

Heritage Lifecare Limited - Roseneath Lifecare

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 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: Heritage Lifecare Limited

Premises audited: Roseneath Lifecare

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

Dates of audit: Start date: 17 October 2022 End date: 18 October 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: 39

Executive summary of the audit

Introduction

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

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

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 |
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|  | 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 |
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| 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

Roseneath Lifecare (Roseneath) provides rest home, hospital, dementia, respite, and long-term chronic health support services for up to 44 residents. It is owned and operated by Heritage Lifecare Limited. The only significant change to the service and facilities since the previous audit is the appointment of a new village manager on 16 May 2022 and a clinical services manager on 2 August 2021.

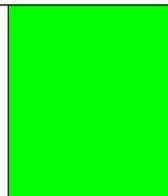
This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Wairarapa. The audit process considered a sample of relevant policies and procedures, residents' and staff files, observations, and interviews with residents, whānau, managers and staff, a general practitioner and a specialist palliative care nurse. Residents and their whānau were positive about the care provided.

A full-time experienced village manager manages the service, supported by an experienced clinical manager.

Areas requiring improvement identified during this audit process relate to aspects of quality management, staffing levels, staff orientation and education, interRAI assessment and care planning, and restraint. Findings from the previous certification audit (HDSS 2008) in relation to staffing levels and interRAI and care planning remain open. Findings in relation to document control, adverse event reporting, evaluations for resident monitoring, and water temperature monitoring have been addressed and closed.

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.

Roseneath works collaboratively with staff, residents and whānau, to support and encourage a Māori world view in all aspects of service delivery. A number of the workforce at Roseneath identify as Māori. Residents who identified as Māori said they are treated equitably and that their mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori is incorporated in daily practices.

A Pacific plan and related policies and procedures guide staff in delivering pacific models of care to residents who identify as Pasifika.

Residents and relatives confirmed that they are always treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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| <p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p> | | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
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The service is governed by Heritage Lifecare Limited. The directors work with senior managers to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals. There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements.

Quality data including adverse events are analysed to identify and manage trends. All incidents are being reliably reported and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

The management team have the required skills and experience to manage the service. Staffing levels and skill mix does not currently meet the cultural and clinical needs of residents as assessed by the service's acuity tool and there are deficits in education and activities in the dementia unit.

Staff competencies are defined. Orientation and ongoing learning requirements are identified. Staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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 medium or high risk and/or unattained and of low risk. |
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Residents entering Roseneath receive care that adopts a person-centred and whānau-centred approach. Roseneath carries out routine analysis of entry and decline rates. This included specific data for entry rates for Māori. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and whānau.

Care plans are individualised and demonstrate wellbeing outcomes for Māori.

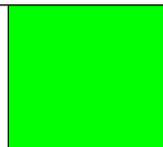
The facility activity programme offers a range of activities and incorporates the cultural requirements of the residents. All activity plans for residents are completed in consultation with EPOA/whānau with residents noting their activities of interest. Residents and EPOA/whānau expressed satisfaction with the activities programme in place in the hospital and rest home areas.

Medicines are stored safely. All residents, including Māori residents and their whānau, are supported to understand their medications.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau are enabled to have food options that are culturally specific to te ao Māori addressed.

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

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



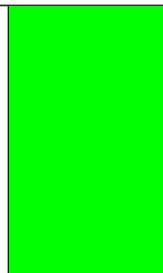
Subsections applicable to this service fully attained.

The environment is homely, safe, is fit for purpose and supports independence. Resident areas are personalised. Spaces were culturally inclusive, suited to the needs of the resident groups and reflect cultural preferences. The building warrant of fitness is current.

Fire and emergency procedures are documented, and related staff training has been carried out. Emergency supplies are available. All staff are trained in the management of emergencies and first aid certified staff are available on every shift. Security is maintained and hazards identified.

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.

Roseneath ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is coordinated by the clinical services manager. There is a pandemic plan in place which is tested periodically.

