

# QR 168 Limited - Queen Rose 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 BSI Group New Zealand Ltd, 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:

<b>Legal entity:</b>	QR 168 Limited
<b>Premises audited:</b>	Queen Rose Retirement Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 May 2024    End date: 24 May 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	27

# 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Queen Rose Retirement Home provides rest home level care for up to 29 rest home level care residents. On the day of audit, the facility had full occupancy of 27 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts held with Health New Zealand Te Whatu Ora - Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, general practitioner, management and staff.

The facility manager who is a director and shareholder and an experienced manager are supported by a registered nurse. Other senior roles, the kitchen manager, activities coordinator, are also director shareholders. Robust quality systems and processes are implemented.

Feedback from residents and family/whānau was positive about the care and the services provided.

A continuous improvement has been awarded in relation to food services.

## 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.

Queen Rose Residential Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented and complaints and concerns are 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.

Subsections applicable to this service fully attained.

The business plan for 2024-2026 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled with corrective actions as indicated. A health and safety programme is being implemented. The director/facility manager and office administrator are the designated health and safety officers. Hazards are identified with appropriate

interventions implemented. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te ora | 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.
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The director/facility manager and registered nurse are responsible for each stage of service provision. Nursing assessments and care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Discharge and transfers are coordinated and planned.

The activity programme is designed to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links.

Residents' food preferences and dietary requirements are identified at admission and all meals are provided by an external contractor. A new menu that provides choice has been implemented, Cultural food preferences are accommodated.

Medication policies meet legislative requirements and guidelines. Medication competent staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

## Te aro ki te tangata me te taiao haumarū | 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.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty with a current first aid certificate.

## 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 director/facility manager is the designated infection control person and oversees the infection prevention programme. They are supported by the general practitioner. Staff have completed annual infection prevention training, and the director/facility manager provides ongoing supervision and support. There are implemented internal audits around the environment and cleanliness that ensures that infection control is monitored. Infection data is communicated to the owners which includes ethnicity data.

## 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.

Queen Rose considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is the director/facility manager. Restraint training which includes behaviours that challenge and de-escalation strategies is completed as part of the mandatory training plan.

## 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](#).

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>A Māori Health Plan is documented for the service. The plan and associated policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Key relationships with Māori are in place through connections with Te Roopu Tautoko Ki Te Tonga (Community Health and Social Services Kaupapa Māori) who provide guidance and support for Māori and with a Kaitiko Matauranga (through a Māori staff member) who is affiliated with Otakou Marae. An entertainer who identifies as Māori visits Queen Rose regularly to perform Māori music. There are groups of residents who have visited “Treasures of Tuhura Otago Museum Tour” to expand their knowledge of Māori and culture.</p> <p>The service supports increasing Māori capacity by increasing the numbers of Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported in culturally safe ways and are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines. Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of</p>



		<p>partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>Two directors (facility manager and activities coordinator), one shareholder (care manager) and eight staff members, including one registered nurse (RN), quality coordinator (RN), five healthcare assistants (HCA) and one maintenance person interviewed described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau and psychological health of the residents.</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>Queen Rose Residential Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. A Pacific health plan with associated policies is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025.</p> <p>At the time of the audit there were no Pasifika residents living at Queen Rose Residential Home. There is a process to gather ethnicity information in place. Information including ethnicity and Pacific people's cultural beliefs and practices are collected during the admission process which would then be entered into the residents' files. Family/whanau are encouraged to be present during the admission process and the service welcomes input from residents and family/whanau when documenting the initial care plan.</p> <p>There are cultural assessments and care plans in place for residents who could identify as of Samoan, Tongan, Cook Island descent. There is a staff member of Pasifika descent who provides advice around cultural differences. The service has linkages to a Pacific Community Group (Samoan) through the staff member to provide guidance for better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p> <p>The director/facility manager confirmed that the service would encourage and support any applicants who identify as Pasifika,</p>

		through the interview process. Interviews with management, staff members, residents, and family/whānau identified that the service puts people using the services, family/whānau, and the Queen Rose Residential Home community at the heart of their services.
<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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information provided to new residents and their family. The director/facility manager, care manager, or RN discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the quarterly resident and family/whānau meetings. An HDC advocate attends the residents meeting at least once a year. Six residents and four family/whānau interviewed reported they are involved in providing input into the resident's care planning, activities and their dietary needs. interviewed reported that the residents' rights are being upheld by the service.</p> <p>Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the information, pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake, self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The resident and family/whānau satisfaction survey results (February 2024) confirmed that residents

