

# Roseanne Retirement Limited - Roseanne Retirement Home

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## Introduction

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

The audit has been conducted by HealthShare 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:** Roseanne Retirement Limited

**Premises audited:** Roseanne Retirement Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 21 March 2023 End date: 21 March 2023

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 15

# Executive summary of the audit

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## Introduction

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

- ō 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

Roseanne Retirement Home provides rest home level care for up to 17 residents. The owner/manager is a registered nurse who monitors organisational performance. There had been no changes to the organisation, or the facility since the last audit.

This transitional surveillance audit was conducted against NZS 8134:2021 Ngā paerewa Health and disability services standard and the organisations agreement with Te Whatu Ora -Te Matua a Māui Hawkes Bay. The audit process included a sample of residents, staff and business records, observations and interviews with residents, family/whānau, management, staff, and a general practitioner (GP).

Three areas that required improvement were identified during this audit. These included the evaluation of care plans, identifying potential inequities in risk management planning and including ethnicity data when collating infection surveillance data.

## 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.
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The organisation employs a number of staff who identify as Māori. Cultural and spiritual needs were identified and considered in daily service delivery. Information was communicated in a manner that enabled understanding. The Māori Health Plan guides staff to ensure the needs of residents who identified as Māori is met in a manner that respects their cultural values and beliefs based on the principles of Te Tiriti o Waitangi (Te Tiriti). Principles of mana motuhake were evident in care planning and service delivery. Staff had received education on Te Tiriti. Te reo Māori and tikanga was actively promoted and incorporated through all activities. Consent was obtained where and when required. A strength-based and holistic model of care to ensure wellbeing outcomes for Māori was utilised. Residents stated they were treated in a respectful manner. The complaints process was equitable and aligned with consumer rights legislation.

## 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 low risk.
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The manager demonstrated commitment to delivering services that improve outcomes and achieve equity for Māori. Flexible services and the provision of additional resources ensure that any barriers to access are minimised.

There is an implemented quality and risk management programme which complies with the requirements in this standard and the funding agreement. Quality data is collected, collated and communicated across the organisation. Internal and external risks were identified and a plan developed to respond to them. The manager was aware of their responsibilities with regard to adverse event reporting.

Human resource policies and procedures were implemented. The appointment, orientation and management of staff was based on current good practice. A systematic approach to identify and deliver ongoing education supports safe service delivery. Staffing levels and skill mix meet the needs of residents.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The organisation had developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans were completed by suitably qualified personnel. The organisation works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care. Residents were reviewed regularly and referred to specialist services as required.

The planned activity programme promoted residents to maintain their links with the community. Opportunities for residents to participate in te ao Māori were facilitated.

The medicine management systems complied with all requirements. Medicines were safely stored and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food preparation and service was safely managed. Residents verified satisfaction with meals.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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There had been no changes to the facility since the last audit. The facility continues to comply with legislation relevant to the services provided. The emergency evacuation plan was approved. There were appropriate security arrangements.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The infection prevention system minimises the risk of infection to residents, family/whānau and visitors. The pandemic plan had been tested at regular intervals. Sufficient supplies of personal protective equipment (PPE) was available. Infection prevention protocols had been developed in consultation with Māori acknowledging the spirit of Te Tiriti.

Infection surveillance and associated activities were appropriate for the size and complexity of the service. Standardised definitions were used. There was clear, culturally safe processes for communicating information regarding infection for both staff and residents.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The organisation had documented policies and procedures that supported the minimisation of restraint. The manager, and staff, were committed to providing a restraint free environment. There has been no restraint use for many years. Staff completed a restraint competency each year. Restraint was included in health and safety meetings.

