

Roseridge Healthcare Limited - Roseridge Rest Home Henderson

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](#).

The specifics of this audit included:

Legal entity:	Roseridge Healthcare Limited
Premises audited:	Roseridge Rest Home Henderson
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 June 2024 End date: 26 June 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:	18

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Roseridge Healthcare Limited operates as Roseridge Rest Home Henderson and was established in 2019. The maximum number of residents was approved to increase from 17 to 18 in 2023. There were 18 residents at the time of the audit. Residents and whānau reported general satisfaction about the care, services, and activities provided. There had been no other changes to the facility since the last audit.

This certification audit was conducted against NZS 8134:2008 Ngā paerewa Health and Disability services standard (Ngā Paerewa) and the organisations agreement with Health New Zealand Te Whatu Ora. The audit included a review of policies and procedures, resident files, staff files and organisational records. Staff, residents and family/whānau and a general practitioner were interviewed. Observations of the facility were made.

There were no areas identified as requiring an improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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All staff have received 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 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 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 and legal representatives are involved in decision making. Advance directives are followed.

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 are fully attained.
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Management demonstrated a commitment to delivering services that improved outcomes and achieved equity for Māori. The mission, vision and values were documented and reviewed. Organisational performance is monitored.

There was an implemented quality and risk management programme which complies with the requirements of this standard and the funders agreement. Quality data was collected, collated and communicated across the organisation. Internal and external risks were identified and a plan developed to respond to them. The owner/director and facility manager were 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 records were stored securely, current and identifiable.

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 are fully attained.
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Entry to service process is managed efficiently by the facility manager, clinical manager and the registered nurse. All assessments, care plans and care evaluation were completed in a timely manner in collaboration with residents and whānau where applicable.

Care plans are person-centred, 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.

Planned activities provide residents with a variety of individual and group activities. The activity programme promotes residents maintaining their links with the community and contribute toward meeting 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 have been assessed as 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 haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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A safe and appropriate environment is maintained. There is a current building warrant of fitness and approved evacuation plan. Equipment and furnishings were well maintained. Hazards were identified, monitored and mitigated. Requests for maintenance were followed up. There were appropriate security and emergency arrangements. All staff were identifiable.

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 are fully attained.

The owner/director ensures the safety of residents, staff and visitors through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical 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 is 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 regulations and guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff and the owner/director. Follow-up action is undertaken as and when required. An infection outbreak reported since the previous audit was 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 are fully attained.
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The organisation had documented policies and procedures that supported the minimisation of restraint. The owner/director, facility manager, and staff were committed to providing a restraint free environment. There was no history of restraint use. Staff completed restraint minimisation and challenging behaviour education. Restraint minimisation strategies were included in staff meetings and reported to the director.

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	0	170	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>There are policies and procedures which support te ao Māori. Policies include a commitment to Te Tiriti o Waitangi, Māori models of health, cultural competence and equity. Human resource policies include equal employment opportunities. The Māori Health Plan is well documented and includes organisation goals for developing meaningful partnerships, equity strategies and reducing barriers to access.</p> <p>The rest home had cultural diversity amongst staff members. There are staff members who speak te reo Māori. There is also signage in te reo Māori and furnishing which reflect Māori culture. There is a designated staff member who supports management in ensuring that cultural safety practices align with te ao Māori. This includes actively implementing an activities programme which includes Māori related activities, education and outings, as well as ensuring Māori residents and whānau are actively involved in the provision of services.</p> <p>Māori residents and their whānau confirmed that mana motuhake is respected. Cultural needs and goals are documented, with support plans reflective of Te Whare Tapa Wha. Resident and whānau satisfaction surveys confirmed that cultural needs were considered and respected.</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>Pacific voices and Pacific world views were well represented amongst staff. One third of staff identify as Pacific. Staff have a wide range of connections within the Pacific community. Signage through the facility includes Cook Island, Tongan and Samoan, which is reflective of the cultural identity of the Pacific residents. Residents are spoken to by staff in their own Pacific language. There is a designated staff member who supports management in ensuring that cultural safety practices align with Pacific residents. This includes actively implementing an activities programme which includes Pasifika related activities, education and outings, as well as ensuring Pacific residents and whānau are actively involved in the provision of services. The rest home recently celebrated Samoan language week.</p> <p>The Pacific Plan had been purchased by a consultant and included Pacific input during its development. The management team reviewed the plan to ensure it is reflective of the Pacific community they support. The plan aligns with national health and wellbeing strategies for Pacific People.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) posters in English and te reo Māori 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. Staff gave examples of how they incorporate residents' rights in daily practice. Staff knowledge on the Code is monitored regularly through an annual audit of staff knowledge. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets are included in the admission pack. Residents and whānau were aware of their rights and they reported that services were provided in a manner that complies with residents' rights. Residents and whānau stated that the facility provides a homely environment that is welcoming.</p> <p>Māori mana motuhake was observed in practice. A Māori health care plan is utilised to plan care for Māori residents to ensure Māori cultural values and beliefs are recognised and incorporated in their care. The</p>

