# Roseanne Retirement Limited - Roseanne Retirement Home

## Introduction

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

The audit has been conducted by HealthShare 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Roseanne Retirement Limited

**Premises audited:** Roseanne Retirement Home

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

**Dates of audit:** Start date: 21 May 2024 End date: 22 May 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:** 16

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

## General overview of the audit

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

This certification audit was conducted against NZS 8134:2021 Ngā paerewa Health and disability services standard and the organisations agreement with Health New Zealand -Te Whatu Ora. The audit process included a review of policies and procedures, samples of residents, staff and business records, observations and interviews with residents, family/whānau, management, staff, and a general practitioner (GP). Specific observations were made regarding the medication management system, staff handover and the meal service.

The organisation has achieved full compliance with these standards. No areas requiring an improvement were identified. A continuous improvement rating has been allocated regarding the activities programme.

## 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 fully attained. |

All staff receive in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers’ Rights (the Code). Residents who identified as Māori said they were treated fairly and mana motuhake was supported. The services provided are socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated in daily practices.

Residents and their family/whānau are informed of their rights according to the Code. Residents confirmed that they are always treated with dignity and respect. Consent is obtained as part of the admission process and as required. There was no evidence of abuse, neglect, or discrimination.

Residents and family/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau/family and legal representatives are involved in decision making. Advance directives are followed wherever possible.

The complaints process aligns with consumer rights legislation.

## 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. |  | Subsections applicable to this service fully attained. |

The rest home is owner operated by the manager. The manager is a registered nurse, monitors organisational performance and provides clinical leadership. The mission, vision and values of the organisation are documented and reviewed. The manager demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori. Flexible services and the provision of additional resources ensured that any barriers to access were minimised.

The quality and risk management programme complies with the requirements in this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. The manager was aware of their responsibilities with regard to adverse event reporting.

The appointment, orientation and management of staff was based on current good practice. A systematic approach to identify and deliver ongoing education supported safe service delivery. Staff competencies were assessed and monitored. Staffing levels and skill mix met the needs of residents.

Health information is well maintained, secure and meets health records standards and professional obligations.

## 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. |  | Subsections applicable to this service fully attained. |

Entry to service process is managed efficiently by the owner/manager. All assessments, lifestyle care plans and care evaluations were completed in a timely manner in collaboration with residents and family/whānau where applicable.

Lifestyle care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Residents are referred or transferred to other health services as required.

The planned activities provide residents with a variety of individual and group activities. The activity programme promotes residents to maintain their links with the community and meets the health needs and aspirations of Māori and whānau. Residents are supported to maintain and develop their interests and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system and an electronic medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the general practitioner in a timely manner.

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

## Te aro ki te tangata me te taiao haumaru │ 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. |  | Subsections applicable to this service fully attained. |

The facility meets the needs of rest home level care residents. There is a current building warrant of fitness. The building, chattels and equipment are maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are maintenance processes in place.

Communal and individual spaces are maintained and reflect individual residents cultural needs and values. External areas are accessible and safe for residents’ use. Bathrooms and toilet areas are accessible for all including tāngata whaikaha, people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents reported a timely staff response to call bells. All staff are identifiable.

There are appropriate security processes in place.

## 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. |  | Subsections applicable to this service fully attained. |

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. The owner/manager leads the programme which is reviewed annually. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the outbreak management plan.

Prescribed antibiotics are monitored, and occurrence of adverse effects are monitored.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Waste and hazardous substances are managed safely as per council guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is undertaken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

## 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 fully attained. |

The service is a restraint-free environment, supported by the governing body. The restraint policies and procedures provide guidance to maintain a restraint free service. There were no residents using restraint at the time of the audit. Policies and procedures that reflect best practice are available if restraint should be required in an emergency. Staff demonstrated understanding of de-escalation techniques and alternative interventions to restraint.

