to individual resident's care, are brought to their attention promptly. There is a current hazard register. Rosaria Rest Home has not yet included potential inequities in the organisational risk management and review processes.</p> <p>Staff are advised of quality and risk information via staff meeting, shift handover discussions, the communication book and via a staff 'WhatsApp' group. Staff confirmed they are informed of relevant information including infection prevention and control, training topics, hazards, system and process changes and new and amended policy or procedures. While there is satisfaction with services provided there is not yet a critical analysis of organisational practices at the service/operations level aimed to improve health equity within Rosaria</p>
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		<p>Rest Home.</p> <p>Processes related to reporting adverse events / incidents and essential notification are areas requiring improvement. The service is not required to comply with the National Adverse Event Reporting Policy.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented process for determining staffing levels and skill mixes to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters are adjusted in response to resident numbers and level of care and when residents' needs change. There is a minimum of one staff member on duty at night. There are two care staff working full or part shifts on the morning and afternoon shifts. One of the owners assists with the activity programme two days each week for around 90 minutes. Cleaning and laundry services are completed by the care staff over the 24 hours period when resident care has been completed.</p> <p>The manager normally works weekdays from 9 am to 5 pm and assists with activities or care giving duties if required. The registered nurse works 3pm to 11 pm weekdays. The manager and the RN are on call when not on site. This was verified by staff and manager interviews. The registered nurse has interRAI competency.</p> <p>There are designated hours daily for the cook.</p> <p>The staff cultural competency assessment process, which includes equity, has yet to be implemented. Assisting with training and support for people and service providers to maximise people and whānau receiving services participation in the service is under review. Policies include reference to current health information.</p> <p>Continuing education is planned both annually and biannually, depending on the topic. Mandatory training requirements are identified, and relevant competencies are assessed. The training schedule has been recently updated to include topics relevant to the Ngā Paerewa standards. Recent education topics included Covid-19, first aid training, fire safety, infection prevention and control,</p>

		<p>medication management, abuse and neglect, wound care, cleaning and laundry services and behaviours of concern and de-escalation. Applicable staff have medicine competency. The pharmacist has provided an in-service on insulin in August 2022 and the management of residents requiring insulin. Training is provided virtually or on site depending to the Covid 19 alert levels in place.</p> <p>Staff reported feeling well supported and safe in the workplace, including at the cultural level. There are a range of initiatives that provide staff with support and a positive work environment.</p> <p>Current Māori health information is not yet included in the staff training programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Moderate	<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 not being consistently implemented for staff employed since March 2021 in regard to police vetting and applicants filling in an application form. There are applicable position descriptions and current employment contracts. Records of professional qualifications are on file and annual practising certificates (APCs) are checked for currency each year for both employed and contracted registered health professionals.</p> <p>Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least three days orientation/induction including where they are allocated to work with senior staff to undertake role specific training. Additional time is provided as required. A checklist is required to be completed relevant to each role along with a generic facility wide checklist and health and safety checklist.</p> <p>Staff performance is reviewed and discussed annually with records reviewed confirming this has occurred for applicable staff. All staff information on file is relevant, secure and retained in a confidential manner.</p> <p>Staff ethnicity data is being collected and staffing is relevant to the</p>

		<p>ethnicity of residents.</p> <p>Staff advised they have been provided with a high level of support in relation to the national Covid-19 pandemic, and impacts within the care home and local community, and are very satisfied with the supports available to them. Staff note the care home is a 'family environment' and like working here because of the friendship relationships they develop.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Resident records are held in paper version and use an electronic medicine management system. Staff have individual passwords to the medication management system and interRAI assessment tool. The visiting GP documents notes within the resident's notes</p> <p>Allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The external interRAI and medication records provider holds backup database systems.</p> <p>All records sampled were legible, including the time and date and designation of the writer. Progress notes were documented at least daily and sooner where clinically indicated in sampled residents' records. Records were stored in accordance with privacy laws and records can be provided in a format accessible to the resident concerned.</p> <p>Rosaria Rest Home is not responsible for National Health Index (NHI) registration of people receiving services.</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</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements. Although there were no residents who defined as being Māori during the audit, there are policies in place to</p>