Surveillance of infections is undertaken, and results are monitored and shared with all staff. Action plans are implemented as and when required.

Here taratahi | Restraint and seclusion

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| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. | | Subsections applicable to this service fully attained. |
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The governance group are aware of their responsibilities in respect of restraint elimination, and restraint data is presented at board meetings. When restraint is used, this is as a last resort after all alternatives have been explored.

Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for restraint management. A restraint register, and a comprehensive assessment, approval, monitoring, and evaluation process is in place though reviews, evaluation, and monitoring of restraint are not conducted as required by the Standard. Staff interviewed demonstrated a sound knowledge of the restraint process.

There are clear lines of accountability for restraint use, one restraint was in use by a resident during the audit. Family/whānau and/or enduring power of attorney (EPOA) were involved in decision making for restraint use.

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 | 18 | 0 | 0 | 4 | 0 | 0 |
| Criteria | 0 | 47 | 0 | 1 | 4 | 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 |
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| <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>Roseneath Lifecare (Roseneath) has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan is in place and care planning for Māori incorporates cultural needs and engagement in te ao Māori. There were Māori residents in the facility during the audit who confirmed that mana motuhake is respected. The service utilises the te whare tapa whā model of care.</p> <p>The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. Staff who identify as Māori are employed at all levels of the organisation.</p> <p>Roseneath has not yet developed meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. They have access to two kaumatua, from two different Marae, through staff relationships, however a formal agreement is not yet in place.</p> |

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| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>FA</p> | <p>Roseneath has a Pacific Health Plan in place to guide staff to equitably meet the care needs and cultural considerations of Pacific peoples. The plan was designed in partnership with Pacific communities and outlines Pacific models of care.</p> <p>On the day of audit, there were staff who identified as Pasifika but no residents. Staff who identify as Pasifika confirmed that they would have input into care planning activities for residents should this be required.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Code of Health and Disability Service Consumer Rights (the Code) is available and displayed in English, Māori and New Zealand Sign Language (NZSL) throughout the facility.</p> <p>Residents who identified as Māori said that all staff respect their rights, that they are supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring Power of Attorney (EPOA)/whānau or their representative of choice are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>The service is guided by the Māori health Plan when required for residents who identify as Māori. There has been no education/training on the Code of Rights, Te Tiriti o Waitangi, or cultural safety over the last two years but training on cultural safety is planned to occur on 19 October 2022 (refer criterion 2.3.4).</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</p> | <p>FA</p> | <p>The admission process at Roseneath ensures that, residents and their whānau are involved in determining their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> |

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| <p>experiences.</p> | | <p>Residents' privacy, dignity, confidentiality, and preferred level of interdependence are respected. The clinical services manager (CSM) and Village Manager (VM) reported that residents are supported to maintain their independence. Residents were able to move freely within and outside the facility. Residents in the secure unit, are able to move freely in and out, within the constraints of the safe environment.</p> <p>There is a documented privacy policy that references current legislation requirements. All but two residents, who are a couple and share a room, have a private room. Staff were observed respecting residents' personal areas and privacy by knocking on the doors before entry.</p> <p>Roseneath is able to respond to the needs of tāngata whaikaha and enable their participation in te ao Māori.</p> <p>The VM has completed training on Te Tiriti o Waitangi, however the care staff have not (refer criterion 1.4.5 and 2.3.4). Interviews verify care staff understand what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. The organisation has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and whānau reported that their values, beliefs, and language is respected.</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>The CSM and VM stated that any observed or reported racism, abuse or exploitation at Roseneath is addressed promptly and they are guided by the code of conduct. The service promotes an environment which enables it to safely question whether institutional and systemic racism is operating. The organisations policies include a commitment to diversity and inclusion.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p> |