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Six resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect as well as effective safeguards to protect the resident from revictimisation. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p>

		<p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information about the service is provided to residents and whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify whānau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if whānau have been informed (or not). This is also documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English.</p> <p>HCA's and the director/facility manager interviewed described how they would assist any resident that did not speak English with interpreters or resources to communicate as the need arises. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The director/facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Policies are in place for informed consent. The six resident files reviewed included signed general consent forms, vaccinations, outings, and photographs, there were also appropriately signed resuscitation plans and advance directives. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau, and in care planning as required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Residents and family/whānau are provided with the complaints procedure on entry to the service, this was confirmed in interviews. The service maintains a record of all complaints, both verbal and written on the complaints register. The complaint documentation process includes acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have not been any complaints made since the previous audit in June 2023. Staff interviewed confirmed they would be informed of complaints in the monthly quality/staff meetings (meeting minutes sighted). Compliments and concerns (complaints) forms are available near the entrance to the facility.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held quarterly. Communication is maintained with individual residents with updates during activities, mealtimes and one on one reviews. Residents and/or family/whānau making a complaint can involve an independent support person in the process</p>

		<p>if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Queen Rose Retirement home is owned by QR 168 Limited, a group of eight shareholders (four directors and four shareholders). The service provides care for up to 29 rest home level care residents. At the time of the audit there were 27 residents including one resident (under 65), one resident funded by a Ministry of Disabled contract and one resident on respite care under an Accident Compensation Corporation (ACC) contract. All other residents were under the age-related residential care (ARRC) services agreement.</p> <p>The director/facility manager confirmed the ownership team is supportive and committed to supporting Queen Rose management and staff. The ownership team and senior staff have completed Ngā Paerewa modules one and two training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with a Kaitiko Matauranga and mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The satisfaction surveys and resident and family/whānau meetings provide forums for tāngata whaikaha to have input into the service.</p> <p>The Queen Rose 2024-2026 business plan clearly identifies the company purpose, values, scope, direction and goals. Organisational performance is regularly monitored against the direction and goals. The business plan reflects a commitment to improving the health status of ethnic groups including Māori and Pacific people. This aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The director/facility manager was interviewed and confirmed an in-depth knowledge of the operational and clinical activities. Two of the directors (facility manager and activities coordinator) and one shareholder (care manager) attend the monthly combined quality/staff meeting and are fully informed around management of quality and risk. Copies of the</p>

		<p>meeting minutes are shared with other directors and shareholders. The clinical governance structure in place is appropriate to the size and complexity of Queen Rose with the GP and facility manager being part of the board.</p> <p>The director/facility manager is a RN with a current annual practising certificate, with six years management experience at Queen Rose. The director/facility manager is supported by a care manager, RN, RN/quality coordinator and a director/activities coordinator (referred to as the activities coordinator). The director/facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attending an NZ Aged Care Association (NZACA) one day training course around human resources and sustainability.</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>	FA	<p>The service has a quality and risk management programme provided by an external consultant and a part time quality coordinator (RN) who completes internal audits and implements corrective actions (when required). The quality and risk management system includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Corrective actions are documented to address service improvements with evidence of progress and sign off when achieved. Clinical indicator data is collected and analysed, and results discussed at the quality and staff meetings. Staff meetings provide an avenue for discussions in relation to (but not limited to); health and safety, infection control, outbreak management, complaints received (if any), staffing and education.</p> <p>Resident and family/whānau meetings provide a forum for open discussion and sharing of survey results, staffing and outbreak management. Resident and family/whānau satisfaction surveys are completed annually. The 2024 resident satisfaction survey had a 100% response rate and indicated that 100% of the respondents were happy with all aspects of the service. These results were confirmed during interviews with residents and family/whānau. The service actively looks to improve health equity through critical</p>

