

Rosaria Rest Home 2006 Limited - Rosaria Rest Home

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rosaria Rest Home 2006 Limited		
Premises audited:	Rosaria Rest Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 29 February 2024	End date: 29 February 2024	
Proposed changes to current services (if any): None			
Total beds occupied across all premises included in the audit on the first day of the audit: 25			

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Rosaria Rest Home 2006 Limited (Rosaria Rest Home) provides rest home care for up to 26 residents. The rest home provides services to residents who are all of Chinese ethnicity and who speak limited or no English at all. An independent interpreter was used for all residents and some staff interviews. There have been no significant changes to the service and facilities since the last audit.

The service is managed by a manager who has been in the position for over two years and is supported by the owner/director, registered nurse, and care staff. The residents, and family/whānau interviewed, spoke positively about the services provided.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents, family/whānau, and interviews with staff and management.

The previous audit shortfalls around: management roles, the recruitment process, overdue fire drills, external environment including electrical testing and tagging, have been addressed. However, there are ongoing shortfalls in essential notifications, ensuite toilets, and care plan interventions. Ongoing consultation with the Council regarding approving the completed new ensuite toilets is in progress.

This audit identified shortfalls around completing satisfaction surveys, timely care plan completion, care plan evaluation, interRAI re-assessments, infection control, and medication management.

Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

All the residents at Rosaria Rest Home are Chinese as are the majority of staff, and the care provided is culturally appropriate. Policies align with Te Tiriti o Waitangi and the principles of mana Motuhake. Māori and Pasifika residents would be provided with equitable and effective services that are culturally appropriate.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. A copy of the Code is provided upon admission to the services.

There are appropriate systems and procedures for reporting and recording any allegation of, or suspected, abuse and/or neglect. Residents' property and finances are protected, and professional boundaries are maintained.

Consent was obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. There was no evidence of abuse, neglect, or discrimination.

Complaints processes were implemented, and complaints and concerns were actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management systems are focused on quality service provision and care. Rosaria's Business Plan (2024) includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures were current.

The service and management ensure the best outcomes for residents and that the health and safety of residents are a priority. Actual and potential risks were identified and mitigated. The policies and procedures guide all statutory and regulatory reporting obligations.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation and job descriptions and receive education. All employed and contracted health professionals maintain a current practicing certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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Residents' assessments and care plans were completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan, and evaluate care. The care plans are person-centred. Residents were reviewed regularly and referred to specialist services and to other health services as required. The transition, transfer, or discharge plan is documented. Transfers to other health care services and discharges are managed in an appropriate manner to allow residents' safety and continuity of care.

A safe medication management system was in place and medicines were safely stored.

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences are undertaken in consultation with residents and family/whānau where appropriate. Residents verified satisfaction with meals.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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All building maintenance records were maintained. The building warrant of fitness is current. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of the residents at the facility.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service are partially attained and of low risk.
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The registered nurse oversees the implementation of the infection prevention programme, which is linked to the quality management system. The IP programme was approved by the governance body.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. An infection outbreak reported since the previous audit was managed effectively. Appropriate processes were implemented to prevent the spread of infection. Infection rates and significant infection events are reported to the governance body.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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A non-restraint policy is applied by the organisation. Restraint, calming, and de-escalation training is completed by all staff. Care plans guide the management of challenging behaviours. There were no residents using restraints at the time of the audit, and restraints have not been used since the last audit.