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| | | <p>During interview, the CSM stated that a holistic model of health at Roseneath is promoted, that encompasses an individualised approach that ensures best outcomes for all.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>Six staff who identify as Māori, and resident's whānau assist staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them. Roseneath has access to two locals kaumatuas, from two different Marae, who are able to assist residents if required. Files reviewed of residents in the secure unit had an activated EPOA in place.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their whānau are provided with information regarding the complaints process, and advocacy services, on entry. Information regarding the complaints process is displayed and is available in te reo Māori and there are processes in place in policy to ensure complaints from Māori will be treated in a culturally respectful and equitable fashion with support from kaumatua if required. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been two complaints since the last audit; one complaint from Te Whatu Ora Wairarapa and one verbal complaint from a resident about the actions of another resident. Both have been responded to in line with Right 10 of the Code but remain open.</p> |

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| <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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Roseneath is governed by the directors of Heritage Lifecare Limited. The board assumes accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi, defining a governance and leadership structure (including for clinical governance) that is appropriate to the size and complexity of the organisation, and in appointing an experienced and suitably qualified person to manage the service. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, and tāngata whaikaha. This was supported by interviews with staff, residents and their whānau. Members of the board have completed education in Te Tiriti, health equity, and cultural safety.</p> <p>The service holds contracts with the Te Whatu Ora Wairarapa for aged related residential care (ARRC) in rest home and hospital care, short-term respite care, dementia care and long-term support-chronic health conditions (LTS-CHC). Thirty-nine (39) residents were receiving services on the day of audit. Fifteen (15) residents were receiving rest home services, 10 were receiving hospital services, 13 dementia services and one LTC-CHC. There were no residents receiving services under the respite contract on the day of audit.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>The board, through its policy, is responsible for identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented quality and risk management system which includes processes to meet health and safety requirements, this includes an organisational strategic plan and a site-specific business plan and risk management plan. The plans describe potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and board reporting documents. Ethnicity data is being consistently gathered for residents and staff. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. High-quality care for Māori is embedded in</p> |

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| | | <p>organisational practices and the effectiveness of this was confirmed by residents and their whānau, and from staff who identify as Māori.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, and resident and whānau satisfaction surveys. All of which are analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. The service complies with statutory and regulatory reporting obligations.</p> <p>Quality and risk issues identified as requiring attention at the last audit have been corrected. Policies and procedures have been reviewed, there is a document control process in place and archived documents are stored appropriately (HDSS 2008; 1.2.3.4). Quality data is analysed in line with the risk management plan (HDSS 2008; 1.2.3.6). Incidents have been followed through to manage risks and improve service delivery (HDSS 2008; 1.2.4.3).</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Moderate</p> | <p>The VM and CSM work Monday to Friday and are available on call as required. There is a documented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7), including the requirements of the Te Whatu Ora Wairarapa contract for dementia level care. The service has an acuity tool to measure the requirements of residents depending on their needs. Based on the outcomes of the tool which measures acuity, staffing levels and skill mix do not currently meet the cultural and clinical needs of residents (refer criterion 2.3.1). At interview, residents and their whānau, and staff noted that there is pressure to complete work and residents and staff feel rushed. Staffing is an area identified as requiring attention at the last audit (HDSS 2008; 1.2.8.1) and continues to require attention. The issue in relation to having a staff member who is first aid certified on every shift (HDSS 2008: 1.2.8.1) has been corrected.</p> <p>Managers of the service acknowledge that there have been challenges due to COVID-19, the difficulty recruiting RN staff and RN staff turnover to other health care providers. Twenty (20) section 31</p> |