		Māori health care plan was completed in consultation with residents and their whānau. Residents who identify as Māori confirmed that their independence is respected.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>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 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.</p> <p>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 able to do so.</p> <p>The rest home has close affiliation with a Māori provider who visits the service regularly and provides Māori residents with ongoing support. The policy on Māori values and beliefs included guidance for staff on the provision of culturally appropriate care. Māori represented approximately 11% of residents. Te reo Māori, tikanga Māori and tāngata whaikaha participation in te ao Māori is encouraged through all activities. Toilets and bathrooms were labelled in different languages including Samoan, Tongan, Cook Island Mandarin, Indian and Māori. Residents who identify as Māori are supported to go into the community to attend to cultural events. Staff have received education on cultural safety, equity and Te Tiriti o Waitangi.</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</p>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff and are included in the ongoing staff education programme. Staff understood professional boundaries and the processes they would follow, should they suspect or witness any</p>

<p>safe and protected from abuse.</p>		<p>form of abuse, neglect or exploitation.</p> <p>Code of conduct, discrimination of human rights (including racism), open disclosure, safety and abuse and neglect policies 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, the open-door policy maintained by the facility manager, monthly residents' meetings, and satisfaction surveys. Residents and whānau stated that they have not witnessed or suspected any abuse or neglect and that residents are treated fairly. Residents confirmed that they felt safe. There was no evidence of discrimination or abuse observed during the audit.</p> <p>Residents can 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.</p> <p>A person-centred approach to care incorporating Te Whare Tapa Wha model of care is used to ensure wellbeing outcomes for Māori.</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>	<p>FA</p>	<p>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 recorded in residents' records. Whānau stated that they were kept well informed about changes in health status of their relative 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.</p> <p>Information provided to residents and whānau is mainly in the English language. The facility manager and clinical manager stated that information can be provided in other languages when requested. Appropriate interpreter services are engaged through the Health New Zealand Te Whatu Ora when required. Whānau and staff support</p>

		Māori residents with interpreting where appropriate. Written information and verbal discussions are provided to improve communication with residents, their whānau or enduring power of attorney (EPOA). Whānau contact records were maintained. Staff ensure that residents have appropriate aids to improve communication, for example hearing aids and reading glasses.
<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>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/ legal representative signed on admission. Consent was also obtained for sharing health information, taking photographs and outings and for specific procedures as required. Advance directives obtained included advance care plans, where applicable and resuscitation plans. Staff were observed to gain consent for daily cares. Signed informed consent forms and admission agreements were available in residents' files sampled.</p> <p>Residents and whānau and EPOAs/legal representatives confirmed that they were provided with information and were involved in making decisions about care. Residents are offered a support person through the advocacy services when required. Social services were involved where applicable.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints policy and procedure aligns with consumer rights legislation and works equitably for Māori. Residents and whānau were advised of the complaints process on entry. Māori residents and their whānau advised that they would not hesitate to make a complaint if needed and understood the process. Day to day concerns were addressed through resident/whānau meetings and satisfaction surveys. There was also evidence in staff meeting minutes that resident/whānau concerns were considered and addressed.</p> <p>There had been one formal complaint in October 2023. The complainant forwarded their complaint to the National Health and Disability Advocacy Service. The complaint was fully investigated and closed within the required timeframes. The complainant was informed</p>