## 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 | 27 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 1 | 167 | 0 | 0 | 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.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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. | FA | The Cultural Safety policy was reviewed in April 2021 and includes the organisations commitment to Te Tiriti o Waitangi and equity. The Māori Health Plan has recently been amended by the manager and was then reviewed by a staff member who identifies as Māori. The plan aligns with national strategies and identifies equity goals.  The assessment process for residents who identify as Māori includes the four cornerstones of health: wairua, tinana, hinengaro and whānau. The manager demonstrated a commitment to equity and reducing barriers through describing the work and resources that have been sought and accessed, and the attempts which have been made to connect with the Māori community. This includes the local Health New Zealand -Te Whatu Ora Māori liaison service.  There are some staff who identify as Māori, and/or have connections with iwi. One of these staff members provides support and advice on tikanga best practice. All staff are encouraged, and fully supported, to implement te reo Māori and tikanga into everyday day practice. All staff have completed online training on Te Tiriti o Waitangi.  Resident and whānau satisfaction surveys confirmed that residents/whānau were satisfied that their cultural needs were being met. This was supported in interview with residents who identify as Māori. Residents are supported by staff to conduct karakia prior to kai, and formal cultural protocols are offered during events, for example the entry process and in the event of death. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | Policies and procedures are aligned with national health strategies for Pacific people. The organisation has a Pacific pastor who holds church services monthly at the rest home. The manager advised that the pastor has connections to the local Pacific community and can provide support regarding Pacific world views if required. There were no residents who identified as Pacific at the time of the audit. The manager confirmed that several attempts have been made to recruit Pacific staff, without success.  The Pacific Health Plan has recently been amended by the manager and was then reviewed by a member of the Pacific community. Evidence confirmed that the manager had integrated suggested changes into the plan. The plan clearly identifies the Pacific world view and sets out strategies for eliminating barriers to access and improving outcomes. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Code of Health and Disability Services Consumers' Rights (the Code) posters in English and te reo Māori languages were displayed around the facility. Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporate residents’ rights in daily practice. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets are included in the admission pack and were available at the front entrance foyer. Residents and family/whānau were aware of their rights and they reported that services were provided in a manner that complies with their rights. Family/whānau stated that the facility provides a homely environment that is welcoming.  Māori mana motuhake was observed in practice. The Māori assessment plan is utilised for Māori residents to enable Māori mana motuhake. Māori residents, family/whānau or enduring power of attorney (EPOA) were involved in the assessment and care planning process. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Residents’ values, beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified and documented during the admission assessment. Residents and family/whānau confirmed they were consulted on individual values and beliefs and that staff respected these. Staff were observed respecting residents’ personal areas and privacy, as well as talking to residents in a respectful manner.  Residents are supported to maintain as much independence as possible. Residents can choose to attend the activities of choice and can perform their own personal cares if competent to do so.  Te reo Māori, tikanga Māori and tāngata whaikaha participation in te ao Māori is encouraged through all activities. Residents who identify as Māori are supported to practice their culture, for example doing karakia in residents’ meetings. Staff have received education on cultural safety, equity and Te Tiriti o Waitangi. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect any form of abuse, neglect or exploitation.  Abuse and neglect policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents from abuse, revictimization, institutional and systemic racism include the complaints management process, residents’ meetings, and satisfaction surveys. Residents and family/whānau stated that they have not witnessed any abuse or neglect, that residents are treated like family, and that residents feel safe. There was no evidence of discrimination or abuse observed during the audit. Staff members interviewed stated that they would call out institutional racism if they suspect it.  Residents are encouraged to have a petty cash account that is kept safe in the office, and they can access their money as desired. Residents’ property is recorded and labelled on admission.  A holistic approach to care incorporating Te Whare Tapa Wha model of care is used to ensure wellbeing outcomes for Māori. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Residents are given information to make informed decisions and an opportunity to discuss any concerns they may have during admission or whenever required. Other agencies involved in residents’ care were documented in residents’ records. Family/whānau stated they were kept well informed about any changes to their relative’s health status and were advised in a timely manner about any incidents or accidents and medical review outcomes. This was supported in residents’ records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.  Information provided to residents and family/whānau is mainly in the English language. Appropriate interpreter services are engaged when required. Staff who identify as Māori and family/whānau support Māori residents with interpreting where appropriate. Written information and verbal discussions are provided to improve communication with residents, their family/whānau or EPOA. A record of phone or email contact with family/whānau or EPOA was maintained. |
| Subsection 1.7: I am informed and able to make choices  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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. 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. | FA | Best practice tikanga guidelines in relation to consent was practiced. Informed consent was obtained as part of the admission documents which the resident or their EPOA signed on admission. Consent was also obtained for sharing health information, taking photographs and outings and for specific procedures as required. Advance directives records were available in residents’ records where applicable. Staff were observed to gain consent for daily cares.  Residents, family/whānau and EPOAs confirmed that they are provided with information and are involved in making decisions about their care. Residents are offered a support person through the advocacy services when required. Communication records sighted verified inclusion of support people where applicable. |