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| | <p>notifications have been made to the Ministry of Health (MoH) between in 2022 related to the RN shortage. The service is continuing recruitment activities to recruit RN staff. Not all of the staff who are working in the dementia unit have the required qualification or have commenced study for that qualification to meet the requirements of the contract with Te Whatu Ora Wairarapa (refer criterion 2.3.1).</p> <p>The service employs one diversional therapist who works one day per week and one activities coordinator who provide activities in the rest home/hospital area Monday-Friday. There is no designated activities staff (or an activities programme) being delivered in the dementia unit. Domestic (cleaning and laundry) and food services are carried out by dedicated staff seven days per week. Support staff also includes administration and a maintenance officer who work Monday to Friday.</p> <p>Māori related information is shared in the organisation through policy and procedure, the care planning process, and through communication with residents' and their whānau. Interviews with residents and their whānau confirmed that this is appropriate for them.</p> <p>Competencies of staff are managed and monitored including competencies on medication, manual and safe handling, infection control, chemical use, fire and emergency management, and restraint. Medication competency was in place except for one RN (see criterion 2.3.1).</p> <p>Education is planned on an annual basis. It includes topics such as infection control, management of emergencies, manual handling and safe transfer, resident cares, residents' rights, restraint, cultural safety, Te Tiriti o Waitangi and tikanga practices but does not include equity, caring for tāngata whaikaha, and management of complaints. The programme has not been fully delivered over the last two years. There has been no training on the code of rights, abuse and neglect, complaints management, and cultural safety (refer criterion 2.3.4). Education/training on Te Tiriti o Waitangi planned for 19 October 2022.</p> <p>Care staff have access to a New Zealand Qualification Authority</p> |
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| | | (NZQA) education programme, which includes dementia, to meet the requirements of the Standard and the provider's agreement with the Te Whatu Ora Wairarapa. Two of the RNs employed by the service maintain interRAI competency. |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>PA Moderate</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 except in the area of orientation (refer criterion 2.4.4). Records are kept confirming that all regulated staff and contracted providers have proof of current membership with their regulatory bodies (e.g., the NZNC, the NZ medical council, pharmacy, physiotherapy, and podiatry board).</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>Residents are admitted to Roseneath when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the levels of care Roseneath provides. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Roseneath carries out routine analysis of entry and decline rates. This included specific data for entry and decline rates for Māori. In the files reviewed of residents in the secure unit, an activated EPOA in place, specialists' authorisation for placement and an admission agreement signed by the EPOA was sighted.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and whānau.</p> <p>Roseneath has at the time of audit not developed meaningful</p> |

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| | | <p>partnerships with the local Māori community organisations to benefit Māori individuals and whānau. They have access to two kaumatua, from two different Marae, through staff relationships, however a formal agreement is not in place.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>PA Moderate</p> | <p>The multidisciplinary team at Roseneath works in partnership with the resident and whānau to support the resident’s wellbeing. Eight residents’ files were reviewed. Three of these were hospital files, two rest home, and three from the secure dementia unit. Files included residents who were under 65 years, on a long-term chronic health contract, who identified as Māori, have a pressure injury, using restraint, and a resident with a behaviour that was challenging. Files reviewed verified a care plan is developed by a RN following comprehensive assessment including consideration of the person’s lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment and initial care plans met contractual requirements up to November 2021. Since then, documented nursing assessments, and long-term care plans have not been kept up to date. This was verified by sampling residents’ records, from interviews, and from observations. This is an area identified as requiring attention at the last audit (HDSS 2008; 1.3.3.3) and continues to require attention. The RN shortage has impacted on interRAI assessments and long-term care plans not being kept up to date (refer criterion 2.3.1), During this time short term care plans have been put in place to ensure the residents receive the required care.</p> <p>A previous corrective action (HDSS 2008: 1.3.8.2) around evaluations not occurring across many areas of the service has been addressed. Short term care plans, the monitoring of weights, recording neurological observations and post fall assessments, wound evaluations and the effectiveness of pro re nata (PRN) medication are all observed to be consistently evaluated and</p> |