## 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	3	0	0	0
Criteria	0	51	0	3	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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>The organisation has some staff who identify as Māori, and/or have connections with the local iwi. This equates to approximately 25% of staff, which exceeds the Māori demographic of the local population. Staff who identify as Māori were encouraged, and fully supported, to embed te ao Māori into everyday day practice.</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>	Not Applicable	<p>Policies had been updated to include the requirements of this standard and were aligned with national health strategies for Pasifika people. The organisation had a Pasifika pastor who held church services monthly at the rest home. The manager advised that the pastor had connections to the local Pasifika community and could provide support regarding Pasifika world views if required. There were no Pasifika residents or staff at the time of the audit, however day services were provided to a member of the community who</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>identified as Pasifika and the organisation worked with fanau to ensure cultural and spiritual needs were addressed.</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 organisation recognises mana motuhake by involving residents, family/whānau or their legal representatives in the assessment process to identify residents' wishes and support needs. There were no residents who identified as Māori though some stated they had Māori heritage. Residents who had Māori heritage had their iwi documented where applicable.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>To promote te reo Māori, staff who identified as Māori conversed with residents in te reo using simple words when greeting residents. The Code of Health and Disability Services Consumer's Rights (the Code) was displayed in English and te reo and was posted around the facility on notice boards. Staff had completed cultural safety training that included Te Tiriti. Staff understood the principles of Te Tiriti and how these could be applied into daily practice. Māori protocols and Māori information forms were completed on admission and used to identify tāngata whaikaha needs to enable their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Systems to monitor institutional and systemic racism included the complaints procedure, six-monthly residents' satisfaction surveys and quarterly residents' meetings where residents confirmed they were free to express their concerns. The manager maintains an open-door policy. Discrimination of any type was not tolerated by management and staff were required to abide by their code of conduct. Te whare tapa whā is used to ensure a strengths-based and holistic model for achieving wellbeing and outcomes for Māori.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Tikanga best practice guidelines is used in relation to consent. Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person or enduring power attorney (EPOA) is involved in decision making and consent processes. Informed consent is obtained as part of the admission process. Signed consent forms were available in residents' records. Staff were observed to gain consent for daily cares.</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>The complaints procedure meets consumer rights legislation and is explained to residents and family/whānau members as part of the admission process. Family/whānau and residents confirmed that management had an open-door policy which made it easy to discuss concerns. There were additional processes for obtaining resident and family/whānau feedback. Resident satisfaction is monitored and resident meetings were conducted which provided residents with ongoing opportunities to discuss any day-to-day concerns.</p> <p>There had been no internal or external complaints since the last audit. Records of previous complaints, and discussion with management, confirmed that the complaints process would work equitably for Māori. The process would include a face-to-face meeting (kanohi ki te kanohi) and staff who identify as Māori would be available to support the resident in processing their concerns.</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>	FA	<p>There had been no changes in governance since the last audit. The organisation is owned and operated by the manager/director who has owned the business since 2010. The manager demonstrated a commitment to improving outcomes and achieving equity for Māori. This included ensuring care planning was specific to individual</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>needs, providing access to cultural supports in the community, ensuring the activity programme embraces te ao Māori and seeking support from Māori staff and the kaumatua at the public hospital.</p> <p>Although there were no Māori residents at the time of the audit, the organisation ran a day programme which was attended by community members who identified as Māori. The manager was able to provide examples of how the organisation maintained a flexible programme by reducing any barriers to access and ensuring services were inclusive of cultural and whānau needs. Additional resources were provided to ensure equity, accessibility and improve outcomes.</p> <p>The majority of residents were tāngata whaikaha, with many residents having a sensory, psychiatric or physical disability. The manager adjusted service provision to ensure equity for these residents. For example: the provision of mobility aids for all those who need it, additional education for staff and residents completed by a visiting audiologist who helped with maintaining hearing devices and attendance for some residents at a community exercise class for people with a disability. A volunteer also visits the rest home regularly to provide a weightlifting class for those who had shown an interest. It was reported that this had significantly improved confidence, motivation and movement.</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>PA Low</p>	<p>There is a documented quality and risk management system. Policies and procedures were purchased from an external provider, with updates sent as changes occurred in the sector, standards and/or legislation. The manager amends policies and procedures to ensure these stay relevant to the rest home. Obsolete policies were removed from circulation and archived. Policies were accessible to staff.</p> <p>There is a risk management framework. The manager reported that the biggest risk to the organisation was resident vulnerability. This risk was assessed and monitored in an ongoing manner through clinical risk assessments and regular reviews. Additional risks included staff turnover and business continuity, predominately as a result of Covid-19 and cyclone Gabrielle. These risks were being</p>