		<p>of the outcome and the Advocacy representative forwarded a letter to management to say that the complaint was considered closed. Comprehensive records of the complaint, corrective actions and follow up were maintained. It was reported by management that there have been no other complaints to external authorities.</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>The rest home is owned by the sole owner/director. The owner is a registered nurse with a background in aged care and district nursing. Day to day operations are the responsibility of the facility manager who is a registered enrolled nurse and also has clinical experience in aged care and district nursing. The facility manager has been in the role for nearly five years and is currently completing management and leadership training.</p> <p>The organisation is a current member of the Care Association New Zealand. This membership, along with regular attendance at provider meetings enable the organisation to remain up to date with changes in the sector, legislation, guidelines, standards and conventions. The Care Association New Zealand also provides the quality and risk management framework which is well embedded.</p> <p>The facility manager is supported by the clinical manager who is on site two days per week and the residential communications/activities coordinator. Organisational performance is monitored through regular meetings and using an online platform for day to day communications. Outcomes, concerns, risk and achievements are communicated to the owner/director through this platform. The owner/director visits the rest home regularly and is readily available. The mission, vision and values are documented and reviewed.</p> <p>The organisation has meaningful Māori representation amongst staff, residents and whānau. The owner/director demonstrated a commitment to providing equitable services and referred to the number of Māori and Pacific residents which were referred to, and residing in, the rest home. Resources had been provided to staff regarding Te Tiriti o Waitangi and the residential communications/activities coordinator provided guidance to staff on the day-to-day application of Te Tiriti o Waitangi. The needs of tāngata</p>

		<p>whaikaha were acknowledged and addressed, with several residents in this category.</p> <p>There are sufficient opportunities for resident and whānau to participate in service development and planning. The rest home provides for individual voices to be heard, whānau were observed having open discussions with management who maintain an open door policy. Cultural input comes from staff, residents and whānau. Resident and whānau surveys are routinely conducted and group discussions are held every day over breakfast.</p> <p>Clinical governance is shared between the clinical manager, facility manager and owner/director, with the clinical manager ultimately responsible for assessments, care planning, reviews, infection prevention and staff competencies.</p> <p>The number of beds available went from 17 to 18 in August 2023, with the required approvals. The service holds agreements with Health New Zealand -Te Whatu Ora for the provision of rest home, respite, and long-term support chronic health conditions (LTS-CHC). There were four residents under the aged of 65 years who were funded by Whaikaha – Ministry of Disabled People. The rest home also provided day stays, with two members of the community currently accessing this service. There was also one residents who had recently been assessed as now requiring hospital level care (refer standard 2.2).</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</p>	FA	<p>The quality and risk management programme includes policies and procedures, compliments and complaints management, internal audits, satisfaction surveys, incident and accident reporting, hazard management, health and safety, restraint minimisation, infection prevention and a corrective action process. There was sufficient evidence that quality and risk information was shared between management and staff. Meeting minutes confirmed regular review and analysis of quality related data. Staff confirmed their involvement in quality and risk management activities through internal audits and attendance at staff meetings. Regular internal audits were conducted, which cover relevant aspects of service including service delivery,</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>medication management, documentation, food services, care planning, the facility/equipment, and supplier audits. Corrective actions are developed and implemented to address any shortfalls. Resident and whānau satisfaction surveys were completed annually. Policies and procedures were available to guide staff practice. These were provided by an external consultant who kept the service updated on any recent changes.</p> <p>The owner/director described the process of identification, monitoring, review, and reporting of risks. Mitigation strategies were discussed amongst the management team. The facility manager and owner/director were familiar with their responsibilities under the Health and Safety at Work Act (2015). Roseridge's financial position was managed and audited by a chartered accountant. The required insurances were in place. Te Whatu Ora quarterly performance monitoring reports were completed as required.</p> <p>Adverse events are documented and shared at staff meeting, including any opportunities for corrective actions. Events are collated monthly and annually. Event records confirmed that incidents and accidents are managed in a safe and timely manner. The owner/director and facility manager are aware of the need to start using the National Event Reporting Policy as from 1 July 2024 and have recently received the information they need to commence.</p> <p>The facility manager described essential notification reporting requirements and was informed of statutory and/or regulatory obligations. A notification was made to the Ministry of Health on the day of the audit regarding a resident who had recently been assessed as requiring hospital level care. The facility manager received the renewed needs assessment three days prior to the audit. The residents whānau were currently seeking hospital level care with the support of the facility manager. The owner/director reported that the biggest risk to the organisation was in regard to the ongoing maintenance of the facility (refer standard 4.1).</p> <p>There was evidence that the rest home provided high quality health care for Māori. Māori residents and whānau confirmed this. Holistic models were utilised and mana motuhake was recognised. Staff were observed to use te reo Māori and ensured that Māori residents and their whānau cultural needs were addressed. Whānau were actively</p>
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		engaged with the service and provided support and direction regarding cultural safety which was well received, respected and implemented by management and staff.
<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 roster indicated that there was a sufficient numbers of staff available on every shift, twenty-four hours a day. Level of skill and experience is considered when rostering. There were six full time health care assistants and three casuals. The clinical manager works two days a week, either on site or working from home completing interRAI assessments, clinical reviews and reviewing the residents progress notes. Staff on sick, bereavement or annual leave were replaced and had their shifts covered by other regular or casual staff. Staff reported that there was access to advice when needed with the facility manager, the clinical manager and the owner/director always available. When the facility manager was absent, the residential communications/activities coordinator covered the required duties under delegated authority with support from the clinical manager and owner/director.</p> <p>All staff confirmed a positive work environment, which was supportive and enabled them to achieve their own career/educational pathways and goals. Staff expressed full confidence in management. The organisation also provides a supportive placement for medical and health and wellbeing students.</p> <p>There was one health care assistant on each shift, morning: 06:45am to 3:15 pm, afternoon 2.45 pm to 11:15 pm and night 10.45pm to 07:15 am. Short shifts from 7am to 11am were utilised over the weekend when the facility manager and the residential communications/activities coordinator were not on site. The residential communications/activities coordinator facilitated activities with help from the facility manager, who were both on site Monday to Friday business hours. There were two cooks. The cook started at 9:00am and finished at 5.30 pm. Laundry and cleaning was completed by the health care assistants and residents who volunteered to assist. Residents expressed satisfaction in staff availability and having their</p>