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| | | <p>changes implemented when the desired outcome is not achieved.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Three residents were reviewed in detail using tracer methodology, one from the hospital, one from the secure dementia unit and one from the rest home.</p> <p>A resident admitted to Roseneath for hospital level care had an initial assessment and care plan developed that addressed a range of the resident's needs. The resident has several co morbidities. Management strategies of these risks is managed in line with best practice standards. A recent deterioration resulted in the resident requiring admission to an acute facility. The resident has since returned and is requiring comfort cares, in addition to the management of four pressure injuries (PI). The interRAI assessment has not been updated, to reflect a change in care, nor has the long-term care plan been updated (refer criterion 3.2.5). The CSM has put a short-term care plan in place, that identifies the change in strategies to manage the residents care, in the meantime. A section 31 notification to the Ministry of Health (MoH) was made on 17 October 2022. The resident was observed to be comfortable, with pain management being effective. A pressure relieving mattress was in place and the residents personal care needs had been addressed. Wound care is being provided as per the wound care plan. A request for input from the wound care nurse specialist has been made. An interview with the resident's family member, expressed satisfaction with the care. The resident was unable to provide feedback.</p> <p>The rest home resident was admitted with a chronic condition requiring oversight from Roseneath. There is a comprehensive care plan in place that evidenced an individualised approach to the care required. Clinical assessments were sighted, and the resident was evidenced to be stable at this time. A recent flare up required medical intervention, this posed a problem as the resident was using their</p> |
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| | | <p>own GP and the GP was unable to be contacted. The required medication was obtained however, and the resident improved. A short-term care plan was in place to manage that event. An interRAI assessment had been completed in January 2021, and a long-term care plan in July 2021. There have been no updates since (refer criterion 3.2.5). The resident has been reviewed by their own GP/Nurse practitioner (NP) in a timely manner, and the medical notes evidenced the resident is stable. An interview with the resident evidenced a high degree of satisfaction with the care provided by the care staff at Roseneath. Comments were made in regard to the challenges staff faced due to staffing shortages, and the recent staff turnover.</p> <p>A resident in the secure unit had an activated EPOA in place and specialist's authorisation for placement. The resident was observed to be well cared for, with personal cares attended to. The residents' needs are well documented in the care plan, using the Te Whare Tapa Whā model of care. A behaviour assessment has been completed and identifies no areas of behaviour challenges. The other aspects of the residents' needs were well documented. Social assessment was completed on admission and identified the resident's skill, strengths and interests, however there is no activities programme in place, or activities observed that address those interests. A twenty-four-hour clock has been filled out to evidence 24 hour needs; however, this does not include previous lifestyle patterns (refer criterion 3.2.3). The resident is observed to be settled and engaging in song and chatter with the staff and other residents. A telephone interview with the resident whānau expressed satisfaction with the care provided by Roseneath.</p> <p>Interviews with the staff, verified their familiarity with all aspects of the care these residents require. Updates on care are provided by verbal instruction and RN/CSM guidance rather than through reading care plans. A telephone interview with the GP also evidenced satisfaction with the care provided by Roseneath. A concern was expressed around the clinical skill base to do assessments after hours when an RN was not on site (refer criterion 2.3.1).</p> |
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| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated at Roseneath. Māori language week, Matariki and Waitangi Day were celebrated. Māori signage is all around the facility as are paintings and colouring. One of the activities staff identifies as Māori and with the support of the CSM and fellow Māori staff promote the culture. Prior to COVID-19 restrictions being in place, several community groups including the local kapa haka groups visited Roseneath, however this has not occurred during the COVID-19 outbreak but will recommence soon.</p> <p>The activities programme sighted supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents (including those in the secure unit) who identify as Māori are encouraged to connect or reconnect with their communities. Recent activities include making poi, singing Māori songs, learning Māori sayings and learning about Matariki.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>PA Moderate</p> | <p>The medication management policy is 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 bar one RN who administer medicines are competent to perform the function they manage (refer criterion 3.4.3).</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>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines that were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medication chart. Standing orders are not used at Roseneath.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> |