| Subsection 1.8: I have the right to complain  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. 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. | FA | The complaints procedure meets consumer rights legislation and is explained to residents and family/whānau members as part of the admission process. The complaints process is displayed. Family/whānau and residents confirmed that management had an open-door policy which made it easy to discuss concerns. There were additional processes for obtaining resident and family/whānau feedback. Resident satisfaction is monitored and resident meetings were conducted which provided residents with ongoing opportunities to discuss any day-to-day concerns.  There had been one internal complaint since the last audit. Records provided evidence of acknowledgement, an investigation, and apology. The complaints was closed to the satisfaction of the complainant. It was reported that the complaints process would work equitably for Māori. The investigation process includes a face-to-face meeting (kanohi ki te kanohi) and staff who identify as Māori are available to support the resident in processing their concerns.  There have been no complaints to external organisations since the last audit. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | The rest home is owner/operated by the manager who been in the position for over 20 years and is a registered nurse with a current annual practicing certificate. The manager is fully cognisant with legislative, contractual and regulatory requirements. The mission, vision and values of the organisations are documented and reviewed by the manager. They are shared with staff during their employment process. Organisational performance, and achievement towards business objectives and quality goals are monitored by the manager who is responsible for the administration and implementation of the quality and risk management programme. The manager also provides a clinical governance structure which is appropriate to the size and scope of the service.  The manager demonstrated a commitment to equity and achieving outcomes for Māori and tāngata whaikaha. The manager had completed relevant training and provided examples of how the organisation maintained a flexible programme by reducing any barriers to access and ensuring services were inclusive of cultural and whānau needs. Additional resources were provided to ensure equity and accessibility for tāngata whaikaha. For example: the provision of mobility aids for all those who need it, additional education for staff and residents completed by a visiting audiologist who helped with maintaining hearing devices and attendance for some residents at a community exercise class for people with a disability. Māori assessments were completed using a holistic model and te reo Māori and tikanga were encouraged. There is a staff member who identifies as Māori and provides oversight and support to the manager regarding cultural matters, for example reviewing related policies and procedures. The manager also attends Mate Wareware network meetings which are hosted by Dementia New Zealand. The May 2024 meeting specifically addressed equity and different approaches for Māori.  Residents and whānau are given the opportunity to participate in service planning. Six monthly resident and whānau surveys are completed. The February 2024 surveys confirmed general satisfaction with all services provided, plus some verbatim comments for management to consider. There was also evidence that feedback from resident meetings is addressed. Whanau were confident that any suggestions they provided to management would be considered and implemented if able.  Roseanne Rest Home is certified to provide up to 17 residential beds under the Aged Related Residential Agreement (ARRC), funded by Health New Zealand – Te Whatu Ora. There were 16 residents at the time of the audit, one of whom was under 65 years funded by Whaikaha – Ministry of Disabled People. The rest home also provides a respite day programme. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | The required policies and procedures are documented. These are purchased from external consultancy services and are maintained in a manner that ensures currency and best practice. The manager is responsible for document control, introducing all changes, and removing obsolete documents from circulation. Policies and procedures are accessible to staff in both electronic and hard copy version.  There is a risk management framework. The manager reported that the biggest risk to the organisation was resident vulnerability. This risk was assessed and monitored in an ongoing manner through clinical risk assessments and regular reviews. Previous risks to staff turnover during the pandemic have improved with a stable workforce now in place.  Financial risk is managed and overseen by a chartered accountant who audits the accounts annually. All financial decisions were approved by the manager and there were systems in place to avoid fraud and manage resident funds. Work instructions regarding financial management were documented. Insurance policies were current and included business continuity and professional liability.  Day to day compliance is monitored through the implementation of regular internal audits. These audits were completed against a schedule which covers the scope of the organisation. Internal audits sampled confirmed that corrective actions were identified, monitored and implemented. The manager reported that routine internal audits provided on-going confidence that compliance requirements were maintained. Accurate data collection enabled a critical analysis of organisational outcomes.  The health and safety system meets legislative requirements, with the manager aware of their responsibilities as a person conducting business and undertakings (PCBU). Health and safety meetings were documented and included a review of all quality related outcomes, incidents/accidents, infections, hazards, complaints, pressure injuries, restraints, challenging behaviours, cultural requirements, results of internal audits and maintenance requirements. Meetings were attended by staff across the organisation, with minutes requiring sign off by staff who were unable to attend.  