

Heritage Lifecare Limited - Roseneath Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: 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: 29 May 2023 End date: 30 May 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: 33

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Roseneath Lifecare is certified to provide rest home, hospital, and secure dementia care services for up to 44 residents.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts with Te Whatu Ora – Health New Zealand Wairarapa. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, a general practitioner, and an independent resident advocate.

The facility is managed by a village and care manager experienced in the disability sector, supported by a relieving experienced clinical services manager. The relieving clinical services manager is covering for the facility’s clinical services manager while they are on leave. Both the facility’s clinical services manager and the relieving clinical services manager are registered nurses. Residents and whānau were complementary about the care provided.

Improvements required were identified in the areas of registered nurse staffing levels and activities for residents.

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 Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. Roseneath Lifecare worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed.

There were no Pasifika residents or staff in Roseneath Lifecare at the time of the audit; however, systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Roseneath Lifecare provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and their whānau. There was evidence that residents and whānau were kept well informed.

Residents and whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Some subsections applicable to this service partially attained and of low risk.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

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

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good employment practices. Staffing is sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When residents were admitted to Roseneath Lifecare a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities and with dementia in the secure dementia unit.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained, including in the secure dementia unit.

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>Subsections applicable to this service fully attained.</p>
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The governing body of Roseneath Lifecare ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. It was adequately resourced. An experienced and trained infection prevention nurse leads the programme and participates in procurement processes.

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 service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	25	0	2	0	0	0
Criteria	0	165	0	2	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	<p>FA</p>	<p>Heritage Lifecare (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>HLL have introduced a Māori Network Komiti, a group of Māori employees with a mandate to assist the organisation in relation to its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board.</p> <p>Roseneath Lifecare (Roseneath) has links to the Hurunui o Rangī Marae in Gladstone, Wairarapa and Ngāti Kahungunu ki Wairarapa through an independent advocate. The independent advocate can assist residents who identify as Māori to access te ao Māori, traditional medicines, and tikanga. Linkages have also been made to the Whaiora</p>

		<p>Trust, a Māori mental health service. Roseneath had residents in the facility who identify as Māori during the audit. Staff identifying as Māori were in leadership and education positions.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. Education on Te Tiriti o Waitangi, Māori health and wellbeing, tikanga practices and te reo Māori is part of the HLL education programme and has been delivered in 2023. The education is geared to assist staff to understand the key elements of service provision for Māori, including mana motuhake and providing equity in care services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The HLL response to Pasifika people works on the same principles as Māori. A Pacific people's health plan, and policy and procedure around culturally safe care, diversity and inclusion has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care is utilised for Pasifika residents. There were no residents who identified as Pasifika in the facility during the audit.</p> <p>HLL understand the equity issues faced by Pacific peoples and are able to access guidance from people within the organisation around appropriate care and service for Pasifika. Members of the executive team identify as Pasifika, and they are in leadership/educational roles. They assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>The recruitment and selection policy for the service supports the recruitment and retention of Pasifika and increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. There were no staff at Roseneath who identified as Pasifika at the time of audit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p>

		Roseneath has links to the local Pasifika community through the Pasifika o Wairarapa Trust.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on te reo Māori, English and New Zealand Sign Language (NZSL) posters around the facility, with brochures in both languages and large print available at reception. Brochures and a poster on the Nationwide Health and Disability Advocacy Service was displayed in the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents of Roseneath in accordance with their wishes. Interviews with two volunteers, who visit regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Roseneath has a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required, as appropriate. Roseneath also had access to interpreter services and cultural advisors/advocates. Relationships had been established with Ngāti Kahungunu ki Wairarapa, Whaiora Trust, Pasifika o Wairarapa Trust, and Te Whatu Ora - Health New Zealand Wairarapa (Te Whatu Ora Wairarapa). A residents' independent advocate from Hurunui-o-Rangi marae, runs the residents' advocacy hui every three months. Relationships established assisted at all levels of the facility's operations to ensure more equitable service for Māori were provided. Roseneath recognised mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Roseneath supported residents in a manner that was inclusive and respected their identity and experiences. Residents and whānau, including tāngata whaikaha (people with disabilities), confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice</p>

