

# YHKT LIMITED - Roselea

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## 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:

**Legal entity:** YHKT LIMITED

**Premises audited:** Roselea

**Services audited:** Dementia care

**Dates of audit:** Start date: 12 June 2024 End date: 13 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:** 26

# Executive summary of the audit

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## 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 haumaruru | 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

Roselea provides dementia level care for up to 30 residents. There were 26 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Waikato. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, management, staff, and a general practitioner.

The facility / care manager is a registered nurse and is appropriately qualified and experienced and is supported by a registered nurse. There are quality systems and processes being implemented. Feedback from family members interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified no shortfalls.

## 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.



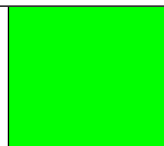
Subsections applicable to this service fully attained.

Roselea provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. 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, their representatives, 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 individuals 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 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.

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 oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

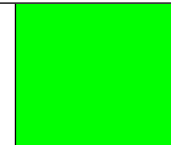
The activities programme meets the individual needs, preferences, and abilities of the residents. The activity staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking are prepared and cooked on site. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian. Individual and special dietary needs are accommodated. Families/whānau interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

## 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 fully attained.

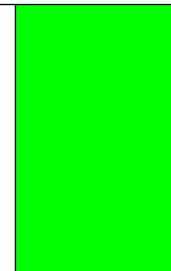
The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. The facility (dementia facility) is secure, with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

## 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.

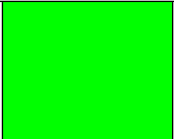


Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid-19) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## 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.
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The restraint coordinator is the facility /care manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## 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	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>	<p>FA</p>	<p>A Māori health plan is documented for the service and a cultural safety policy. The policy and Māori health plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>The Māori health strategy plan incorporates Te Whare Tapa Whā Māori Model of Health and wellbeing. The plan also acknowledges the importance of the Treaty of Waitangi and how the principles of 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>The governance body collaborates with mana whenua (staff and whānau contacts) and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery; and improve outcomes/achieve equity for tāngata whaikaha. This is also woven through the service business plan.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported</p>

		<p>in a culturally safe way and staff 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.</p> <p>Eight staff members interviewed (one registered nurse, three healthcare assistants (HCAs), one administrative person, one housekeeper, one activities person, and one chef) described how care is based on the resident's individual values, beliefs, and preferences.</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>Roselea 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. There is a comprehensive Pacific health plan documented, with policy based on the fonofale model.</p> <p>On the day of audit there were Pacific residents living at Roselea. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The facility /care manager described how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, management, and five relatives identified that the service puts people using the services and their whānau, at the heart of their services. The service can consult with Pacific Island staff to access community links and continue to provide equitable employment opportunities for the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in</p>

<p>and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility / care manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>All family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, staff, and whānau of Māori residents.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Family and whānau interviewed stated their loved ones had choice and examples were provided.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents'</p>

		<p>preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural validation questionnaire following training, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service. There is a suite of policies that address 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 own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management 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. Staff are educated on how to value the older person, showing them respect and dignity. Families/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,</p>

		including the boundaries of their role and responsibilities.
<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 is provided to families/whānau on admission. Individual meetings with family members identify feedback and consequent follow up by the service and this is documented though individual resident files. Family/whānau interviewed all praised the communication with the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau/next of kin 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. Healthcare assistants and management interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate should the need arise.</p> <p>Non-subsidised resident's families/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand Te Whatu Ora Waikato specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The delivery of care includes a multidisciplinary team. The facility / care manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</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>	<p>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by the activated power of attorney or welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files reviewed. Certificates of mental incapacity and activation of the EPOA documents were also on file.</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>	<p>FA</p>	<p>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There have been two complaints in 2023 year to date. There have been no external complaints received.</p> <p>The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff/quality, and senior team meetings (meeting minutes sighted).</p> <p>Discussions with family/whānau confirmed they were provided with information on complaints and complaints forms are available at the</p>

		<p>entrance to the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori. This was confirmed by whānau interviewed.</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>	<p>FA</p>	<p>Roselea provides care for up to 30 residents at dementia level of care in a purpose-built secure unit. On the day of the audit there were 26 residents. All residents were under the aged related residential care (ARRC) agreement.</p> <p>Roselea is owned by YHKT Limited, with one sole director. The service has a current business plan in place with clear goals to support their documented vision, mission, and values. Business and quality objectives are reviewed though the two-monthly governance body meetings. The director, the facility / care manager and registered nurse described the company’s quality goals and business and quality plan.</p> <p>The philosophy of Roselea is to create a home like environment where residents enjoy living here. The service embraces what makes every person unique – from likes &amp; dislikes, to habit and hobbies, to culture and customs. The model of care sits within this framework and incorporates Māori concept of wellbeing using the Te Whare Tapa Whā model.</p> <p>The service has documented iwi links through staff, with both the Māori staff representative and the Pacific staff representative having documented input into policy and annual service reviews. The business plan aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Māori staff and community links provide advice to Roselea and are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to</p>