	<p>constantly monitored to ensure there were sufficient staff, and resources, to cover all shifts. The emergency management plan had been reviewed following the cyclone, with improvements made as required. The manager also has an arrangement with another rest home for the provision of registered nurse cover if needed.</p> <p>Financial risk is managed and overseen by a chartered accountant who audits the accounts annually. All financial decisions were approved by the manager and there were systems in place to avoid fraud and manage resident funds. Work instructions regarding financial management were documented. Insurance policies were current and included business continuity and professional liability.</p> <p>Day to day compliance is monitored through the implementation of regular internal audits. These audits were completed against a schedule which covered the scope of the organisation. Internal audits sampled confirmed that corrective actions were identified, monitored and implemented. The manager reported that routine internal audits provided on-going confidence that compliance requirements were maintained.</p> <p>The health and safety system meets legislative requirements, with the manager aware of their responsibilities as a person conducting business and undertakings (PCBU). Health and safety meetings were documented and included a review of all incidents/accidents, infections, hazards, complaints, pressure injuries, restraints, challenging behaviours, results of internal audits and maintenance requirements. Meetings were attended by staff across the organisation, with minutes requiring sign off by staff who were unable to attend.</p> <p>The manager was aware of essential notification reporting. Performance monitoring reports were completed quarterly as required and forwarded to the portfolio manager. The organisation has had two Covid-19 outbreaks since the pandemic began, both of which were reported to the public hospital and public health. There had been no other events which required reporting to external authorities since the last audit.</p> <p>Although there were no residents who identified as Māori, there was evidence that high quality health care for Māori could be provided, as</p>
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		<p>was evident with those attending the day programme. This included the use of Te whare tapa whā, the use of te reo, cultural activities and participation from staff who identified as Māori.</p> <p>Roseanne is certified to provide rest home level care for up to 17 residents. The rest home also had agreements with the Te Whatu Ora to provide respite care and a day care programme. There were no residents requiring respite services on the day of the audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The organisation employs 14 staff. This was a combination of domestic staff, an activity coordinator, maintenance personnel and health care assistants. There was a documented staffing rational which was based on the number and acuity of residents. The manager develops the roster with skills and experience taken into consideration. The roster confirmed that there were sufficient staff on duty at all times. The manager was onsite daily and available on call. The roster was amended when short staffed, with currently employed staff filling any unplanned absences. There was one health care assistant on each shift, with an additional short shifts from 7-10am and 5-8pm to cover busy periods. The activity coordinator was on site Monday-Friday 9am-3pm. The cleaner was onsite Monday-Friday 9am-2pm. An additional person was onsite during the audit who was completing a pilot sponsored by the Ministry of Social Development and Te Whatu Ora. The pilot programme was aimed at providing people with work experience in a health setting. This person was being mentored by the manager and the senior health care assistant on duty.</p> <p>Core competencies were defined and monitored annually. Mandatory competencies included medication, infection prevention, restraint minimisation and care plan development. Records of completed competencies were sighted in staff records sampled.</p> <p>Although there were no Māori residents, the environment would support and encourage collecting and sharing high-quality Māori health information. Te Whare Tapa Wha was utilised, te reo was encouraged and one senior care giver had completed a New Zealand Qualification Authority (NZQA) Certificate in Hauora – Māori Health</p>