The manager was aware of essential notification reporting including the changes to reporting to Te Tāhū Hauora – Health Quality and Safety Commission. The organisation has had two Covid-19 outbreaks since the pandemic began, both of which were contained and reported to the public hospital and public health. There has been one episode of norovirus which was also reported and an outbreak number provided by the Ministry of Health. All incidents and accidents are investigated by the manager, collated and discussed at health and safety meetings. Comprehensive records of incidents and accidents are maintained with falls and skin tears being the most frequent events.  There was evidence that high quality health care for Māori was provided. This included the use of Te Whare Tapa Wha, the use of te reo Māori, cultural activities and participation from staff who identified as Māori. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | The organisation employs 14 staff. This was a combination of domestic staff, an activity coordinator, maintenance personnel and health care assistants. There was a documented staffing rational which was based on the number and acuity of residents. The manager develops the roster with skills and experience taken into consideration. The roster confirmed that there were sufficient staff on duty at all times. The manager was onsite daily and available on call. The roster was amended when short staffed, with currently employed staff filling any unplanned absences. There was one health care assistant on each shift, with additional short shifts from 7-10am and 5-8pm to cover busy periods. The activity coordinator was on site Monday-Friday 9am-3pm. The cleaner was onsite Monday-Friday 9am-2pm.  An annual training programme is developed and implemented. Annual training includes all the relevant and required topics, including Te Tiriti o Waitangi. Staff records confirmed that the required training is completed. Staff confirmed that training was relevant and useful. Staff are also supported to access external training, for example palliative care, wound care, Mate Wareware, Spark of Life and Hauora – Māori Health. Staff have completed education on Te Tiriti and cultural safety through Care Training Online. This training includes topics such as barriers to access, Māori tāngata, biculturalism and conflicts of culture. The majority of staff have completed or are working towards varying levels of the New Zealand Qualifications Authority Health and Wellbeing Certificate.  Core competencies were defined and monitored annually. Mandatory competencies included medication, infection prevention, emergency management, informed consent, hand washing, restraint minimisation and care plan development. Additional competencies included insulin administration, blood sugar monitoring, the management of sharps and administration of warfarin. Records of completed competencies were sighted in staff records sampled.  The environment supports and encourages collecting and sharing high-quality Māori health information. Te Whare Tapa Wha was utilised, te reo was encouraged and one senior care giver has completed a New Zealand Qualification Authority (NZQA) Certificate in Hauora – Māori Health (level four). Staff have completed education on Te Tiriti and cultural safety through Care Training Online. This training also included topics such as barriers to access, Māori tāngata, biculturalism and conflicts of culture.  Staff confirmed that management provides a supportive work environment. They were confident in the leadership and support they are provided. Flexibility in rostering allows for staff to attend to whānau and personal needs, and additional support is offered if required. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | Human resource policies and procedures are current and align with employment legislation.  The skills and knowledge for each position are documented in position descriptions. These include responsibilities and accountability. Professional qualifications were validated prior to employment. Staff files included curriculum vitae’s, reference checks, police vetting and copies of any certificates. Certificates sighted included (but were not limited to) a combination of NZQA Health and Wellbeing certificates (level three and four), certificate in Hauora Health, attendance at palliative care training, Mate Wareware Dementia and Spark of Life education. One senior health care worker had also completed a certificate in customer service excellence (2020) which they stated had provided them with valuable communication skills when working with residents, health professionals and family/whānau.  All staff received an orientation on commencement of employment. An orientation workbook was provided, which was signed off by the manager once completed. Orientation included the essential components of service delivery. Completed orientation records were sighted in staff records. A newly appointed staff member stated that the orientation process was safe and prepared them well for their role.  Staff confirmed that they had a performance review annually. Annual competencies are completed at the time of the performance review. Records of reviews were sighted in staff records. Some staff have been with the organisation for a long time and reported that management provide a trusting, supportive and whānau friendly environment. All staff stated that the manager was readily available and provided opportunities for debriefing if required.  Staff records were securely and confidentially maintained. The manager held the key to the staff records filing cabinet. Information was current and accurate and used in line with Health Information Standards Organisation (HISO). Cultural preferences were recorded on commencement of employment. This included ethnicity and the ability to speak te reo Māori. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | A mixture of paper based, and electronic information management system is in use. Most of the residents’ information is paper based, except for the medication management system completed electronically. The lifestyle care plans are completed electronically, and copies are printed and put in the residents’ paper files. These documents were sighted in clinical records sampled. All necessary demographic, personal, clinical and health information was fully completed. Clinical notes were current and integrated. This included interRAI assessment information entered into the electronic database and reports printed and stored in the residents’ files.  