		<p>analysis of organisational practices. This is completed through annual reviews of the quality programme. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>A health and safety programme is being implemented with the director/facility manager and office administrator in the role of health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident, a debrief process is documented on the incident report. Each accident/incident is documented in hard copy. Accident/incident forms reviewed indicated that the forms are completed in full and are signed off by the director/facility manager. Accident and incident data is collated monthly and analysed. Results are discussed in the quality and staff meetings. There is a policy and procedure for recording neurological observations, which is closely followed.</p> <p>The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori. Training is supported with input from an external consultant who has cultural expertise. The service actively looks to improve health equity through critical analysis of organisational practices. This is completed annual reviews of the quality programme. Discussions with the director/facility manager and RN evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 reports required to be completed since the last audit in June 2023. There have also been no outbreaks documented since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The staffing policy describes the rostering process. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The director/facility manager works three days a week, Thursday, Friday and Sunday and an RN works full time from Monday to Friday. They are on call 24/7 for any non-clinical and clinical issues respectively. The RN is supported by a part time RN/quality coordinator. The care manager (non-clinical) works four days a week from Monday to Thursday.</p> <p>Staff and residents are informed when there are changes to staffing</p>



		<p>levels, evidenced in staff interviews and meeting minutes. Healthcare assistants stated there is enough time in their shift to complete all cares and laundry duties throughout the shifts. There is the flexibility on the roster to increase hours to meet residents' needs. The HCAs, residents and family/ whānau interviewed confirmed there are sufficient staff on duty at all times.</p> <p>The care manager provides both group and one on one training education to all staff with additional education training available online. A review of training identified that compulsory training has been provided. The training has included the provision of safe cultural care and Te Tiriti o Waitangi. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training days provided by Health New Zealand Te Whatu Ora - Southern. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Sixteen HCAs are employed; nine HCAs have achieved a level four NZQA qualification, one HCA has completed level three, five HCAs have achieved level two and one HCA is level zero.</p> <p>Queen Rose Residential Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All HCAs are required to complete annual competencies, including (but not limited to); restraint, hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained. Additional RN specific competencies include (but are not limited to) syringe pump, wound management and an interRAI assessment competency. Three RNs are all interRAI trained. Care staff are encouraged to complete additional training opportunities where available. Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</p>
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<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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (one care manager, one RN, two HCAs and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator and infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy in place. All staff who had been employed for over 12 months have an annual appraisal on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up actions taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored</p>

		in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are admitted to the service after their care needs are determined and validated by the Needs Assessment and Service Coordination agency (NASC). Queen Rose encourages prospective residents and their family/whānau to visit prior to admission. The service provides them with detailed written information about the services and the admission procedure.</p> <p>Policies and procedures for entering services are well-documented and include explicit methods for communicating reasons for service denial, ensuring transparency and respect for potential residents' rights and identities.</p> <p>Entry-to-services data is documented, including ethnicity data. The director/facility manager stated they seldom decline admissions, and any declines that occur are typically due to contractual limitations to rest home level care.</p> <p>Queen Rose has strategic partnerships with local Māori communities and organisations, offering tailored benefits to residents who identify as Māori, as needed.</p> <p>Feedback from residents, their family/whānau, and legal representatives has confirmed their satisfaction with the admission process and the clarity and availability of information provided at the time of admission. All records reviewed complied with contractual obligations.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	FA	Six resident files were reviewed at rest home level care including one on a respite Accident Compensation Corporation (ACC) contract