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	14	0	1	4	0	0
Criteria	0	44	0	2	7	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service provider has residents who are of Chinese descent. Rosaria has developed policies and a Māori health plan that describe the commitment to the principles of Te Tiriti o Waitangi and equitable service delivery in all aspects of its work. This is also reflected in the organisation's values, across a wide range of service documents. Tikanga Māori is embedded in day-to-day practices. This was reiterated by the manager, registered nurse (RN), and care staff interviewed.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Rosaria provides services that are underpinned by Pacific worldviews. The manager and the RN demonstrated awareness of how to access local Pacific communities and organisations that are available to advise and provide information if required. The Pacific plan and policies support culturally safe practices and promote equity of Pacific peoples using the service. There have never been any residents who identify as Pasifika at the service. Although no residents or staff identify as Pasifika at the service, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English, Mandarin, Cantonese, Samoan, and te reo Māori. Staff have received training on the Code as part of the orientation process and ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed. An interpreter was available to support residents during interviews.</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>	FA	<p>Residents stated that they have not witnessed or suspected abuse and neglect and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries. Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics is obtained from residents and their family/whānau on admission. Residents and family/whānau confirmed they were consulted on individual values and beliefs and staff respected these.</p> <p>In interviews, residents confirmed that they are free to express any concerns they may have to the facility manager or the registered nurse (RN), and any concerns raised are promptly acted upon. Family/whānau stated that they have observed residents being treated with respect.</p> <p>Residents' property is labelled on admission, and residents reported that their property is respected.</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</p>	FA	<p>Residents confirmed they were provided with information and were involved in the consent processes. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative signed on admission. Staff were observed to gain consent for daily cares.</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health 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 policy and procedures were documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has complaints register in place. There was one complaint lodged in 2023, and nil in 2024 year to date.</p> <p>The manager reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation including follow-up letters and resolutions, is completed and managed following guidelines set by the Health and Disability Commissioner. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents interviewed expressed satisfaction with the complaint process. The manager reported that in the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter, whānau or cultural advisor if needed. There have been no external complaints reported since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>Rosaria Rest Home provides aged-related residential care at the rest home level of care. Rosaria Rest Home has two owners who are also the</p>

<p>knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>directors. One assists with activities programmes twice a week. The other owner/director used to be onsite more often, but now has delegated the day-to-day running of the care home to the manager with the assistance of the registered nurse. The owners/directors have owned the care home since 2006.</p> <p>The manager has been in the role for over two years now and monitors and manages the quality system. Responsibilities and accountabilities are defined in the job description and individual employment agreement.</p> <p>The service conducts staff meetings, and residents' meetings monthly. A sample of these meetings was reviewed and confirmed adequate information is shared to monitor organisational performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>The Business Plan (2024) is current and includes the scope, direction, goals, values, and mission statement of the organisation. The documents describe annual and long-term objectives and the associated operational plans. The strategic direction is discussed by the manager, registered nurse, and owner/director. The company objectives outline the strategic direction of the organisation.</p> <p>The service has a focus on ensuring services with tāngata whaikaha are provided to improve tāngata whaiora outcomes, and this was documented in the reviewed business plan. The management team had all completed training on Te Tiriti o Waitangi and health equity. Te Tiriti o Waitangi training for all staff was completed as per the education plan reviewed. All staff have completed training in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies.</p> <p>Although the service has only Chinese residents, equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control).</p> <p>The development and review of the organisational risk management plan are led by the manager, RN, and owner/director.</p>
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		<p>The clinical governance structure is appropriate to the size and complexity of the organisation, and this involves the registered nurse, manager, owner/director, and general practitioner (GP). The management team meets to ensure there is a consistent overall approach and that all the various parts of the review are interlinking to minimise duplication and maximise its purpose.</p> <p>The service has Aged-Related Residential Care (ARRC) contracts with Te Whatu Ora -Health New Zealand Auckland (Te Whatu Ora -Auckland) for rest home level of care and long-term care – chronic health conditions (LTC-CHC). There is another contract with the Ministry of Health for residential non-aged care. On the days of the audit, there were 25 residents receiving care. This included 24 residents receiving long-term care and one resident receiving privately funded care. No resident was under the age of 65 years of age under the Ministry of Health contract.</p> <p>The previous corrective actions around reviewing the roles and responsibilities of the owner/director and manager, and ensuring the manager undertakes at least eight hours of education per annum related to the management of aged-related facilities have been addressed. The manager has a clear position description describing their role and a documented memorandum of understanding with the owner/director. Extra management training was completed.</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 Moderate</p>	<p>The quality and risk programme available was discussed and reviewed. The programme reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of quality outcomes, policies and procedures, health and safety reviews, and clinical incident management. The service has a business and quality plan. The quality plan is reviewed by the management team assisted by an external consultant.</p> <p>The manager is responsible for the implementation of the quality and risk system with input from management at the service level. The organisation's policies and procedures are managed by the manager and an external consultant.</p> <p>The service could not evidence the completion of the satisfaction survey</p>