		<p>with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Roseneath were educated in Te Tiriti o Waitangi and cultural safety. The staff can speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori, the facility's independent advocate and the village and care home manager (VCM). Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Roseneath responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Education on the aging process and diversity and inclusion included education on support for tāngata whaikaha.</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>Employment practices at Roseneath included reference checking and police vetting. Policies and procedures outline safeguards that are in place to protect individuals from discrimination, coercion, harassment, physical, sexual or other exploitation, abuse, and neglect. Workers followed a code of conduct and had completed education on the maintenance of professional boundaries. Professional boundaries were observed to be maintained.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of this. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to address racism. Residents reported that their property was respected.</p> <p>A holistic model of health at Roseneath was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. With the exception of the range of activities being provided (refer criterion 3.3.1), nine residents and six whānau members interviewed expressed satisfaction with the services provided by</p>

		Roseneath.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau at Roseneath reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. There had been regular resident and whānau meetings at Roseneath, and meeting minutes evidenced that any concerns were addressed. Karakia is used in meetings. A telephone interview with the resident advocate regarding the residents' meeting with the advocate in March 2023, identified there were no concerns expressed by residents or their whānau at that meeting, and this was evidenced in meeting minutes.</p> <p>The VCM and relieving clinical services manager (CSM) had an open-door policy. Evidence was sighted of residents communicating with all staff, including the VCM and relieving CSM. Residents, whānau and staff reported that suggestions or concerns were responded to promptly.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidence whānau were informed of any adverse events. Documentation supported evidence of ongoing contact with whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and the involvement of other agencies involved in the resident's care when needed.</p> <p>Staff knew how to access interpreter services if required.</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</p>	FA	<p>Residents at Roseneath and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were</p>

<p>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>documented, as relevant, in the resident's record. Files reviewed of residents in the secure unit included either an activated EPOA, or a Protection of Personal Property Rights (PPPR) in place, in addition to a specialist's authorisation for the resident's placement in a secure unit.</p> <p>Staff who identified as Māori assisted other 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. Support from the local marae was available to support and advise if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for two complaints received in the last 12 months (one written and one verbal) showed that the complaints had been addressed and the complainants informed of the outcome of the complaint.</p> <p>There has been one complaint received from Te Whatu Ora Wairarapa in reference to the care received by a resident prior to transfer to Wairarapa Hospital. This has been addressed in writing by the service and closed following communication with Te Whatu Ora Wairarapa.</p> <p>There have been no other complaints received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through</p>

<p>delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare utilises the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>As with other HLL facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of people with disabilities are reflected in the 'Enabling Good Lives: Care of younger people with disability' policy.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Roseneath's service, and cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (e.g., adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Recruiting and retaining people is a focus for HLL. They look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how</p>
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		<p>it can support its ethnically diverse staff.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti o Waitangi, health equity, and cultural safety provided by the NZ Ministry of Health.</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 organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The VCM and relieving CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Heritage Lifecare and Roseneath support people to contribute to quality improvement and participate locally through resident meetings, meetings with the independent advocate, and through satisfaction surveys. Residents' satisfaction surveys showed an important level of satisfaction with the services provided. Residents and whānau interviewed reported an elevated level of satisfaction. There is a staff satisfaction survey for a wider view of how residents and staff are being supported. These are positive, and staff interviewed expressed their appreciation of the work completed by relieving CSM, regional clinical managers (RCMs) and the new VCM during the period when there was no manager in position and while the facility's CSM has been on leave. Results of both surveys are used to improve services.</p>