<p>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>and one mental health and a younger person with a disability (YPD) contract. Registered Nurses are responsible for completing nursing assessments including interRAI assessments, care planning and evaluation of care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plans, medical assessments and long-term care plan timeframes meet contractual requirements. This was verified in residents' records and in interviews with the RN. The care plans documented integration with other health providers, including HCAs, the GP, and visiting health professionals. Any changes in residents' health were promptly escalated to the GP, and referrals to relevant specialist services were made as needed, as evidenced by the residents' files reviewed. The GP was available for an interview and was very positive regarding the capability and experience of the RNs at Queen Rose.</p> <p>Short-term care plans for acute conditions were established and reviewed as clinically necessary. Regular review of care plans occurred six monthly. Care plan evaluations focused on the residents' progress towards achieving their personal goals and aspirations, as well as those of their family/whānau.</p> <p>A variety of clinical assessments including interRAI assessment outcomes, referral details, and the needs assessment and service coordination evaluations formed the foundation for personalised care planning. Residents, along with their family/whānau and legal representatives, actively participate in the assessment and care planning processes, as confirmed through interviews. Care plans sampled showed that they were all accurately reflected the residents' strengths, goals, and aspirations, and were aligned with their values and beliefs. The care plans included strategies to maintain and enhance residents' independence and well-being, and documented potential early warning signs and risks that could impact health.</p> <p>The management of specific medical conditions was documented, showing systematic monitoring and regular evaluations of the responses to the care provided. Behaviour management plans were</p>
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		<p>in place as required, with triggers and strategies outlined to manage specific behaviours. Additionally, residents with conditions such as diabetes and those on anticoagulant medications had comprehensive risk management plans. Neurological observations are completed for unwitnessed falls, or where there is a head injury. The director/facility manager or RN reviews all neurological observations as part of the post fall review.</p> <p>Te Whare Tapa Whā model of care is implemented to integrate tikanga and kaupapa Māori perspectives throughout the care planning process, supporting Māori residents and their whānau in identifying their unique needs. The director/facility manager confirmed traditional healing practices such as karakia, rongoā, and mirimiri, with the director/facility manager confirming that these practices are supported as required. Tāngata whaikaha (people with disabilities) and family/whānau play active roles in the care planning to ensure that their preferences and desires are honoured. The service promotes accessibility by encouraging family/whānau participation and ensuring that cultural support and advocacy services are available when required.</p> <p>The service has an electronic resident management system with a number of paper monitoring forms being used. Records are well-integrated with paper forms being uploaded to the electronic file.</p> <p>Residents have access to a physiotherapist as required. The podiatrist visits the facility six-eight weekly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Health NZ – Southern.</p> <p>A wound assessment and management plans were reviewed for one wound. Wound dressings were being changed appropriately and a wound register is maintained. Evaluations were documented well.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the rest home level care provided and in accordance with the residents' needs. Residents and family/whānau interviews confirmed being involved in every aspect of service delivery.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is managed by the activities coordinator, with all staff supporting the delivery of activities. The activities offered reflect the residents' usual lifestyles, strengths, skills, and interests, and include typical community activities. The programme runs from Monday to Friday, with pet therapy coming in over the weekend.</p> <p>Daily exercises are incorporated into the programme, including group walks and chair yoga. The activities coordinator conformed staff involvement in activities and games like housie. There are cultural activities available for residents including celebration of Matariki, Māori language week and the inclusion of te reo Māori. Additionally, residents have access to Māori TV programs, including te ao Māori News, enriching their cultural engagement.</p> <p>The facility has its own van which is used for outings and residents are supported to access community events.</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>	FA	<p>Policies are available for safe medicine management that meet legislative requirements. All staff who administer medicines have a current medication administration competency. The facility manager monitors staff competencies.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP has reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. On the day of the audit, no residents were self-medicating. The facility has established policies and procedures to manage self-medication effectively if needed. Standing orders are not used. The residents' diabetic and anticoagulant medications have been administered safely, adhering strictly to the GP's instructions.</p> <p>Staff were observed to be safely administering medications using an electronic medication management system. The HCAs interviewed could describe their role regarding medication administration. The service uses robotic rolls, and all medications are checked on delivery against the medication chart by the facility manager for any</p>

		<p>discrepancies, which would be fed back to the supplying pharmacy.</p> <p>Fridge temperatures and medication room temperatures are monitored and maintained within safe levels. All medications are checked monthly for expiry dates and returned to pharmacy when required. Controlled medications are securely stored and weekly checks are completed. All eyedrops have been dated on opening. The director/facility manager stated that all over the counter vitamins or alternative therapies residents choose to use, are reviewed by the GP.</p> <p>The clinical files contained documented evidence showing that residents and their relatives are kept informed about changes to medications, including reasons for the changes and potential side effects. The director/facility manager explained they work collaboratively with all residents, including Māori residents and their whānau, to ensure they receive the necessary support. This collaboration ensures that advice is timely, accessible, and that treatment is prioritized to enhance better health outcomes.</p> <p>A thorough process is in place for analysing medication errors, with corrective actions taken as needed. Regular audits of medication practices and the implementation of corrective action plans are conducted to ensure ongoing compliance and safety. There were no expired medications sighted during the audit and there is a process involving returning any expired or unwanted medications to the pharmacy in a timely manner.</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>The food service is in line with recognised nutritional guidelines for older people. 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.</p> <p>Queen Rose uses a contracted service to provide the food service. The morning HCAs prepares and serves breakfast and then lunch. An afternoon HCA heats and serves the evening meal (which is</p>