		<p>in 2023 and 2024 year-to-date. Health and safety systems were implemented. There was a current up-to-date risk register reflecting the current environment, with the severity and probability of each risk identified and risk determined. The risks are monitored, analysed and addressed, especially risks associated with service provision. Staff document adverse and near-miss events, and each event is given a risk rating. The service is not required to comply with the National Adverse Events Reporting Policy; however, applicable events are being reported internally. Relevant incidents and accidents are being reported. Sampled events are investigated and followed up in a timely manner and open disclosure is occurring, including following any resident fall.</p> <p>The previous corrective action around essential notifications remain open. The manager interviewed was fully informed and aware of the process, although there was inconsistency in documenting and reporting these. Incidents of missing residents that involved the police, and Section 31 notifications were not being consistently completed. Notification to public health about the COVID-19 outbreak was made.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care. The annual practicing certificates of all health professionals were reviewed annually, and a record was maintained. The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there was adequate staff to complete the work allocated to them. This was confirmed by residents and family interviewed. Cultural advice is sought in a timely manner. At least one staff member on duty has a current first-aid certificate.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme, with some having trained at a higher level than this to meet the requirements of the provider's agreement with the health funders. Health professionals include a registered nurse, visiting podiatrist, pharmacist, and general practitioner.</p> <p>The rosters are displayed monthly. Staff provided positive comments and reported that they have worked at this organisation for more than five</p>

		<p>years.</p> <p>There is an education programme in place that is relevant to the service setting and ARRC contract requirements. Staff are provided with relevant ongoing training applicable to their role and level of care provided on-site (including non-aged), and records of attendance are maintained. Competency assessments include (but are not limited to); hand hygiene, donning and doffing of personal protective clothing, first aid, and medication.</p> <p>On-call clinical advice is always available when required. There is an out-of-hours on-call policy explaining how and when to contact the out-of-hours GP, RN, or management team.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. All staff completed inequities in Māori health training. In interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori.</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>	FA	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. The previous corrective actions around completing application forms, and staff undergoing police vetting were addressed. There was evidence of good recruitment processes, including letters of offer, completing application forms, signed employment agreements and position descriptions, validation of qualifications, police vetting, and performance appraisals. A total of six staff files were reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation and interviews with staff. Staff reported that they have input into the performance appraisal process and that they can set their own goals. Staff receive an orientation and induction programme that covers the essential components of the service provided.</p> <p>The previous corrective actions relating to completing an application</p>

		form or undergoing police vetting have been addressed
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The registered nurses (RNs) complete admission assessments, care plans, and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessments for residents who identify as Māori include Māori healing methodologies, such as karakia, mirimiri, rongoā, and special instructions for taonga.</p> <p>A Māori health care plan was available for residents who identify as Māori when required. Relevant interRAI outcome scores have supported care plan goals and interventions. The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. However, there were two files with no long-term care plans and a shortfall was identified in relation to this (Refer to criterion 3.2.1). The strategies to maintain and promote the residents' independence, and wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented in the care plans seen. However, this could not be verified in two files with no care plans (Refer to 3.2.4). Family/whānau goals and aspirations identified were addressed, where applicable, in the care plans seen.</p> <p>Wider service integration with other health providers, including specialist services, and medical and allied health professionals was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP) and where required, referrals to specialist services were completed. The GP was not available for interview on the day of the audit. Routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the health care assistants. Changes noted were reported to the RN, as verified in the records sampled. The long-term care plans are planned to be reviewed at least six-monthly following six-monthly interRAI reassessments. However, the care plan evaluation and routine six-monthly interRAI reassessments were not consistently completed in a</p>