		<p>family, whānau and the wider community as an intrinsic aspect of wellbeing, and improved health outcomes for Māori and tāngata whaikaha.</p> <p>All staff including the governance team, have completed training and are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed during the monthly combined staff/quality meetings.</p> <p>The director (sole owner) is on site regularly and is part of the two-monthly governance meetings. She has owned the service since 2019. The facility / care manager has managed Roselea for a year and is experienced in aged care and management. The facility/ care manager is supported by an experienced RN, and an experienced care team. The facility /care manager and RN provide clinical governance oversight.</p> <p>The governance body have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, and privacy training.</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>Roselea has an established and implemented quality and risk management programme. The programme includes performance monitoring and benchmarking through internal audits, and through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. All staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the HDSS:2021 Standard. New policies or changes</p>



		<p>to policy are communicated to staff.</p> <p>Two-monthly governance body meetings, monthly quality/staff meetings, and informal meeting between the facility/ care manager and director provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed. A satisfaction survey was undertaken in March 2024, with very good feedback.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all quality/staff meetings. There is a health and safety representative (interviewed) who has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register was sighted. Health and safety policies are implemented and monitored by the health and safety representative and management team.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering one to one assistance, family/whānau support, and shared kai at meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the facility /care manager, who reviews every adverse event.</p>
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		<p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a Section 31 notification completed to notify HealthCERT around an absconding resident.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The facility / care manager, activities coordinator, and healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility / care manager and RN are available Monday to Friday and are on call out of hours.</p> <p>Interviews with HCAs, and management team confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident/family meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained.</p> <p>Of the fifteen HCAs, six have attained their dementia standards, and nine are in progress.</p> <p>The RN and facility / care manager completes the same competencies as other care staff, as well as an interRAI assessment competency. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p>

<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>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 registered nurse and four healthcare assistants) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes 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, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatrist, and dietitian). The appraisal policy is implemented. The staff files reviewed evidenced staff who had been employed for over a year, have an annual appraisal completed.</p> <p>The service has an 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 programme supports staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</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>		<p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room/ scanned in and are easily retrievable when required.</p> <p>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>
<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>	<p>FA</p>	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the need for dementia level of care required. The facility/ care manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for family/whānau at entry, with specific information regarding admission to the dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required under the age-related residential care contract (ARRC). The admission agreements reviewed meet the requirements of the ARRC contract and were signed and dated appropriately. Exclusions from the service are included in the admission agreement.</p> <p>The facility / care manager is available to answer any questions regarding the admission process. The service communicates with potential family/ whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is collecting ethnicity information at the time of admission from individual residents,</p>

		with the facility being able to identify entry and decline rates for Māori.
<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>Six resident files were reviewed. The facility / care manager (FCM) and registered nurse (RN) are responsible for conducting all assessments and for the development of care plans. Consent forms for assessments and delivery of care were completed and signed by family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed within the required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury risk; behaviour; continence; oral; nutrition; skin; and pain. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan. InterRAI assessments and long-term care plans developed have been completed within the required timeframes. All residents have a behaviour assessment and a behaviour plan, which identify associated risks, triggers, and strategies for managing/diversion of behaviours. The care plans did include a 24-hour reflection of close to normal routine for the resident with interventions, to assist healthcare assistants in management of the resident behaviours.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. The service contracts a general practitioner from a local medical practice for weekly visits, who are available on call during office hours, and thereafter the staff contact an after-hours service. The GP has completed three-monthly reviews. The GP (interviewed) commented positively on the service, the clinical competence of the nurses and confirmed appropriate and timely referrals were completed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care</p>