		<p>delivered at lunch time). All food arrives at the site dated before it is stored in the chiller. The menu meets the nutritional guidelines for older people and has been reviewed by a dietitian each time there is a change to the menu (at least four times a year). The menu accommodates Queen Rose resident's preferences, likes, dislikes, special diets such as vegetarian diet, soft diet, or diabetic diet. In response to resident satisfaction surveys, the external contractor and Queen Rose management have implemented an options menu. This has been very well received by residents and has contributed to a 100% satisfaction result in the 2024 survey.</p> <p>Healthcare assistants who serve food have completed food safety training and are familiar with the concepts of tapu and noa. The menu follows seasonal patterns in a four-weekly cycle. Meals are served in the dining room. Residents who choose not to go to the dining room for meals, have meals delivered to their rooms. The menu has cultural times on it which can be accessed when residents request these.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. An approved food control plan and registration issued by the Ministry for Primary Industries was available. The current food control plan will expire on 31 May 2025.</p> <p>The staff have provided menu options culturally specific to te ao Māori.</p> <p>During the audit, mealtimes were observed. Residents were provided with the necessary support and ample time to enjoy their meals at a leisurely pace.</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,</p>	FA	<p>The management of transitions, transfers, and discharges is documented in a policy to guide staff practices. This policy ensures that any transfer or discharge is planned and executed safely, with coordination across services and in collaboration with the resident, their family/whānau, or EPOA. Family/whānau reported they were well-informed throughout the transfer process of their Family/whānau. In acute or emergency situations, residents are</p>



<p>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>		<p>transported to the accident and emergency department by ambulance. The documentation of the transfer, including the reasons, current needs, and associated risks, is recorded in the transfer documents and the residents' progress notes.</p> <p>Family/whānau are informed about their options for accessing other health and disability services, social support, or kaupapa Māori services, should such needs arise.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Queen Rose has a current building warrant of fitness, which expires on 31 March 2025. Systems are in place to ensure the physical environment and facilities, both internal and external, are appropriate for the use of residents requiring rest home level care. The buildings are maintained as necessary, and compliant with legislative requirements. All equipment inspected has undergone the necessary checks.</p> <p>Queen Rose provides an accessible environment promoting independence and safe mobility while minimising the risk of harm. Customised equipment can be accessed to accommodate the specific needs of residents with disabilities. There is a sufficient number of communal accessible bathrooms and toilets.</p> <p>Residents and their family/whānau are satisfied with the environment, noting the adequacy of heating, ventilation, natural light, and privacy.</p> <p>The current environment respects and incorporates cultural practices, including the use of te reo Māori and the display of Māori artworks. At present there are no plans for any building changes/construction and the ownership team including facility manager confirmed they would include appropriate cultural perspectives.</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>	FA	<p>Emergency management policies include a comprehensive pandemic plan. Emergency management procedures guide staff to complete a safe and timely evacuation in the case of an emergency.</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>The fire evacuation plan has been approved by the New Zealand Fire Service (10 May 2010). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness with the last fire drill having been completed on 22 February 2024. There are emergency management plans to ensure health, civil defence and other emergencies are included. In the event of a power outage there is a BBQ and gas Hobbs should gas cooking be needed. Emergency lighting is available to give staff time to organise emergency procedures. Adequate supplies are available in the event of a civil defence emergency, sufficient water supply to provide in excess of three litres of water per person for seven days. There is access to a generator when required. Oxygen cylinders are stored appropriately.</p> <p>Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. The director/facility manager, care manager, RN and a selection of HCAs staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Call bells are in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. During the audit residents were observed to have their call bells close by. Residents and family/whānau interviewed confirmed call bells are answered in a timely manner.</p> <p>The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours, and staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	FA	<p>The director/facility manager oversees the infection prevention and control and antimicrobial stewardship (AMS) programme, with support from the GP who is also a director. This program is incorporated into the facility's quality improvement plans. The director/facility manager confirmed that the infection prevention and</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>control and AMS information is shared at directors meetings and they are well-informed about infection risks and other potential issues. Additionally, external advice and expertise is sought and utilized, with policies and the programme provided by an external consultant.</p> <p>Queen Rose has implemented a systematic approach to managing significant infection prevention and control events. This includes well-documented infection prevention and control policies and procedures, a robust risk management framework, and an effective adverse event reporting system. The director/facility manager and RNs support HCAs through regular meetings and clear communication protocols. Ongoing training and education is provided to staff, Queen Rose maintain detailed infection prevention and control response plans. Internal audits, monitoring and evaluation of infection prevention and control interventions ensure the effectiveness of current measures.</p> <p>The director/facility manager is very experienced in infection prevention and control, this is demonstrated by the allocation of necessary resources and strong leadership support ensuring that significant events are managed with the highest level of support. This was evidenced as there has been no outbreaks since the previous 2023 audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator is the director/facility manager and the job description for this is in their file. The director/facility manager completed external online training in infection prevention and control last in 2024. The infection prevention and control coordinator has responsibilities and reporting requirements to the staff and fellow directors who have approved the programme (which is developed by their external consultant).</p> <p>The infection prevention and control policies comply with relevant legislation and accepted best practice. The infection prevention and control programme is reviewed annually. This review includes review of the pandemic plan and outbreak management plan. Sufficient infection prevention and control resources, including personal</p>