		<p>timely manner. A shortfall was identified in relation to this (Refer to criterion 3.2.5). Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs, goals, and aspirations. Residents and family/whānau confirmed being involved in the evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</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>PA Moderate</p>	<p>An electronic medication management system is used. A health care assistant was observed administering medicines. The administered pro re nata (PRN) medicines were not consistently evaluated for effectiveness. Medication administration competencies were overdue for annual review. A shortfall was identified in relation to these.</p> <p>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. Standing orders were not used. Residents and their family/whānau are supported to understand their medicine when required.</p> <p>The service uses pre-packaged medication packs. The medication, including controlled drugs and associated documentation, were stored safely. Medication reconciliation occurs as required. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. Staff understood the requirements.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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 are assessed on admission to the service in consultation with the residents and family/whānau. The assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Special food requirements are accommodated in daily meal plans. The residents expressed satisfaction with the meals provided.</p> <p>The service operates with a current food control plan that expires on 16 May 2024.</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>A documented transition, transfer, and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' family/whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</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</p>	PA Moderate	<p>A current building warrant of fitness (expiry date 22 June 2024) was publicly displayed. Appropriate systems are in place to ensure the physical environment and facilities are fit for purpose. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements are met. Electrical checks were completed, and an inventory was maintained.</p> <p>The environment was hazard-free, residents were safe, and independence is promoted. Residents and staff said they are happy with the environment and confirmed they know the processes they should</p>

<p>sense of belonging, independence, interaction, and function.</p>		<p>follow if any repairs or maintenance are required. The family/whānau interviewed were pleased with the environment being suitable for their family member's needs. There were well-maintained garden areas.</p> <p>The previous corrective actions relating to pathways and deck areas that has moss on the deck/path and were a slip hazard, cardboard boxes stacked in the grounds including on the deck area, outside a resident bedroom and, electrical testing and tagging of electrical equipment not occurring have been addressed. Physical checks and documentation reviewed confirmed this has occurred.</p> <p>Ongoing consultation with the Council regarding approving the completed new ensuite toilets is still in progress</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>The previous corrective action around completing fire drills has been addressed. Records reviewed evidenced that fire drills were being consistently conducted with the latest completed on 15 December 2023</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,</p>	<p>PA Low</p>	<p>The infection prevention (IP) programme is led by the RN who is the nominated infection prevention and control coordinator. The annual review of the IP programme was overdue.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings. Hand hygiene posters were posted around the facility.</p>

and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Rosaria Rest Home's surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Infection data is collected, monitored, and reviewed monthly. The data is collated, analysed and action plans are implemented. Ethnicity was included in the surveillance data. The results of surveillance are reported back to the governance body.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff are informed of infection rates and regular audit outcomes in staff meetings. New infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents' family/whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with family/whānau. Infection outbreak reported since the previous audit was managed effectively.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of Rosaria Rest Home. The manager is the restraint coordinator and was able to describe culturally appropriate ways to manage restraint for current residents, including Māori and Pasifika residents when required.</p> <p>The management is responsible for the organisation's restraint elimination strategy and monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at the staff meetings, and at management level.</p> <p>There was no restraint in use on the day of the audit. Staff and the restraint coordinator confidently discussed the alternatives to restraint use. Staff interviews and staff records evidenced that there is ongoing training on calming and de-escalation and staff are familiar with managing challenging behaviour. Training is planned annually. An annual restraint compliance audit is undertaken and evidence of this was</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)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	<p>There were a range of internal audits planned and undertaken in 2023 and 2024 as per the audit calendar reviewed. Results are collated and action plans are developed as needed, and addressed, signed and dated on completion. The service prioritises any findings related to key aspects of service delivery, residents, and staff safety. The staff were informed of any results at the regular monthly staff and resident meetings. A set of agenda and minutes of all meetings were maintained. Staff sign when they have read the minutes displayed.</p> <p>All internal audits evidenced that corrective actions were implemented and signed off. Health and safety and quality reports were completed, and</p>	No residents or family satisfaction surveys were completed in 2023 and 2024 year-to-date.	<p>Ensure satisfaction surveys are completed as per policy requirements.</p> <p>180 days</p>

		<p>these were reviewed.</p> <p>The service's quality management system requires that satisfaction surveys are to be completed at defined intervals, however, there were no residents/family satisfaction surveys completed in 2023 and 2024 year-to-date.</p>		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA Moderate</p>	<p>Incidents of missing residents and an assault on staff by a resident's relative that involved the police were documented and investigations were completed. However, Section 31 notifications were not made to the Ministry of Health. The manager was able to complete these on the audit day.</p> <p>The RN and manager were aware of the other types of events that required essential notification, including not having an RN, stage three or higher-pressure area, and serious harm events.</p>	<p>Not all applicable events requiring essential notification have been reported to the Ministry of Health.</p>	<p>Ensure all applicable events are reported to the appropriate authority in a timely manner.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Initial interRAI assessments were completed within three weeks of an admission. Staff regularly document in the residents' progress notes in each shift. Two of five files reviewed did not have completed long-term care plans to guide care. Care was guided by the initial assessment. The RN stated that the missing care plans were completed; however, they were not available on the day of the audit. Interviewed residents, family/whānau, and observations</p>	<p>Two of five files reviewed did not have long-term care plans completed in a timely manner.</p>	<p>Ensure all care plans are completed in a timely manner to meet contractual and criterion requirements.</p> <p>90 days</p>