<p>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>indicate how their needs would be met.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for other residents.</p> <p>The RN interviewed are familiar with the process for entry and admission. Admission agreements are signed within 10 days of admission and an admission pack is given which includes information about how to make a complaint and/or compliment, and general information about the facility. Two residents interviewed, asked for more information about the Code of Rights since they reported forgetting what was discussed during the admission process. This was passed on to the Facility manager who said this will be covered in an activity session.</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>	PA Low	<p>The multidisciplinary team works in partnership with the resident and family to support wellbeing and is based on individual resident needs (pae ora) outcomes. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Not all care plans are sufficiently detailed regarding residents sensory or medical needs.</p> <p>Assessment is based on a range of clinical assessments and includes residents and family input (where necessary). Timeframes for the initial assessment, medical assessment, initial care plan, long term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations. Long term care plans, short term care plans and interRAI assessments/evaluations were completed by the RN in a timely manner. Evaluations sighted were individualised and indicated the residents' degree of response to the interventions and progress towards achieving planned outcomes.</p> <p>Management of any specific medical conditions were all documented with evidence of systemic monitoring and regular evaluation of</p>

		responses to planned care. When progress is different to that expected, changes are made to the care plan on collaboration with the resident and/or their family. Residents and family confirmed active involvement in the process.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life of the residents. It is managed by the facility manager and one of the owners. The facility manager said they are registered to complete a diversional therapy course which will be completed within the next six months. Prior to the COVID-19 restrictions, the facility manager relied on the support of volunteers; however, there is no community involvement at present due to the current COVID-19 setting.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. During the previous COVID restrictions, there was limited activities on offer, this is changing now, and more activities are being scheduled due to the relaxed restrictions. There are individual and alternate group activities which do reflect residents' goals and interest, and ordinary pattern of life. Since most of the residents identified as being Christians, they have two church services per week, facilitated by the owner.</p> <p>Residents were seen doing tai chi, singing native Chinese folk songs, planting seasonal vegetables, and playing mah-jong.</p> <p>Residents and family are involved in evaluating and improving the programme. Those interviewed confirmed that although there are restrictions due to COVID-19, the programme still meets their needs.</p> <p>At the time of the audit, there were no residents who identified as being Māori.</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>	FA	<p>Rosaria Rest Home has a safe electronic medication management system observed on the first day of the audit. The policy for medication management is current and included all aspects of medicine management in line with the Medicines Care Guide for Aged Residential Care and meets legislative requirements. There is an</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>annual competency programme which ensures all staff involved in medication administration are competent to do so. Medication administration competency forms were sighted.</p> <p>The medication competent care giver who was observed administering medicines demonstrated good hand hygiene, medicines knowledge, and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Each staff member has an individualised logon and password to access the electronic system.</p> <p>Medicines were stored in a locked medication trolley inside the medication room. Other medications were stored in cupboards in the medication room. The temperature of the medication room and medicine fridge were monitored and documented, with temperatures within the recommended ranges. Standing and verbal orders are not used by the service.</p> <p>Controlled medications were stored securely following requirements and were checked by two staff members for accuracy during the administration process. Although there were no residents on controlled medication on the day of the audits, there was evidence in the controlled drug register that stock checks had been carried out weekly by the RN and six-monthly by the pharmacist and RN.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>The GPs complete three-monthly medication reviews consistently as verified on the electronic medication charts reviewed. Evaluation of pro re nata (PRN) medicines administered were completed consistently. Dates were recorded on the commencement and discontinuation of medicines.</p> <p>There were no residents self-administering medication on the day of the audits, although processes are in place should this be required. Residents are provided with information on changes to medicines and</p>
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		doses. Appropriate support and details of medications given at the time of administration.
<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>	FA	<p>The food service is in line with recognised nutritional guidelines for aged residential care.</p> <p>Recommendations made at that time have been implemented. Food preferences for Māori would be addressed as required.</p> <p>The kitchen is managed by two cooks one works two days and the other five days. There is no specific kitchen manager, the facility manager oversees the running of the kitchen.</p> <p>The kitchen service complies with current food safety legislation and guidelines. There is an approved food control plan for the service which expires May 2023. Meals are prepared on site and served in the dining room and transported to residents' rooms via hot boxes. The menu was reviewed by a registered dietician on 3 July 2022 and is run on a four-weekly cycle.</p> <p>The rest home cooks are aware of the dietary needs of the residents via their diet profiles. These are developed on admission and include the residents' dietary requirements, likes and dislikes. All alternatives are catered for. There is a hot meal at lunch which is the main meal and a lighter meal for dinner. Diets are modified as required and the cook demonstrated understanding of these, there were no residents requiring a modified diet at the time of the audit. The facility manager confirmed that there are snacks available 24 hours a day, seven days a week. There is always enough food should residents want more.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken on a documented schedule and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records or use by dates recorded on the containers and no items were expired. Thermometer calibrations were completed. Records of temperature monitoring of food, fridges and freezers are maintained and</p>