		<p>protective equipment are maintained and readily accessible to support response plans for pandemics and outbreaks as needed.</p> <p>The infection prevention and control programme contributes to the formulation of other clinical policies that influence the risk of health care-associated infections. Staff are educated in infection prevention and control practices during initial orientation and through ongoing annual training sessions. Education to residents about infections occurs individually as infections are identified. This is reinforced through infection prevention and control posters displayed throughout the facility and RNs and HCAs confirmed resident education occurs on a daily basis as issues occur or in discussions around the prevention of infections.</p> <p>The infection prevention and control coordinator is involved in procuring equipment, devices, and consumables. In the event of any modifications to the facility the infection prevention and control coordinator would be consulted.</p> <p>The RN confirmed that medical reusable devices and shared equipment are properly decontaminated or disinfected in accordance with manufacturer recommendations and best practice guidelines. Single-use medical devices are never reused as confirmed by care staff when interviewed. Comprehensive policies and procedures are in place to direct staff practices around this. Infection prevention audits are regularly conducted, and corrective actions are taken where needed. Infection prevention and control practices were observed during the audit include appropriate hand washing, use of personal protective equipment, mask wearing with adherence to policy noted. Sanitizer dispensers were readily available at the entrance and around the facility.</p> <p>To ensure culturally safe practices that acknowledge the spirit of Te Tiriti o Waitangi, the Queen Rose director/facility manager has access to support from Health NZ - Southern and cultural advice from Te Roopu Tautoko Ki Te Tonga. Educational resources in te reo Māori were available. Residents, family/whānau and EPOA interviewed confirmed satisfaction with communication provided.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme and AMS policy is tailored to fit the size, scope, and complexity of Queen Rose. It was designed based on evidence-based guidance for antimicrobial prescribing and expert input. The AMS program has been approved by the directors. The AMS policy is designed to ensure the appropriate use of antimicrobials and to minimize potential harm. The effectiveness of the AMS program is assessed through the ongoing monitoring of antimicrobial usage.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The surveillance of health care-associated infections (HAIs) is tailored to the facility's size and complexity, aligning with the infection prevention and control programme priorities. Tools are utilized to gather infection data, and standardized definitions are employed for surveillance. Infection data is collected, monitored, and reviewed on a monthly basis, followed by the compilation and analysis of this data to develop and implement action plans. Ethnicity is also recorded in the surveillance data. The infection prevention and control data is provided to the directors at their monthly meetings.</p> <p>Infection prevention and control audits were conducted, and corrective actions are put in place to resolve any issues that arise. Staff are kept informed about infection rates and the outcomes of regular audits during staff meetings. Discussions about new infections occur during shift handovers to ensure early intervention.</p> <p>The family/whānau of residents are informed about infections in a culturally sensitive manner, as confirmed through interviews with the family/whānau. There have been no infection outbreaks since the last audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</p>	FA	<p>Documented procedures are in place for handling waste and hazardous materials. During the tour of the facility, all chemicals were observed to be securely and safely stored. Material safety and</p>