		<p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The relieving CSM and RCMs understood and have complied with essential notification reporting requirements. There have been 57 section 31 notifications completed in the last 12 months, 49 in relation to the registered nurse (RN) shortage due to the nationwide shortage of nurses (refer criterion 2.3.1), four for pressure injury, two for medication errors, one for choking, and one following a resident fall resulting in a fracture.</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>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Clinically and culturally safe care is being delivered in the facility despite the inability of the service to have an RN in position 24/7 (refer criterion 2.3.1). There was a first aid qualified staff member on duty 24/7.</p> <p>The service is managed by a manager who has recently commenced the role of VCM. The VCM is currently being supported by an experienced relieving CSM who is also an RN with many years of aged care experience.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Access to high-quality Māori health information is available to staff through care planning, policies and procedures and the education and competency programme.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines</p>

		<p>mandatory requirements including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora Wairarapa. Staff in the secure unit have either completed five or have commenced eight of the appropriate New Zealand Qualification Authority (NZQA) recognised education qualifications to allow them to work in the secure unit within the appropriate timeframes.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff also have access to a confidential employee assistance programme (EAP) should they require it, and staff interviewed reported that they felt supported and were aware of their access to the service.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Job descriptions for the restraint coordinator (RC) and infection prevention nurse (IPN) are in place and signed.</p> <p>A sample of eight staff records were reviewed and these evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed induction and orientation.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (general practitioners (GPs), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>

		<p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those who are authorised to use it.</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed the opportunity for debrief and support, including the use of the EAP that is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Roseneath maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and username and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard-copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident or staff information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Roseneath is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities 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</p>	FA	<p>Residents were welcomed into Roseneath when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service, as requiring the levels of care Roseneath provided and when they had chosen Roseneath to provide the services they require. Whānau members 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 identified as Māori. The files reviewed met contractual requirements. Roseneath collected ethnicity data on entry and decline rates. This included</p>

<p>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>specific data for entry and decline rates for Māori. Files reviewed of residents in the secure unit, had documentation verifying each resident had a specialist's authorisation for placement in a secure unit. Files reviewed had an activated Enduring Power of Attorney (EPOA) or a Protection of Personnel Property Rights (PPPR) in place.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Roseneath had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the Whaiora Trust, Te Hauora Runanga o Wairarapa, or Te Whatu Ora Wairarapa. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Roseneath, several residents had requested another provider to manage their medical needs.</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>FA</p>	<p>The multidisciplinary team at Roseneath works in partnership with the resident and whānau to support the resident's wellbeing. Nine residents' files were reviewed: three hospital files, two rest home files, and four files of residents who are receiving care in the secure unit. The files included residents who identified as Māori, residents who were receiving respite care, residents with a pressure injury, residents with challenging behaviours, residents with a wound and residents who had had a recent fall.</p> <p>All files reviewed verified that a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan (with the exception of the respite resident), short-term care plans, and review/evaluation timeframes met contractual requirements. Whilst there were no residents under sixty-five years at Roseneath at the time of audit, policies and processes were in place to ensure tāngata</p>

		<p>whaikaha and whānau participate in Roseneath’s service development to reduce barriers to services. Roseneath staff understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents’ records, interviews, and from observation.</p> <p>Files reviewed of residents in the secure unit, had behavioural assessments and behaviour management plans, that identified triggers to behaviours, de-escalation techniques, and management strategies.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>The diversional therapist and activities assistants (AC) at Roseneath provided an activities programme for residents in the secure unit, the hospital, and the rest home. The activities provided in the secure unit supported residents in maintaining and developing their interests and were appropriate for their stages of life. The activities assistant allocated to this role has oversight from a diversional therapist. There is a twenty-four-hour care plan sighted in the files of residents reviewed in the secure unit. Activities provided in the hospital and rest home were not evidenced to support residents in maintaining and developing their skills, strengths, resources, and interests. This is an area that had been acknowledged as requiring improvement (refer criterion 3.3.1) and there is a plan in place to address this.</p> <p>Opportunities for all residents, staff, and whānau to participate in te ao Māori was facilitated, with Roseneath celebrating Matariki in 2022, Māori Language Week, Waitangi Day and the upcoming Matariki in 2023. The sessions included te reo Māori, kupu hou, karakia, poi making and additional waiata. The sessions provided opportunities for staff and residents to learn te reo Māori. Roseneath was not seen to</p>