		<p>documented.</p> <p>The residents and families interviewed indicated satisfaction with the food service, including residents with specific diets (e.g., diabetic, gluten and dairy free).</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family to ensure any identified risks are mitigated. Family reported being kept well informed during the transfer of their relative. Residents identifying as Māori would be referred to Māori support services if this is required.</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>	PA Moderate	<p>The environment was comfortable and accessible, promoting independence and safe mobility inside and some outdoors areas. Some paths and deck areas are slippery, cardboard waste has accumulated, and electrical test and tagging of electrical equipment has not occurred. These are areas requiring improvement.</p> <p>There is a current building warrant of fitness and clinical equipment has current performance monitoring / calibration.</p> <p>The manager is responsible for ensuring the facility is maintained and examples were provided of work ongoing. Refurbishment is ongoing with three bedrooms being renovated and one bathroom /shower has been fully renovated. Some communal areas of the care home are in need of repair/maintenance. Records are not available to verify the new ensuite toilets align with the building code.</p> <p>There are a total of 23 bedrooms and 27 beds. There are three rooms</p>

		<p>that are suitable for the care of two persons. These are used for couples. Two of these rooms were in use at the time of audit. There are grabrails on the bathroom and toilet walls, in the hallway and call bells are readily located in bedrooms and bathroom areas.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs, including recreation needs of the resident groups. There are adequate numbers of bathroom and toilet facilities throughout the facility.</p> <p>Residents interviewed with the assistance of an interpreter, and family/whānau were happy with the environment, including heating and ventilation, privacy, and the external areas.</p> <p>There is a facility vehicle. This was not on-site during audit but the manager and RN confirmed is available for transporting resident's as, when and where required.</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>	PA Moderate	<p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. This includes water, food supplies, extra blankets, lighting, a BBQ and gas bottle and other consumable.</p> <p>Staff have been trained and knew what to do in an emergency. There is always a staff member on duty with a current first aid certificate.</p> <p>There is a fire evacuation plan that has been approved by Fire and Emergency New Zealand (FENZ) in place dated 30 June 2002. Fire evacuation drills have not been conducted six monthly. This is an area requiring improvement.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use for external and entrance areas and communal internal areas. There is external signage that alerts visitors that cameras are in use. There is a locked gate at the end of the driveway</p>

		<p>with keypad codes to enter and leave the property. This gate is kept locked. The manager advises this is because there is a significant construction project occurring on the adjacent property which has affected traffic flow and vehicles are obstructing some footpaths. This was observed during audit. For safety residents that want to go out the gate are accompanied by staff or family members to ensure the residents safety. Visitors are required to call using the intercom and will be given access. Due to the Covid-19 restrictions at the time of audit, family/whānau are required to call from the gate and Covid-19 risk screening is conducted for all visitors prior to entry including a rapid antigen test.</p> <p>Residents and family / whānau confirmed they were satisfied with security arrangements.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements. There are fire evacuation instructions in resident bedrooms written in Chinese. These were reviewed and verified by the independent interpreter.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported on monthly by the registered nurse. The manager and owner/director confirmed they are kept well informed, and information is readily available at any time.</p> <p>The manager and the owner/director confirmed there is prompt reporting of any new concerns. The owner/director confirmed being aware of the infection control programme and stated they have approved this for use at Rosaria Rest Home. The owner/director discussed the IP activities occurring on site as detailed in the programme.</p> <p>The general practitioner provides initial support and advice. The management team advise the portfolio manager and other staff at Te Whatu Ora Waitemata including the nurse specialists, district nurses, infection prevention and control nurse specialists and public health</p>