The progress notes were legible with the name and designation of the person making the entry identifiable. The electronic medication management system in records prescriptions and administration times.  Archived records are held securely on site and are readily retrievable. Residents’ information is held for the required period before being destroyed. A shredder is used for destruction of unwanted confidential information.  No personal or private resident information was on public display during the audit. The residents’ files were kept in a locked filing cabinet. Staff have individual passwords to access electronic records.  The service is not responsible for National Health Index (NHI) registration. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | Entry criteria were clearly documented in the information handbook. Entry to services is managed by the manager. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident and/their family/whānau. Residents enter the service when their required level of care has been assessed and confirmed by the local needs’ assessment and coordination service (NASC).  Entry to services policies and procedures have clear processes for communicating the decisions for declining entry to services. Residents confirmed their rights and identity are respected. The service maintains a record of the enquiries. Routine analysis of entry and decline rates including specific rates for Māori is completed. The service has established links with the local Māori communities and other Māori organisations to meet the needs of residents who identify as Māori. There is a nominated Māori staff member to provide guidance when required. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The manager completes nursing admission assessments, care plans and care evaluations. Initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their family/whānau where appropriate. The service uses a range of assessment tools, for example tools that include consideration of residents’ lived experiences, oral health, falls risk, continence, cultural needs, values, and beliefs.  InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessment outcomes, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents, family/whānau or EPOA were involved in the assessment and care planning processes with resident’s consent.  The lifestyle care plans identified residents’ strengths, goals and aspirations and aligned with their values and beliefs. Early warning signs and risks that may affect a resident’s wellbeing were documented. Challenging behaviour plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.  An assessment plan for Māori residents was utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process and support Māori residents to identify their own pae ora outcomes. Use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia are included in the assessment form. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori Health Plan and the manager reported that these are monitored and prevented as possible.  Medical assessments were completed by the general practitioner (GP) in a timely manner. Routine medical reviews were completed three monthly and more frequently as determined by the resident’s condition where required.  Service integration with other health providers including medical and allied health professionals was evident in records sampled. Changes in residents’ health were escalated to the manager or the GP in a timely manner. Records of referrals made to the GP when a resident’s needs changed, and timely referrals to relevant specialist services as indicated were evident in the residents’ files. In interview, the GP confirmed satisfaction with the care provided to residents and that medical orders were followed.  The lifestyle care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents’ degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Changes were made to the lifestyle care plans in collaboration with residents where progress was different from expected. Residents’ care was evaluated on each shift in the progress notes by the care staff.  A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents’ needs. The residents and family/whānau confirmed their involvement in evaluation of progress and they expressed satisfaction with the care provided. Residents’ records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. |
| Subsection 3.3: Individualised activities  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. | FA | The diversional therapist (DT) completes the activities needs assessment for all residents on admission with input from residents and family/whānau. Residents’ activity needs, interests, abilities, and social requirements are assessed with input from residents and family/whānau or resident’s EPOA. Daily activities and weekly activities were written on a whiteboard. Residents are invited to the activities on the programme each day.  Individual and group activities are provided. Activities on the programme reflected residents’ goals, ordinary patterns of life and included normal community activities. Successful implementation of Spark of Life rehabilitation programme was awarded a continuous improvement rating. Several residents have joined the programme and a significant improvement in their engagement in activities and their communication has been noticed on evaluation of the programme.  A wide variety of activities are organised for residents including external activities suitable for young people with disabilities. Monthly, national and international days are celebrated. National cultural events celebrated include Waitangi Day, Matariki celebrations, ANZAC and Māori language week. Other opportunities for Māori to participate in te ao Māori include having karakia in residents’ meetings and including traditional Māori music in exercises with poi for reflect flexibility. Regular outings are organised for residents. Young residents with disabilities are supported to attend to community activities to meet their needs.  Resident’s activity needs are evaluated as part of the formal six monthly interRAI assessments and lifestyle care plan review. Feedback on activities is an agenda item of monthly residents’ meeting. Residents were observed participating in a variety of activities on the days of the audit. Residents’ family/whānau are welcome to participate in activities of choice. This was observed on the days of the audit. Interviewed residents and family/whānau confirmed they find the programme enjoyable and entertaining. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy complies with relevant legislation and guidelines. Medicines were safely administered using an electronic system. A health care assistant was observed administering lunchtime medicine. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies. Medication errors were documented, and investigations completed with corrective actions implemented as required.  The medicine was stored safely in a locked medicine cupboard. Medications were supplied to the facility in a pre-packaged format from a contracted pharmacy. The manager completes medication reconciliation when new packs are delivered from the pharmacy and when residents return to the facility from acute services. All medications sighted were within current use by dates. Pharmacist input was provided on request. Standing orders are not used.  Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. The records of temperatures for the medicine fridge and the medication cupboard were within the recommended range.  Three-monthly medication reviews were consistently completed by the GP. Appropriate prescribing practices were observed in records reviewed. Over-the-counter medicine supplements and allergies were documented on the prescription charts where applicable. Residents and their family/whānau are supported to understand their medications. The GP stated that when requested by Māori, appropriate support, and advice for treatment is provided.  There were no residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner when required. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | Residents’ dietary requirements are assessed on admission in consultation with the residents and family/whānau. Residents’ personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are documented. A diet profile is completed and shared with kitchen staff and any special requirements are accommodated in daily meal plans.  Food is prepared on site by two cooks. The menu follows summer and winter patterns. The menu was reviewed by a registered dietitian on 15 March 2023. Residents who chose not to go to the dining room for meals had them delivered to their rooms.  The service operates with an approved food safety plan. The current food control plan expires on 20 May 2025. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.  Residents’ weight was monitored monthly and there was evidence that any concerns in weight were managed appropriately. Additional supplements were provided where required. Culturally specific to Māori food options were provided on request. Whānau/family are welcome to bring culturally specific food for their relatives. Residents and family/whānau expressed satisfaction with the food services.  Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the resident, their family/whānau and the EPOA where applicable. A transfer form and checklist are completed to facilitate the sharing of relevant documents for continuity of care. The service coordinates with the receiving service over the phone to provide verbal handover. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation. Residents were provided with the support they required during the transfer processes.  Referral or support to access kaupapa Māori agencies and other health and disability services where indicated, or requested, is offered. Residents’ family/whānau were kept informed of the referral process, reason for transfer or discharge as verified in records sampled and in interviews. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The facility was safe and fit for purpose. There was a current building warrant of fitness (BWOF) which expires in November 2024. A planned maintenance schedule is implemented with any additional maintenance issues attended to. Equipment relevant to care needs was available. An electrical testing and tagging programme was in place along with the routine calibration of medical equipment. The hazard register was current, with processes to ensure hazards were monitored, isolated or removed. Equipment and aids are stored safely. All hazards are discussed at health and safety meetings.  There is adequate space throughout. There are two lounges and one dining area. Bedrooms are or sufficient size to accommodate personal belongings and equipment. There is a combination of single and shared ensuites. Every bedroom has a handbasin and an external window. There is an accessible toilet for visitors and a separate toilet for staff. Heating includes gas heaters in public areas and electric heating in bedrooms. Residents and whanau confirmed satisfaction with the facility and stated it provided a homely environment.  Environmental audits are routinely completed to ensure compliance and safety requirements are maintained. The cleaner maintains a schedule for checking hot water temperatures.  The manager did not own the building and there were no plans for any new buildings. In the event that this changes, the manager reported they would ensure the owners of the building considered methods for ensuring that the changes reflected the aspirations and identity of Māori. The facility was accessible to those who had a disability and rooms were personalised to reflect cultural values. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The approved evacuation plan is dated May 2005. There have been no changes to the building since then. Evacuation plans are displayed throughout the facility. Fire equipment is routinely checked by an external agency. There is a fire warden on every shift, who is required to complete fire training and a fire warden self-test. There are sprinklers and smoke alarms throughout the facility. Evacuation plans are displayed, with a visual display of the first name of each resident, in each room displayed under the fire board. Exit signs are clearly visible, as is the external evacuation point.  Emergency management procedures are documented and readily available. There is an emergency management plan which covers a wide range of situations, disaster preparedness and business continuity. All staff are orientated to emergency procedures during orientation and complete an annual competency. Evacuation drills are completed every six months, with the last one conducted in March 2024. Staff confirmed that they are not aware of when there is going to be an evacuation drill.  The required emergency supplies are available. This includes stored potable water, food supplies, civil defence kits, and back up gas bottles. The sufficiency of emergency supplies was successfully tested during cyclone Gabriel when the rest home had no power for several days. The manager has also received confirmation from neighbours that they will provide support during an emergency.  First aid supplies are readily available. Staff were aware of where to quickly access first aid supplies and all staff have a current first aid certificate, including domestic staff.  