		<p>encourage their workforce to support community initiatives that meet the health needs and aspirations of Māori and whānau (refer criterion 3.3.3).</p> <p>Due to COVID-19 restrictions, community involvement within and outside of Roseneath has reduced. Activities and competitions with other rest homes have stopped, as have outings to community events, coffee dates, entertainers visiting Roseneath, regular church services, and van outings to venues or activities of interest. The present activities programme in the rest home and hospital areas is documented as being provided four out of seven days; this was not observed to be occurring on the days of audit and was not consistent with residents' strengths, skills, and interests.</p> <p>The facility has a van that the residents in the rest home or hospital use to go out for a drive, however at the time of audit, they were unable to get out in the van, due to COVID-19 restrictions.</p> <p>Satisfaction surveys conducted in 2022 evidenced residents and whānau were satisfied with the activities provided at Roseneath at that time, and while residents and whānau participated in evaluating and improving the programme, this has not been delivered to the same extent in 2023.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on</p>

		<p>site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not in use at Roseneath.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Roseneath was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2022. Recommendations made at that time had been implemented. All aspects of food management complied with current legislation and guidelines.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Roseneath. Four areas requiring corrective action were identified; these were addressed, and the plan was verified for 18 months. The plan is due for re-audit 18 May 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. During Matariki, Māori Language Week, Waitangi Day, and Pasifika Day, the kitchen prepared culturally specific foods for those residents who requested them. The cook prepared a 'boil up' if the residents requested this. Residents' whānau can supply selected foods for residents if they wish, and the kitchen will prepare them.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This</p>

		<p>was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. The residents' meal satisfaction survey showed that all residents were satisfied with the meals provided.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents in the secure unit have access to food anytime night or day.</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 Roseneath was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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>	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. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>The building has a warrant of fitness which expires on 28 June 2023. There were no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible, promoting</p>

		<p>independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. All outdoor areas are planted and landscaped and there are areas external to the building for residents to enjoy with appropriate seating and shade. Residents in the secure unit have a secure external area to enjoy. There is a large, shared dining room and lounge in each clinical area with smaller spaces for privacy. Lounge areas are used for activities for the residents. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All areas and offices have signs in English and te reo Māori. There are separate toilets available for staff and visitors. Rooms are personalised according to the resident's preference, including in the secure unit. All rooms have a window allowing for natural light with safety catches for security. Corridors are wide, with handrails, and promote safe mobility with the use of mobility aids; residents were observed moving freely around the areas with mobility aids during the audit. The facility is heated using gas central heating.</p> <p>Residents and their whānau who were interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>Disaster, pandemic, and civil defence plans and policies direct the facility in their preparation for such challenges. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained in fire and emergency management and those interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 23 October 2012. The plan requires cell evacuation and two fire evacuation drills have been held in 2023. Emergency folders guide staff in the event of an emergency and adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage there are barbecues and a gas hob for cooking. Spare gas bottles are stored securely. Emergency</p>