		<p>advice would be sought where clinically indicated from the DHB and / or laboratory staff. Te Whatu Ora Waitemata provided support to Rosaria Rest Home during the Covid-19 outbreak.</p> <p>The manager and RN advised there are multiple methods in place to communicate with staff of any changes in Covid-19 related risks and the management strategy.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IPC and AMS programmes are appropriate to the size of the service, have been approved by the owner/director, link to the quality improvement system and are reviewed and reported to the owner monthly. The review includes an assessment of the infection control data, training, infection prevention and control audits, policies, and procedures.</p> <p>The role of the IPC coordinator is undertaken by the RN who liaises with the facility manager and senior care givers. The IPC coordinator has access to external specialist advice from GPs and the DHB infection specialist as needed. A documented role description for the IPC coordinator, including roles and responsibilities, is in place.</p> <p>Staff are made aware of current acute infections during daily handovers between each shift, in the progress notes and in staff meetings. There are processes in place to isolate infectious residents as required. Single use items are used for procedures and no equipment is sterilised onsite.</p> <p>Rosaria Rest Home provides relevant training. There were adequate supplies of personal protective equipment (PPE) and hand sanitiser dispensers throughout the facility. Hand washing audits were completed. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>There is a pandemic outbreak plan available. Information and resources to support staff with managing COVID-19 were regularly updated and followed the MoH and DHB guidelines. Visitors are screened prior to visiting and must produce a negative rapid antigen test (RAT) prior to entering the care facility, staff must also present a</p>

		<p>negative RAT test prior to each shift.</p> <p>There are no plans in place to extend the service/facility on the site which would require input from the IPC coordinator. Educational resources in te reo Māori would be accessed from the DHB if required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme uses national guidelines. They are personalised to, and appropriate for, use at Rosaria Rest Home.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>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. It is relevant for the residents being cared for at Rosaria Rest Home. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff during staff meetings and handover, as well as the facility manager and the owners. There is no current data benchmarking since Rosaria Rest Home is a standalone facility. There are plans in place to work in collaboration with other facilities within the Chinese community.</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</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for facility equipment indicated frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from</p>

<p>within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>residents through the satisfaction survey and internal audit processes. Family interviewed were complimentary on the cleanliness of the facility. The cleaning of the facility is currently carried out by one of the care givers and one is identified on the roster each shift to carry out cleaning duties.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms which are locked when not in use.</p> <p>Laundry is undertaken onsite and is monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint free environment is the aim of Rosaria Rest Home. At the time of audit, no residents were using a restraint, and this has been the case since the last audit. The owner/director, the RN and the manager advised the use of restraint does not align with the philosophy of care. In the event restraint use is considered, this would be as a last resort when all alternatives have been explored and would require discussion with and specific agreement from the owner/director, manager, registered nurse, general practitioner, and resident and / or whānau/EPOA. The non-use of restraint is discussed at the regular staff meetings. The restraint register reviewed noted restraints have not been used since the last audit and this was verified by staff and the RN (who is the restraint coordinator), interviewed.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, and de-escalation techniques most recently in January 2022, which was attended by nine staff.</p> <p>An annual restraint compliance audit is undertaken, and this includes</p>

		an assessment of 10 factors.
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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 2.1.3</p> <p>Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.</p>	<p>PA</p> <p>Moderate</p>	<p>The manager works on site full time and is responsible for the day-to-day oversight of resident care with the assistance of the registered nurse who also works full time. The RN normally works afternoon shifts into late evening weekdays and works 37.5 hours a week. While there are position descriptions that detail the role of the manager and RN (these are detailed in policy), there are aspects where the owner/director and manager each thought the other was undertaking the activity. For example, police vetting and essential notifications. Refer to the areas identified as requiring improvement in 2.2.6 and 2.4.1.</p>	<p>There is some uncertainty between the owner/director and the manager as to who is responsible for some aspects of management and what is to be included. This has led to gaps in process for example related to recruitment and essential notification.</p> <p>Records are not available to demonstrate that either the manager has completed eight hours of education in the last 12 months related to managing an aged related residential care facility.</p>	<p>Review the roles and responsibilities of the owner/director and manager are ensure the roles and associated responsibilities are comprehensive and clear.</p> <p>Ensure the manager undertakes at least eight hours of education per annum related to management of aged related are facilities.</p> <p>60 days</p>