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| | | Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. |
| <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 provided at Roseneath is a contracted service and is in line with recognised nutritional guidelines for older people.</p> <p>Each resident has a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. Residents in the secure unit have access to food at all times of the day or night.</p> <p>Whānau/EPOA are welcome to bring culturally specific food for their relatives. The interviewed residents and whānau/EPOA expressed satisfaction with the food options available to them.</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 whānau. The resident and whānau interviewed reported being kept well informed during the transfer of their relative, as was evidenced on the day of audit with a transfer being organised.</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</p> | FA | <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> |

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| <p>around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | | <p>The building warrant of fitness expires on 28 June 2023. Spaces promote independence and safe mobility and were culturally inclusive and suited the needs of the resident groups with smaller spaces for the use of residents and their visitors. Residents and their whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There are currently no plans for further building projects requiring consultation. The VM interviewed is aware of the requirement to consult with Māori if this is envisaged in the future.</p> <p>The issue of water temperature monitoring identified as requiring attention at the last audit (HDSS 2008; 1.4.2.4) has been corrected. Records show that water temperatures have been consistently checked monthly and deficits corrected and documented.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | FA | <p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 23 October 2012. The scheme requires trial evacuation, and this was carried out on 22 August 2022.</p> <p>Residents and staff were familiar with emergency and security arrangements. Staff wear identification badges and utilise masks in resident areas. Appropriate security arrangements are in place, external doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building.</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</p> | FA | <p>The CSM is the infection prevention and control coordinator (IPCC) and is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the VM. The infection prevention (IP) and antimicrobial stewardship (AMS) programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought</p> |

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| <p>prevention programme that is appropriate to the needs, size, and scope of our services.</p> | | <p>when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>A pandemic preparedness plan is in place, and this is reviewed at regular intervals. Sufficient IP resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through the education programme and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. The organisation is in the process of accessing educational resources in te reo Māori.</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 (HAI) at Roseneath is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Roseneath uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data at this time does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p> <p>There have been a number of outbreaks of COVID-19 at Roseneath between April and September 2022. Residents affected were isolated in their rooms, the unit was closed, and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora Wairarapa were informed of the outbreak.</p> <p>All staff and visitors at Roseneath, wear masks.</p> |

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| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The service aims for a restraint free environment. The governance group are aware of their responsibilities in respect of restraint elimination, and this is outlined in policy and procedure. Restraint data is aggregated and reported at board meetings. At the time of audit, a 'fall out' chair was in use. Whānau and/or EPOA were involved in decision making, however, restraint review was not carried out as required (refer criterion 3.2.5).</p> <p>The restraint coordinator is a senior RN who has a defined job description outlining the role, providing support and oversight for any restraint management should this be required. A restraint register is in place. Policies and procedures are in place to guide staff in the safe use of restraint and staff were able to describe safety requirements.</p> |

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | <p>PA</p> <p>Moderate</p> | <p>Four weeks of rosters were reviewed. The CSM will cover RN deficits to ensure that there is at least one RN on one of the duties over a 24-hour period. On the rosters reviewed, there was one RN on either a morning, afternoon or night shift over the seven days. Where an RN was not available over the 24-hour period, the shift was covered by the CSM, otherwise senior medication competent caregivers were covering the RN shift with on-call support from the CSM. There was no dispensation from Te Whatu Ora Wairarapa in place.</p> <p>The service is also not currently staffing to the acuity tool level. There are five caregivers on duty in the morning (three in the hospital/rest home area two</p> | <p>Staffing levels and skill mix do not currently meet the requirements of the acuity tool used by the service or the services contract with Te Whatu Ora. The service is not currently staffing to the required level based on resident acuity and has not been staffing the dementia unit with appropriately qualified staff. Staffing is to be based on the acuity of the residents to ensure clinical and culturally safe care. At least one of the staff in the dementia unit is to be dementia qualified.</p> | <p>Provide evidence that:</p> <p>Recruitment processes are ongoing to recruit registered nurses into the service.</p> <p>Staffing is being provided based on the acuity tool.</p> <p>Staff who work in the dementia unit have the appropriate qualification to work with dementia care residents.</p> |