<p>the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>data sheets were available in the laundry area. Cleaning agents were stored in clearly labelled bottles. Adequate personal and protective equipment including masks, gloves, face shields, and aprons, was available. Staff were observed using and demonstrated proficiency in putting on and removing personal and protective equipment.</p> <p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services.</p> <p>The housekeeper works seven days prior to changing to an HCA role. They wear appropriate protective equipment when in the housekeeper role. Weekly task lists and spring-cleaning schedules are in place and completed in a timely manner. Cleaning products are dispensed from a closed dispensing system. Safe and hygienic storage of cleaning equipment and chemicals are kept in designated locked cupboards. Staff receive training in the correct use of cleaning products.</p> <p>All laundry is completed onsite. The laundry has a clean and soiled area to ensure appropriate handling and storage of clean and dirty laundry. The facility manager in their infection prevention and control coordinator role monitors effectiveness of the cleaning and laundry processes. The laundry audit was reviewed and no problems were identified. Residents and family/whānau interviewed confirmed satisfaction with housekeeping and laundry processes.</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>The designated restraint coordinator is the director/facility manager. The directors, management and staff are committed to providing services to residents without using restraint. At the time of the audit there were no residents using restraint. Systems are in place to ensure restraint use (if any) will be reported. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>At all times when restraint is considered, Queen Rose staff will work</p>

		<p>in partnership with Māori, to promote and ensure services are mana enhancing. The restraint approval process includes the resident, EPOA, GP and restraint coordinator. A competency assessment and restraint training including behaviours that challenge and de-escalation strategies is completed as part of the mandatory training plan.</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.

No data to display
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.	CI	<p>An area for potential improvement was identified in the provision of food services to the residents during teatime. In the 2020 residents' satisfaction survey, 90% of residents expressed satisfaction with the food provided to them, with the remaining 10% indicating otherwise. The 2021 residents' satisfaction survey revealed a slight decrease in satisfaction with 80% reporting satisfaction and 20% dissatisfaction regarding the food services; however, in the 2022 survey, satisfaction levels returned to 90% of residents indicating contentment with the food, and 10% expressing dissatisfaction.</p> <p>The improvement involved addressing residents' concerns regarding limited tea meal options. Specifically, with the support of the external contractor management implemented a solution to ensure that residents have the choice of option A or B. Additionally, residents desiring both options were</p>	<p>In response to the findings identified around food services, proactive measures were taken to enhance the quality of food services. As evidenced by the 2024 residents' satisfaction survey, Queen Rose achieved a notable milestone, attaining a 100% satisfaction rate from the full occupancy of 27 residents</p> <p>This improvement is particularly significant, given the full occupancy of 27 residents at that time were all surveyed. A +Achievement of perfect satisfaction rate despite the fluctuating satisfaction rates observed between 2020- 2022, the conclusive evidence of improvement, is reflected on the attainment of 100% satisfaction rate in the 2024 residents' satisfaction survey. At interview residents and family/whanau confirmed the benefits of the options menu. In reviewing weight loss amongst the resident group this was minimal and confined to</p>

		<p>accommodated accordingly. This enhancement not only addressed the specific concerns raised but also enhanced the overall flexibility and satisfaction within food service offerings.</p>	<p>residents who were experiencing considerable health decline.</p> <p>The Queen Rose management team have gained valuable insights into the importance of accommodating residents' diverse preferences regarding teatime meal options. Specifically, the necessity of ensuring flexibility in meal choices to address individual preferences effectively. Additionally, the management learned the significance of clear communication and collaboration between various stakeholders, such as kitchen management, procurement personnel, the external contractor, residents and family/whanau to implement changes successfully. Furthermore, there has been an increase in understanding the critical role of feedback mechanisms, including facilitating resident meetings, and satisfaction surveys in identifying areas for improvement and validating the effectiveness of implemented solutions. Overall, this iterative process has underscored the need for continuous adaptation and refinement to better meet the needs and preferences of all residents.</p> <p>The service continues to provide alternatives ensuring that residents who opt for neither option A nor B still have the flexibility to request their preferred meal choices, such as poached eggs and sandwiches. Additionally, recognizing the diverse preferences of the residents, those who desire both options are also accommodated accordingly.</p>
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End of the report.