<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA Moderate</p>	<p>Events were discussed at audit of an event that occurred in late July 2021 where a resident with cognitive impairment had absconded and was found and brought back by the owner/director at 5.30 pm at night. This event was not reported as a section 31 notification.</p> <p>The Te Whatu Ora portfolio manager was notified via email (sighted) on the unexpected death of a resident in November 2021. This death was reported to the coroner by the general practitioner as verified during interview with the GP. A section 31 notification was not made to the Ministry of Health.</p> <p>The RN and manager were aware of the other type of events that required essential notification including not having a RN, stage three or higher-pressure area, and serious harm events.</p> <p>The manager advised the DHB was notified of and provided support in November 2021 when there were five residents with Covid-19.</p>	<p>Not all applicable events requiring essential notification have been reported to the Ministry of Health.</p>	<p>Ensure all applicable events are reported to the appropriate authority in a timely manner.</p> <p>90 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>The recruitment process is documented and template forms are available for use including an application form and reference checking form. Eight staff files were reviewed. Application forms and police vetting records were not present for the three sampled staff employed since March 2021 The</p>	<p>The recruitment process for the three sampled staff employed since March 2021 does not include completing an application form or undergoing police vetting.</p>	<p>Ensure all aspects of the recruitment process are improvement including police vetting and appropriate records are retained.</p>

		sample size was increased due to this nonconformity. The manager and owner/director each share some recruitment responsibilities with the owner/director having final decision making, issuing the employment contract and maintaining the human resource files. Police vetting had not occurred for new employees as the manager was unaware of this requirement and the owner/director had thought the manager had completed these tasks as part of the recruitment process.		90 days
<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</p>	PA Low	Each resident has a long-term care plan, and short-term support plans are developed when required for short term or new needs. Care plans are developed with input from the resident's and family. However, resident support plans do not consistently clearly detail individual resident care needs for medical conditions. For example specific dietary and sensory needs. However, despite this, care staff interviewed were aware of the resident's individual care needs as these had been communicated to care staff via other means including shift handover.	Two out of five files reviewed did not have enough specific intervention to address specific care needs of the residents with specific medical and sensory needs.	<p>Ensure support plans interventions are resident focused with specific steps to deal with the identified medical conditions.</p> <p>90 days</p>

process and that any changes are documented.				
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>There are areas outside the care home where residents can mobilise and exercise. This was observed on the first day of the audit when the weather facilitated residents walking around the front of the building and the driveway independently and using a range of mobility devices as appropriate. The deck area between the small lounge and the large lounge had moss on it as did the rear path to the vegetable garden and this poses risk to residents of slipping or falls.</p> <p>There were large piles of empty cardboard boxes on the ground by the staff shed and on the side deck outside a resident bedroom.</p> <p>Electrical test and tagging of electrical equipment has not occurred. All sampled electrical devices did not evidence a tag and there were no other records provided to demonstrate test and tagging had been undertaken.</p>	<p>There are pathways and deck areas that have moss on the deck / path and is a slip hazard.</p> <p>There are cardboard boxes stacked in the grounds including on the deck area outside a resident bedroom.</p> <p>Electrical test and tagging of electrical equipment is not occurring.</p>	<p>Ensure all external areas including decks and paths are safe for resident use.</p> <p>Remove cardboard stockpiles.</p> <p>Undertake test and tagging of electrical equipment as required.</p> <p>90 days</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	<p>PA Moderate</p>	<p>While staff have been provided with training on fire evacuation and fire safety procedures as part of the ongoing staff education programme, most recently 9 June 2022, a fire evacuation drill have not been conducted since 21 April 2021 as</p>	<p>A fire evacuation drill has not been conducted since 29 April 2021.</p>	<p>Undertake six monthly fire evacuation drills as required and maintain records to verify these have occurred and the staff that attended.</p>

		verified by interview with care staff. The manager stated this was because of Covid 19 precautions.		30 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.