		<p>needs met in a timely manner, responding quickly when they needed support or rang the call bell.</p> <p>There was a system to ensure staff had the required competencies. Mandatory education was provided, such as infection prevention, hand washing, medication competencies, emergency procedures, restraint minimisation, and health care for the older person. Both the facility manager and clinical manager had interRAI competencies. The majority of education was provided at staff meetings by inhouse and external trainers. Attendance records were maintained. There were three health care assistants with the New Zealand Qualifications (NZQA) national certificate in health and wellbeing level three, one on level four and two who had a level seven qualification. E-learning on Te Tiriti O Waitangi and the health and disability system, including tikanga and the principles, had been completed by all staff. Relevant health and wellbeing education was also shared with residents during meetings and was observed during delivery of the activities programme.</p> <p>The collection and sharing of high-quality Māori health information was encouraged. Staff were aware of the needs of Māori residents and their whānau. Care planning and interventions were provided within a holistic framework informed by the four cornerstones of health (tinana, hinengaro, wairua and whānau). Te reo Māori was encouraged, formal welcomes (including karanga and karakia) were used when greeting community groups and further continuing professional development regarding equity has been completed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	FA	<p>Recruitment and staff management followed employment guidelines and relevant legislation. Police vetting and validation of qualifications were sighted in staff files. Nursing staff had current practicing certificates. Certificates for the healthcare assistants were present, including their national certificates. The cooks had food safety training certificates and all staff involved in cleaning and laundry had chemical safety certificates. Position descriptions include the skills and level of experience required for each position.</p>