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| | | <p>seven and a half hour and one six-hour shift, and two in the dementia unit – both seven and a half hours). There is provision on the roster for a six hour 'floater' shift for the morning shift over the seven days, but this was not covered on any of the rosters sighted. If the floater is utilised this would meet the levels of staffing indicated by the acuity tool.</p> <p>Of the staff who work in the dementia unit there were only five shifts (morning, afternoon, and night) over the week covered by dementia qualified staff. Two staff had not been signed up to commence the dementia qualification and three had commenced the qualification (two in October 2022 and one in April 2022 one was signed up after the required timeframe and others had been working in the dementia unit prior to commencing the qualification). None of the staff had completed any of the units since sign up. There is also no dedicated activities person providing activities services in the dementia unit.</p> | | 60 days |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality</p> | PA Low | <p>The education programme includes most aspects of the service but does not include all requirements such as equity, caring for tāngata whaikaha, and management of complaints. The programme has not been fully delivered over the last two years, primarily due to COVID-19. There has been no training on the code of rights, abuse and neglect, Te Tiriti o Waitangi, cultural safety, and</p> | <p>The education programme does not cover all aspects of the service and training on the code of rights, abuse and neglect, Te Tiriti o Waitangi, cultural safety, and complaints management has not been delivered in the last two years.</p> | <p>Review the programme to ensure all aspects of the service are covered and deliver the programme as scheduled.</p> |

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| safe services. | | complaints management in 2021/2022, and no alternatives to make sure the education is delivered. | | 90 days |
| <p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p> | PA Moderate | <p>Eight staff files were examined. Of these, six staff employed between 2020 and 2022 did not have a record of an orientation programme. Interviews with management confirmed that orientation had not been completed for all staff. Staff interviewed reported that orientation was not always completed due to staffing pressures.</p> | <p>Six staff employed between 2020 and 2022 did not have orientation completed.</p> | <p>All staff complete an orientation programme allied to their role.</p> <p>60 days</p> |
| <p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure</p> | PA Moderate | <p>The multidisciplinary team at Roseneath works in partnership with the resident and their whānau to support the resident's wellbeing. A review of eight residents files, identified that four of the eight files had not had their long-term care plans reviewed in the last year. Five of the eight files had not had interRAI assessments reviewed since November 2021. A resident on restraint has not had this reviewed. This was as a result of RN shortages (refer criterion 2.3.1). A resident admitted in June, has an initial care plan in place, however no long-term care plan in place. An interRAI has just been completed, to reflect a change in care level request.</p> <p>To mitigate the risks associated with the electronic long term care plans not being up to date, paper based short term care plans, and wound care plans that the</p> | <p>There is no planned review of resident's assessments, restraints, or care plans within the required timeframes or as residents needs change. Residents care plans do not identify the required support needed to achieve the desired outcomes.</p> | <p>Provide evidence that residents assessments and care plans are up to date, and identify the changes needed to achieve the desired outcomes.</p> <p>90 days</p> |

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| <p>changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p> | | <p>care staff can access quickly are in place to guide care staff in providing the residents with the updated care they need.</p> | | |
| <p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p> | <p>PA Moderate</p> | <p>All care staff who administer medication are deemed competent to do so, however one RN has no documentation on file to deem them competent. An interview with the CSM verified the orientation packages for RNs include a process for competence to administer medication. However, there was no documentation of orientation (refer criterion 2.4.4) or medication competency in the staff member's file. The CSM will ensure the RN concerned is competent to administer medication when next on duty.</p> | <p>One RN who is administering medications, has no documentation in place to evidence competency.</p> | <p>Provide evidence the RN is competent to administer medication before they administer medications at Roseneath.</p> <p>30 days</p> |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.