		verified that residents were receiving appropriate care to meet their needs.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents, family/whānau and EPOAs confirmed being involved in the assessment and care planning processes. Family/whānau support needs, goals and aspirations identified were addressed in the care plans seen. Residents and family/whānau or EPOAs confirmed that the services provided met the residents' assessed needs, goals, and aspirations. Residents' needs and risk assessments are ongoing, and any changes were documented. Residents' needs identified through the assessment process were documented in the three care plans reviewed and interventions documented were resident focused. However, in two files there were no long-term care plans available to verify this. The previous corrective action in relation to inadequate interventions to address specific care needs remains open.</p>	<p>Two of five files reviewed did not have completed long-term care plans in place. Therefore, there was no evidence to verify that appropriate interventions were in place to address the identified needs.</p>	<p>Ensure long-term care plans are completed to guide care.</p> <p>90 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</p>	<p>PA</p> <p>Moderate</p>	<p>The organisation's policy and the aged-related residential care contract require routine six-monthly care plan evaluation to be completed for residents following six-monthly interRAI reassessment. Not all routine six-monthly interRAI reassessment and care plan evaluations were completed in a timely manner. Short-term care plans were reviewed</p>	<p>In three out of five files sampled, six-monthly interRAI reassessments were overdue for review.</p> <p>In four out of five files, care plan evaluations were overdue for review.</p>	<p>Ensure that all planned care reviews are completed in a timely manner to meet the criteria requirements</p> <p>90 days</p>

<p>outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure 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>weekly or earlier if clinically indicated.</p> <p>The care plan evaluations completed included the residents' degree of progress towards their agreed goals and aspirations, as well as family/whānau goals and aspirations. 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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The implemented medication management system is appropriate for the scope of the service. A medicine administration round was observed on the day of the audit. Administered PRN medication was not consistently evaluated for effectiveness in five of the ten medication charts reviewed. The medication included pain relief, laxatives, and respiratory medicines.</p>	<p>Evaluation of the effectiveness of administered PRN medication is not consistently completed.</p>	<p>Ensure the appropriate medication monitoring system is adhered to, to meet the requirements of this criterion.</p> <p>90 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or</p>	<p>PA</p> <p>Moderate</p>	<p>Medication administration competencies for staff who administer medication were overdue for annual review. The manager stated the regular RN was away for six months and the medication administration competencies were not</p>	<p>Annual review of medication administration competencies for all staff who administer medication were overdue.</p>	<p>Ensure medication administration competencies for all staff are completed in a timely manner to meet the requirements of this</p>

returning to pharmacy.		completed in a timely manner. However, the regular RN was back on duty at the time of the audit and was working towards completing all due competencies.		<p>criterion and safe medication management guidelines.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	Two rooms that were being refurbished to have ensuite toilets were completed. These were fitted with call-bells, handrails, and water sprinklers, however they appeared small in size. An inspection completed by a certified plumber on 31 January 2024 found these not meeting compliance requirements. A report by an independent building consultant dated 8 February 2024 confirmed that the alterations did not meet Auckland Council standards. Furthermore, it was noted that following a Certificate of Acceptance (COA) for the toilets may lead to other concerns being raised in the process. The owner reported that ongoing consultation with the council were in progress.	Ensuite toilets did not meet compliance requirements as per the building consultant report.	<p>Ensure all alterations meet compliance requirements by the council.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement</p>	PA Low	The IP programme is clearly defined and documented. It has been developed by those with IP expertise. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was last reviewed in January 2023.	The IP programme was not reviewed annually as per the organisation's IP programme requirements.	<p>Ensure the IP programme is reviewed annually to meet the requirements of this criterion.</p> <p>180 days</p>

programme; and (d) Reviewed and reported on annually.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.