<p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>All staff were orientated to the rest home and their specific role. The orientation process covered the essential components of service delivery and included a range of competencies. Completed orientation records were sighted.</p> <p>Staff files were maintained in a confidential and secure manner. Files were stored in the facility managers office, which was locked when unattended. Individual files were well maintained, current, accurate and included ethnicity data.</p> <p>Staff reported they can debrief with management if and when required. Management have an open door policy, which was observed during the audit. Staff satisfaction surveys confirmed that staff are provided with opportunities to debrief following an adverse event.</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>The management of health records meet health records standards and professional guidelines. All entries into records are dated and signed by the designated writer. The clinical manager reviews all progress notes, including health monitoring charts. Resident records are maintained in both electronic and hard copy. The privacy of information is maintained and kept at the nursing station, or stored on computers that are password protected. All records are accessible to those who have the authority to do so. Records are integrated with entries from visiting health specialists including the general practitioner. Archived records were being safely stored on site for the required period of time before being destroyed.</p> <p>The organisation is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	FA	<p>Entry criteria to Roseridge Rest Home were clearly documented in the preadmission and pre-entry policy. Entry to services is managed by the facility manager and the clinical manager. Prospective residents or their whānau are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident and/their whānau. Residents enter the service when their required level of care has been assessed and confirmed by the local needs'</p>

<p>care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>assessment and coordination service (NASC).</p> <p>Preadmission and admission policies and procedures have clear processes for communicating a decision to decline 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 annually. The service has established links with the Māori communities and other Māori organisations to meet the needs of residents who identify as Māori. Māori cultural advice is provided by the residential communications/activities coordinator.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The clinical manager completes nursing admission assessments, care plans and care evaluations. Care plans completed by the facility manager who is an EN are counter-signed by the clinical manager. Initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their whānau where appropriate. A variety of assessment tools are utilised. Assessments include clinical risk, residents' lived experiences, beliefs and cultural requirements.</p> <p>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, whānau (with resident's consent), EPOAs or other legal representatives were involved in the assessment and care planning processes.</p> <p>The long-term care plans identified residents' strengths, goals and aspirations. Residents' values and beliefs were recorded. Early warning signs and risks that may affect a resident's wellbeing were documented. Challenging behaviour plans and behaviour monitoring forms were completed where applicable.</p> <p>The use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia are included in the Māori health care plan. The</p>