All bathrooms, toilets and bedrooms have a call bell. These are routinely checked during internal audits. Satisfaction surveys provide residents the opportunity to comment on the response time to calls bells, with no concerns noted.  Security arrangements are effective. Evening staff complete a security check to ensure all external doors and windows are secured. There are door alarms on all external doors. There is a call bell on the front door and security lights outside the building. All staff wear a uniform and name badge. All visitors are required to sign in on entry, and record the reason for the visit, and who they are visiting. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | The manager leads the infection prevention and antimicrobial stewardship (AMS) programmes. Policies and procedures have been purchased from an external consultant and reflect current Ministry of Health strategies, standards and best practice. Infection prevention is included in the quality and risk management plan. A stepwise approach is in use to minimise risks. Recent outbreaks were escalated to the manager within 24 hours. The GP provides initial support and advice. Expert advice is sought following a defined process. Public Health advice can be sought as needed or as clinically indicated from infection prevention specialists. A documented pathway supports reporting of progress, issues, and significant events.  The manager attends the Health New Zealand - Te Whatu Ora infection prevention and control support group every two months and finds these useful as they cover a range of topics and share best practice strategies. There is a pathway for reporting infections and monitoring treatment. This is predominately the responsibility of the manager.  Infection prevention and AMS is an integral part of the health and safety committee. The manager is the health and safety representative. Infections are reported at health and safety meetings. Meetings are attended by a combination of staff across the organisation and confirm leadership from the manager regarding infection prevention and monitoring. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The manager is the infection control coordinator (ICC). The infection control coordinator’s role, responsibilities and reporting requirements are defined in the infection prevention and control policy. The ICC has completed external education on infection prevention and control within the past year. They have access to shared clinical records and residents diagnostic results.  The implemented IP programme is clearly documented and was developed with input from external infection prevention and control services. The IP programme was approved by the owner/manager and is linked to the quality improvement programme. The IP programme was last reviewed in January 2024. The IP policies reflect the requirements of this standard and include appropriate referencing.  Infection prevention audits were being conducted monthly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes at health and safety meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.  The pandemic and outbreak management plans in place were reviewed at regular intervals. Sufficient stock of IP resources including personal protective equipment (PPE) was sighted. The IP resources were readily accessible to support the pandemic response plan.  The ICC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff had received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.  The ICC is responsible for procurement of the required equipment, devices, and consumables through the Ministry of Health. The ICC would be involved in the consultation process for any proposed design of a new building or when significant changes are proposed to the existing facility. At the time of the audit there were no plans for new buildings or significant changes.  Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy guides staff practice.  Care staff were observed following appropriate infection control practices such as use of hand-sanitisers, effective hand-washing technique and use of disposable aprons and gloves. Sanitiser dispensers were readily available around the facility.  The cultural advisor guides staff on tikanga Māori to promote culturally safe practice in IP. Staff were aware of culturally safe practice in IP to meet individual needs. Infection prevention educational material in te reo Māori was posted around the facility |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the manager. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the ICC reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. The data is collated for analysis, and action plans are implemented. All healthcare-associated infections (HAIs) are monitored by the owner/manager and discussed with staff regularly in meetings. Surveillance information include ethnicity data.  Residents and family/whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with residents and family/whānau. COVID-19 and norovirus infection outbreaks reported since the previous audit were managed effectively with appropriate notifications completed. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry and in the cleaners’ room. Cleaning products were in labelled bottles. The cleaning trolley was safely stored in the cleaners’ room when not in use. There was sufficient PPE available which included masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood processes for safe donning and doffing of PPE.  Cleaning policies and procedures to guide staff were available. The cleaning staff have attended training appropriate to their role. The manager has oversight of the facility testing and monitoring programme for the built environment.  All laundry is completed onsite. Policies and processes were in place that identified the required laundry processes. A clear separation for the handling and storage of clean and dirty laundry was sighted.  The effectiveness of cleaning and laundry processes is monitored by the internal audit programme and satisfaction surveys. Residents and family/whānau confirmed satisfaction with cleaning and laundry processes. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Roseanne Retirement is a restraint-free environment. There were no restraints in use during the audit. The manager is committed to the maintenance of a restraint free environment. There are policies and procedures related to restraint should these be required in an emergency event. The manager is the restraint co-ordinator, who oversees the implementation of the restraint free environment. Induction of new staff includes orientation to the restraint free policy. Continuing education includes management of challenging behaviour and de-escalation techniques. Staff discussed restraint alternatives and provided examples of those used. |