		(level four). Staff had previously completed education on Te Tiriti and cultural safety through Care Training Online. This training also included topics such as barriers to access, Māori tāngata, biculturalism and conflicts of culture.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Professional qualifications were validated prior to employment. Staff files included curriculum vitae's, reference checks, police vetting and copies of any certificates. Certificates sighted included (but was not limited to) a combination of NZQA Health and Wellbeing certificates (level three and four), certificate in Hauora Health, attendance at palliative care training, Mate Wareware Dementia and Spark of Life education. One senior health care worker had also completed a certificate in customer service excellence (2020) which they stated had provided them with valuable communication skills when working with residents, health professionals and family/whānau.</p> <p>All staff received an orientation on commencement of employment. An orientation workbook was provided, which was signed off by the manager once completed. Orientation included the essential components of service delivery. Completed orientation records were sighted in staff records.</p> <p>Staff records were securely and confidentially maintained. The manager held the key to the staff records filing cabinet. Information was current and accurate and used in line with Health Information Standards Organisation (HISO). Cultural preferences were recorded on commencement of employment. This included ethnicity and the ability to speak te reo.</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>Ethnicity data was collected on the enquiry form and as part of the admission information on entry. Work was in progress to implement analysis of entry and decline rates including specific data for entry and decline rates for Māori. The service has developed links with the local Māori communities and organisations for the benefit Māori</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>residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The registered nurse/manager completed admission assessments, care planning and evaluation. Assessment tools that included consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Cultural assessments were completed by staff who had completed appropriate cultural safety training.</p> <p>The Māori health plan guided care for residents and was developed in consultation with cultural advisors. The assessment form for Māori residents included Māori healing methodologies, such as karakia, mirimiri, rongoā Māori and special instructions for taonga. The assessment and care planning process supported residents who identified as Māori and whānau to identify their own pae ora outcomes where applicable. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores had supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed where applicable with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed being involved in the assessment and care planning processes.</p> <p>Tāngata whaikaha were supported to access information and other support services as required. This was observed on the day of audit. The manager stated that any barriers preventing tāngata whaikaha and whānau from accessing information would be mitigated as much as possible. Strategies in place to overcome the barriers included involving residents and family/whānau in care planning processes, offering health care workers of the same ethnicity with the resident where possible, meeting the four cornerstones of Māori health,</p>

		<p>accessing local kaumatua, community services and Māori health providers and advocacy services where applicable.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified were addressed in the care plans where applicable.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. On-call medical services were provided when required.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. However, an area requiring improvement was identified in criterion 3.2.5 (c).</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
Subsection 3.3: Individualised activities	FA	Opportunities for Māori to participate in te ao Māori include

<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>celebration of Waitangi Day and Matariki day with Māori music played and discussions about the stars and their meaning to Māori people. Māori art was placed around the facility to celebrate these events. Residents visit their family/whānau in the community and family/ whānau can visit the residents as desired. The annual calendar in the television room had English and te reo Māori months.</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>FA</p>	<p>A paper-based medicine management system was in use. Staff who administered medicines had completed the medication management competencies. The implemented medicine management system was appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. Staff were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management.</p> <p>Medicines were prescribed by the GP and over the counter medicines and supplements were documented on the medicine charts where applicable. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. There were no standing orders in use. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the manager when regular medicine packs were received from the pharmacy and when a resident was transferred back to the rest home. All medicines in the medication trolley were within current use by dates. Pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication cupboard sampled were within</p>