		<p>Māori health care plan supports Māori residents and whānau to identify their own pae ora outcomes. 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 clinical manager reported that these are monitored and prevented as possible. The strategies included cultural support for people who identified as Māori when required.</p> <p>Medical assessments were completed by the general practitioner (GP) in a timely manner. Residents are escorted to the GP practice for routine reviews and virtual consultation can occur when required. Routine medical reviews were completed three monthly or more frequently if the resident's condition requires this. Residents are transferred to tertiary care services in acute or emergency situations.</p> <p>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 GP in a timely manner. In interview, the GP confirmed satisfaction with the care provided to residents and said that medical orders were followed.</p> <p>Six-monthly evaluation of long-term care plans were completed 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 care plan 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 long-term care plans in collaboration with residents where progress was different from expected. Residents' care was evaluated and documented in the progress notes by the care staff on each shift.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with residents' needs. Residents and whānau 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.</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 coordinator completes the activities needs assessment for all residents within two weeks of admission with input from residents and whānau. The assessment tool includes interests, abilities, and social requirements. A weekly activities calendar was posted on the notice board. Residents are invited to attend activities each day.</p> <p>Individual activities and group activities were provided. The choice of activities on offer reflected residents' goals, ordinary patterns of life and included community outings. Other regular activities include, in-house church services, walks to shops, happy hour, movies, art and craft, poetry, bingo, mindful talking, Zumba and group singing. Significant cultural events celebrated include Waitangi Day, Matariki day, ANZAC and Māori language week.</p> <p>Opportunities for residents to participate in te ao Māori are provided by supporting their attendance at external cultural events. Residents are encouraged to spend time out in the community with their whānau or on their own where able to do so. Residents funded under the young people with disabilities contract, choose to attend external work, education or day activity programmes suited to their age, interests and capabilities.</p> <p>Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review. Feedback on activities is sought in the residents' satisfaction surveys conducted annually. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and whānau confirmed they find the programme satisfactory.</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</p>	FA	<p>The medication management policy complies with relevant legislation and guidelines. An electronic medication management system was in use. A health care assistant was observed administering medications safely, and according to the service policy, legislation and medicine guidelines for age care services. This person demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicine had current medication administration</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>competencies. A process for management of medication errors was in place. When errors or audits of the medication systems identified a need for improvement, corrective action plans were developed and implemented to remedy the service deficit.</p> <p>The medicine was stored safely in a locked medication room and medication trolley. Medicine packs are supplied to the facility in a pre-packaged format from a contracted pharmacy. Medicine reconciliation was completed by an RN when new packs were delivered from the pharmacy. All medicines sighted were within current use by dates. Pharmacist input was provided on request. Standing orders are not used.</p> <p>There were no controlled drugs in use on the days of the audit. Secure storage for controlled drugs was available for use when required. The records of temperatures for the medicine fridge and the medication room were within the recommended range.</p> <p>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 whānau are supported to understand their medications. The GP stated that when requested by Māori, appropriate support, and advice for treatment is provided.</p> <p>Some residents were self-administering their medicines at the time of audit. Competency assessments had occurred and other systems were implemented for safe management of day to day processes.</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</p>	<p>FA</p>	<p>Residents' dietary requirements are assessed on admission. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are identified and documented. Diet profiles are shared with kitchen staff and any special requirements are accommodated in daily meal plans.</p> <p>Food is prepared on site by the cooks. The menu follows summer and</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>winter patterns. The menu was reviewed by a registered dietitian on 25 May 2024. Residents have meals in the dining room and those who choose not to go to the dining room have meals delivered to their rooms.</p> <p>The service operates with an approved food safety plan. The current food control plan expires on 21 June 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.</p> <p>Residents' weight was monitored monthly and there was evidence that any concerns in weight were managed appropriately. Additional nutritional supplements were provided where required. Culturally specific to Māori food options were on the menu. Residents and whānau expressed satisfaction with the food services.</p> <p>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.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the resident, their whānau and the EPOA/legal representative 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 a 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.</p> <p>Referral or support to access kaupapa Māori agencies and other health and disability services where indicated, or requested, is offered. Residents' and whānau were kept informed of the referral process, and the reason for transfer or discharge. This was confirmed by</p>

		interviews and in the records sampled.
<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>The building is leased from a private landlord. The Building Warrant of Fitness expires in September 2024. Calibration of scales and medical equipment occurs annually. Electrical testing and tagging was current. The owner/director confirmed that environmental inspections occur and maintenance requests were attended to. Records of maintenance requests were sighted with evidence that these had been addressed in a timely manner. There is also a preventative maintenance schedule. Hazards were identified and monitored as per the health and safety system. There is a comprehensive hazard register, with controls and monitoring through the internal audit system. Records of hot water checks were sighted for the year to date and confirmed a consistently safe temperature. All mobility equipment was checked annually for safety to ensure a good working condition was maintained.</p> <p>The facility provides adequate space for the number of residents. Each resident has their own bedroom. These were of a sufficient size to accommodate personal items and equipment, if needed. All bedrooms have an external window and suitable heating. The main communal area is open plan with a dining room and lounge. There are two areas in the large lounge for watching television. Activities are conducted in both the dining room and lounge depending on the type of activity. There is also a north facing covered deck at the entrance to the building which is well used by residents and whānau.</p> <p>There was one toilet and a separate shower in each wing. Residents confirmed that this was sufficient and that they chose to shower at different times of the day. There was one shower which continues to require remedial repairs; however, the linoleum was intact and met infection prevention requirements. The owner/manager is in ongoing discussions with the owners of the building and contractors to resolve this problem as soon as possible.</p> <p>The environment was inclusive of the residents' culture with residents free to decorate their rooms in the manner they wish. This included Māori artwork, phrases and korowai. There was no plan to design new buildings or make any changes, other than necessary refurbishments,</p>