# 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.

|  |
| --- |
| No data to display |

# 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 3.3.1  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. | CI | The planned activities enhance people’s strengths, skills, and interests. The Spark of Life programme which is a philosophy and model of care for people who are living with dementia was implemented at the beginning of 2023. The programme involves strengthening residents’ ability, stimulation of tactile sense and colour and facilitates people with dementia to express themselves, share life experiences with people with similar cognition. Residents with dementia were assessed and were grouped into three groups called “Sunshine Clubs” depending on their cognition level. In these small groups, residents have bonded with each other and got to know each other. A suite of activities was introduced to meet their needs, for example, the group of residents who were unable to express themselves, had cue cards to prompt them to talk. The residents also participate in art and craft activities that are displayed around the facility. The programme has 14 participants including others who attend the day care programme. Residents were observed participating in the Sunshine clubs on the days of the audit and family/whanau interviewed verified the improvements noted in residents’ ability and attendance to activities. The implementation of the Spark of Life programme resulted in increased staff knowledge and confidence in providing meaningful activities to residents living with dementia.  The diversional therapist and the manager are committed to the continuation of Spark of Life. The manager has completed the management component of Spark of Life training and the diversional therapist has completed a Spark of Life Master Practitioner Certificate. The focus is now to implement a Centre of Excellence at Roseanne using this knowledge. | Outcomes from a quality initiative aimed at residents who are living with dementia, is rated beyond full attainment. The success of the programme was measured by extracting statistics on the attendance to activities for residents with dementia. All residents who attend to the programme have shown significant improvement in communication, activities participation, connections, and self-care. Residents who were reported to be anxious are more settled. Prior to implementation of the programme, there were three residents who never used to attend the activities. These three now attend the Sunshine clubs with enthusiasm. The attendance has increased from zero to six to eight times per week. With the successful implementation of the Spark of Life programme, the activities coordinator has adopted its principles and has rolled it across the activities programme for all the other residents. Residents and family/whānau confirmed, they find the activities programme interesting and caters for residents’ individual needs. Increase in activities participation was noted across all residents. |

End of the report.