		<p>management is included in staff orientation and as part of the ongoing education plan. A minimum of one person certified in first aid is on site 24/7.</p> <p>Call bells alert staff to residents requiring assistance; these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme. Residents and whānau interviewed reported staff respond promptly to call bells, and call bells were sighted near to residents during the audit.</p> <p>Appropriate security arrangements are in place, including in the secure dementia area. Access into, and egress from, the secure unit is through a pin pad. The building is secured after hours and staff complete security checks at night. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Roseneath has IP and AMS outlined in its policy documents. This is being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Wairarapa and Regional Public Health (RPH). Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use, adding ethnicity to its data collection activities. This is being analysed at facility, regional and national level.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The infection prevention nurse (IPN) at Roseneath was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the organisation's clinical co-ordinator (CC). The IP</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>and AMS programmes were linked to the quality improvement programme that has been reviewed and reported on annually. The IPN had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies, reflecting the requirements of the standard, are provided by an external advisory company. Cultural advice at Roseneath was accessed through the staff who identified as Māori and the organisation’s cultural advisor. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used.</p> <p>Staff who identified as Māori, the VCM and the residents’ advocate who speaks te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in its use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Roseneath was committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials was promoted. An AMS programme was in place. Its effectiveness has been evaluated through monitoring of antimicrobial use and identification of areas for improvement.</p> <p>The IPN has recently completed education on antimicrobial use in aged care facilities.</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>Roseneath undertakes surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Roseneath used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of anti-microbial-resistant organisms at Roseneath. Suitable personal protective equipment was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system was in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Laundry and cleaning processes were monitored for effectiveness. All laundry was laundered on-site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through</p>

		observation.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Heritage Lifecare is committed to a restraint free environment in all its facilities. Roseneath has been restraint free since 2022. In 2022 there was one instance of restraint for six days only. Other than this, restraint has not been used since the last audit. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of low/low beds). The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Policies and procedures are in place which meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the CSM who would provide support and oversight should restraint be required in the future. The relieving CSM is currently undertaking the role. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The relieving CSM completed restraint education in October 2022. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency) and restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. Restraint would be used only as a last resort and when all other strategies had been ineffective.</p>

		<p>The RC continues to maintain a restraint register. The criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. Registered nurses undertake review of all residents who may be at risk, and this is documented in the RN meeting minutes and in care planning. Strategies to be used to prevent restraint being required is documented in the residents' individualised care plan. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service is currently recruiting RNs but has been finding it difficult to fill its vacancies due to the nationwide shortage of nurses. Two internationally qualified RNs are due to commence employment with the service once they finish their Competency Assessment Programme (CAP) and are registered with the Nursing Council of New Zealand (NCNZ). However, the service is contractually required by Te Whatu Ora Wairarapa to have RNs on duty 24/7 due to the service providing hospital level care services. Four weeks of roster were reviewed. Over this period there was no RNs on duty in the facility on 17 shifts, one morning shift, two afternoon shifts, and 14 night shifts. The shifts were covered by experienced caregivers who had completed NZQA Health and Wellbeing education to level four, were assessed as medication competent, and had a current first aid certification. An RN was rostered on-call should assistance be required. Appropriate</p>	<p>The rosters reviewed did not evidence the presence of RNs on duty in the facility 24/7 as required by the facility’s contract with Te Whatu Ora Wairarapa.</p>	<p>Provide evidence that RNs are rostered on duty 24/7 to meet the terms of the service’s contract with Te Whatu Ora Wairarapa.</p> <p>90 days</p>

		section 31 reporting was sighted and there is evidence (refer subsection 3.2) that culturally and clinically safe care is being delivered to residents.		
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities in the secure unit reflected residents' goals and interests. Activities were offered five days per week by an activities assistant allocated to the role.</p> <p>Individual and group activities in the rest home and hospital did not reflect residents' goals, interests, and strengths, and did not include normal community activities. The present programme in the hospital and rest home runs four out of seven days; however, was only seen operating for two hours over the two days of audit. An interview with six of nine residents described the programme as 'boring' with too many quizzes. There is a musician entertaining and a church service once a month. There are no community outings and no community group visits. Four of six whānau members made mention that in the past music had been used more often, and that residents were responsive to music.</p>	The activities programme operating in the rest home and hospital is not planned and facilitated to develop residents' skills, strengths, and interests.	<p>Provide evidence the activities programme facilitates residents' skills, strengths, and interests.</p> <p>180 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.

No data to display

End of the report.