		which are completed with the consent of the resident.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The evacuation plan was approved in May 2013. There have been no structural changes to the building since then. Fire safety equipment was checked monthly by an external agency. Emergency evacuation drills were conducted every six months with the last drill conducted in February 2024. All staff complete fire training and emergency management at orientation and then annually. There was always at least one staff member on duty with a current first-aid certificate. There were adequate emergency exit doors and the courtyard was the designated assembly point. Emergency evacuation plans are displayed throughout the facility. There were smoke alarms and sealed fire extinguishers inside, and a fire hose outside. The emergency lighting system was replaced in 2023. Fire evacuation audits are routinely completed.</p> <p>The required emergency management policies and procedures are documented. These cover a range of emergencies and include lists of the equipment and supplies needed. A fully stocked first aid kit was available. All emergency procedures are discussed with residents and whānau on entry.</p> <p>Security checks are completed by the afternoon and night staff to ensure all doors and windows are locked. The entrance gate was locked at all times for security reasons, and all residents/whānau had consented to this and could still come and go as they pleased. External lighting was adequate for safety and security. The call bell system was operational with bells in each room. Residents and whānau confirmed staff attended promptly when a bell was activated. All staff were identifiable.</p> <p>There are sufficient supplies in the event of the mains supply failing. This includes stored water, emergency food supplies, additional blankets, torches and civil defence kits. There is a BBQ available for heating food items, with a full gas bottle kept on site.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality risk management and strategic plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents and staff. Expert advice on infection prevention is sought following a defined process which include advice on significant infection events sought from Te Whatu Ora and the general practitioner.</p> <p>A documented pathway for reporting IP and AMS issues to the owner/director at defined intervals, including escalation of significant incidents was available. Significant events were reported to the owner/director in a timely manner. A stepwise approach is utilised in managing significant events and appropriate support is provided by the GP, facility manager and clinical manager when required.</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>	FA	<p>The clinical manager is the infection prevention coordinator (IPC). The infection prevention coordinator's role, responsibilities and reporting requirements are defined in the IPC's job description. The IPC has completed external education on infection prevention and control in July 2023. They have access to shared clinical records and residents' diagnostic results.</p> <p>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/director 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.</p> <p>Infection prevention audits were being conducted six-monthly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes in staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plans in place were reviewed at regular intervals. Sufficient stock of IP resources including</p>

		<p>personal protective equipment (PPE) was sighted. The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IPC 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 when an infection was identified or in group sessions in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The IPC is responsible for procurement of the required equipment, devices, and consumables through approved suppliers. The IPC 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.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy guides staff practice.</p> <p>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.</p> <p>The Māori health plan 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.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	<p>The antimicrobial stewardship programme (AMS) guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial</p>

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>prescribing guidance and expertise. The AMS programme was approved by the owner/director. 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 through the short-term care plans, and the IPC reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually.</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 infection surveillance programme is appropriate for the size and complexity of the service. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. All infections are monitored and reported when identified. National and regional surveillance programmes and guidelines are followed when required. Infection data is collected, monitored, and reviewed monthly. Infection data is analysed monthly for trends and action plans are implemented. All healthcare-associated infections (HAIs) are monitored and discussed with staff regularly in meetings and reported to the owner/director in monthly management meetings. Surveillance information include ethnicity data.</p> <p>Residents and whānau were advised of identified infections in a culturally safe manner as confirmed in interviews with residents and whānau. A COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	FA	<p>There are minimal hazardous substances on site. Domestic chemicals are safely stored. Domestic waste is removed as per council requirements. Policies and procedures for the management of waste and hazardous substances are documented. Staff and residents receive training and information regarding the management of waste, hazardous substances and the correct use of personal protective (PPE) . There is a large supply of PPE readily available.</p>

<p>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>Cleaning and laundry procedures are documented. Staff are responsible for all cleaning and laundry activities. Staff confirmed that they have sufficient time to ensure cleaning and laundry processes are not compromised. This was confirmed by residents and whānau.</p> <p>The clinical manager, in their role of IPC, monitors the facility and monitoring programme, with the facility manager monitoring the effectiveness of all cleaning and laundry processes. This is achieved through routine internal audits and residents feedback.</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>Roseridge is a restraint-free environment. There were no restraints in use during the audit. The management team are 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 clinical 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. Clinical records verified that restraint alternatives were implemented, for example sensor mats, ease of access to call bells and appropriate mobility aids.</p>

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.

No data to display

End of the report.