		<p>the recommended ranges.</p> <p>Residents and their family/whānau were supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori would be provided.</p> <p>There was an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required. There were residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required and staff understood the requirements</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements were assessed on admission in consultation with the residents, family/whānau. The diet profiles identified residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The food control plan will expire on 20 May 2025. The menu had been reviewed by a dietitian within the past two years.</p> <p>Culturally specific to te ao Māori food such as boil up was prepared to celebrate Waitangi Day and Māori staff assisted with preparing rēwena bread. Family/whānau are welcome to bring culturally specific food for their relatives. The residents confirmed satisfaction with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	FA	<p>Transfer or discharge was planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents sampled.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility was safe and fit for purpose. There was a current building warrant of fitness (BWOFF). There had been no changes to the facility since the last audit. The facility was accessible to those who had a disability and rooms were personalised to reflect cultural values. A planned maintenance schedule was implemented with any additional maintenance issues attended to. Equipment relevant to care needs was available. An electrical testing and tagging programme was in place along with the routine calibration of medical equipment. The hazard register was current, with processes to ensure hazards were monitored, isolated or removed.</p> <p>The manager did not own the building and there were no plans for any new buildings. In the event that this changes, the manager reported they would ensure the owners of the building considered methods for ensuring that the changes reflected the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There was an approved emergency evacuation plan, dated 2005. There had been no changes to the building since the plan was issued. An evacuation policy on emergency and security situations was in place. This included a memorandum of understanding with two other facilities in the area to support each other in the event of an emergency. A fire drill takes place every six months with all staff having completed training. The orientation programme included emergency and security training. Staff confirmed their awareness of emergency procedures. There was always at least one staff member on duty with a current first aid certificate.</p> <p>Systems were in place to ensure the facility was secure and safe for the residents and staff. All visitors were required to sign in on entry. The call bell system was operational with bells in each room. All staff wear a uniform and were easily identifiable.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There was a current pandemic plan. The plan had been activated, and reviewed, several times over the last few years, as Covid-19 advice and information changed during the course of the pandemic. There were sufficient resources including personal protective equipment (PPE). PPE supplies were available throughout the facility, with ample supplies of additional PPE locked in a storage unit on site.</p> <p>The manager is the infection prevention coordinator and a member of the public hospital infection prevention support group. Cultural protocols for infection prevention were developed and provided by the Māori Health Unit. These acknowledge the spirit of Te Tiriti and included infection prevention protocols for hygiene, grooming, oral hygiene, elimination, food and fluids, death and dying.</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>PA Low</p>	<p>The infection surveillance programme was appropriate for the size and complexity of the organisation. Standardised definitions were used. Infection data was collected, monitored, and reviewed monthly. The data was collated and analysed to identify any significant trends or common possible causative factors and action plans were instigated. Staff reported that they were informed of infection rates at health and safety meetings. Residents were also informed of any infection concerns which may impact on the service as a whole. The sharing of information was able to be communicated in a culturally safe manner with the support of staff who identify as Māori. The GP was informed within the required time frames when a resident had an infection and appropriate antibiotics were prescribed to combat the infection, respectively.</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</p>	<p>FA</p>	<p>The manager is the restraint coordinator and committed to maintaining a restraint free environment. It was reported that the last use of any form of restraint was over seven years ago. This</p>

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>constituted a lap belt which was approved by the general practitioner and the family/whānau to prevent the resident from falling. The resident was assessed as unable to give consent and the lap belt was rarely used.</p> <p>Restraint minimisation is a core competency which requires staff to repeat education on this annually. The training provides learnings on how to avoid any use of restraint including safe, appropriate and approved alternatives. Restraint information is shared with staff at routine, and regular, health and safety meetings. Meeting minutes included entries confirming no restraint events.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	The risk management template had been updated to include potential inequalities, however the process for collating ethnicity data and allocating risk had not yet been implemented.	The risk identification process did not include potential inequalities.	<p>Include potential inequalities in the risk identification process.</p> <p>180 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</p>	PA Low	Residents’ care was evaluated on each shift and reported in the progress notes by the health care assistants. Changes noted were reported to the manager, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. New care plans were developed every six-months. As a result, the degree of	Evaluation of care on the care plans did not consistently evidence the degree of achievement towards agreed goals and aspirations.	<p>Ensure that evaluation of care plans evidence the degree of achievement towards the residents’ agreed goals and aspirations.</p> <p>180 days</p>

<p>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 changes are implemented;</p> <p>(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>achievement of agreed goals was not evidenced. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p>		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Infection surveillance data was gathered by the manager and collated. Results were communicated with staff during health and safety meetings. Records regarding infection surveillance were comprehensive and included details regarding the infection and whether or not antibiotics had been prescribed, however the data did not include ethnicity. The manager was keen to identify any trends in order to prevent any further spread of infection.</p>	<p>Infection surveillance data did not include ethnicity.</p>	<p>Include ethnicity in infection surveillance data.</p> <p>180 days</p>

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

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

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

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

No data to display
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End of the report.