	<p>plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse is available as required through Health New Zealand Te Whatu Ora - Waikato service. Physiotherapist referrals are managed on request.</p> <p>Healthcare assistants interviewed could describe a verbal, written and physical walk around handover at the beginning of each duty, that maintains a continuity of service delivery. This was sighted on the day of audit. Healthcare assistants complete the progress notes every shift. The FCM and RN document in the progress notes at least weekly to complete regular registered nurse reviews of the care provided and when there is an incident or changes in health status. There is regular documented input from the GP and allied health professionals.</p> <p>When a resident's condition alters, the facility care manager or RN initiates a review with the GP. The documentation reviewed provided evidence that whānau/family have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>There were four active wounds at the time of the audit (inclusive of one resident who had two pressure injuries, one on each heel, stage I and stage III). Section 31 notifications had been completed and referral to wound care specialist had been initiated. There is a documented process of assessments and wound management plans, including wound measurements, when there is a wound. There is access to wound expertise from wound care nurse specialist from local hospital. Healthcare assistants and FCM and RN interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; and blood glucose levels. Monitoring charts had been completed as applicable</p>
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		<p>and as scheduled. The behaviour chart entries described the behaviour, triggers, intervention to de-escalate behaviours, including re-direction, activities, and effectiveness. These are routinely evaluated by the FCM and RN. Incident reports reviewed evidenced timely follow up by the FCN and any opportunities to minimise future risks were identified and implemented.</p> <p>Short-term care plans are developed for short-term issues such as infections, weight loss, and wounds, and are incorporated into the long-term care plans as indicated.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Roselea employs an activities coordinator who works full time and covers five days a week. They are supported by the healthcare assistants to facilitate the programme that is resident centred and appropriate to the needs of the residents. The activities coordinator implements a varied activities programme that reflects the physical and cognitive abilities of the resident groups. There is a weekly programme displayed on the noticeboards. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music; reminiscing; sensory activities; and church services. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits.</p> <p>The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. This is through engagement with Te Ngaakau-aa-Kiwa Charitable Trust who visit monthly and promote cultural wellbeing through waiata, guitar playing, singing, dance and crafts, and by using Māori words and phrases. This is open to all residents. A Māori resident plays a guitar and sings in te reo Māori to other residents. The facility actively supports residents to maintain links with the community. Several religious organisations visit the facility to support religious beliefs. On the day of the audit, activities involving music, word games and exercises were observed. All interactions observed on the day of the audit evidenced meaningful engagement between residents and staff. Waitangi Day, Matariki and Māori language week are celebrated with appropriate</p>

		<p>resources available. Entertainers visit regularly on special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, and Christmas.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the resident's past hobbies and present interests, career, and family. Family/whānau complete the assessment which also informs the activity care plan. Resident files reviewed identified comprehensive activity plans based on the resident's assessed needs. Activity plans are evaluated at least six-monthly at the same time as the interRAI assessment and long-term care plan evaluation. Family/whānau and residents have the opportunity to provide feedback through one-on-one feedback and family/whānau meetings.</p> <p>Residents observed and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Healthcare assistants who have completed medication competencies and the facility care manager and RN are responsible for medication administration. The facility care manager, RN and medication competent healthcare assistants who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The facility care manager, RN and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medications, blister packs for short course medicine, and boxes for 'as required' medications.</p> <p>Medications were appropriately stored in the medication room. The medication fridge and medication room temperature are monitored daily and weekly respectively, with recorded temperatures sighted within acceptable ranges. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to</p>



		<p>pharmacy in a safe and timely manner. There are residents requiring controlled drugs, safe storage and monitoring processes are in place.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the general practitioner. Twelve electronic medication charts were reviewed. All medication charts reviewed identified that the general practitioner had reviewed them three-monthly, and each medication chart had photo identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has been documented in the electronic medication system. The service does not use standing orders and there are no vaccines kept on site. Due to the nature of the service, there were no residents self-administering medications.</p> <p>The clinical files included documented evidence that the EPOAs/family/whānau are updated about medication changes, including the reason for changing medications and side effects. The FCM and RN described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Roselea are all prepared and cooked on site. The service employs two full-time chefs who are experienced in food preparation and are responsible for serving the meals, cleaning dishes, and maintenance of food safety standards. They both have completed food safety training.</p> <p>The kitchen was observed to be clean and well organised, and a current approved food control plan (expiry March 2025) was in evidence. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian annually. The chef receives resident dietary information from the FCM and RN and is notified of any changes to dietary requirements (vegetarian, pureed foods, special diets) or of any residents with weight loss. The chef (interviewed) was aware of resident likes, dislikes, and special dietary requirements.</p>

		<p>Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes, and religious or cultural preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. There are 24/7 snacks, including fruit and sandwiches available for residents. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Healthcare assistants interviewed are knowledgeable regarding residents' food portion size and normal food and fluid intake, and confirm they report any changes in eating habits to the facility / care manager and record this in progress notes.</p> <p>The residents and families/whānau can offer feedback on a one-to-one basis, during visits and through surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; and last GP consultation records. The families/whānau were involved for all transfers or discharges to and from the service. Discharge notes are saved in the resident records and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies, when required.</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>	<p>FA</p>	<p>There is a current building warrant of fitness that expires 1 December 2024. The service is meeting the relevant requirements, as identified by relevant legislation, standards, and codes. The administrator/receptionist is responsible to coordinate maintenance management plan and works Monday to Friday. This role undertakes maintenance of the site, contractor management and gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging completed 8 May 2024, resident's equipment checks, call bell checks, calibration of medical equipment completed May 2024, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted as required. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The building is secure and is a spacious facility which caters for 30 residents. There is a reception area, offices, storage areas, secure medication room and nurse station, central kitchen, laundry, two lounges and one dining area.</p> <p>There are two wings: East Wing consists of three single and four double rooms, with a total of eleven beds; and west wing, consisting of five single and seven double rooms, consisting of a total of nineteen beds. All double rooms have curtains for privacy and separate call bells. Each unit has an adequate communal area consisting of showers, toilets, and hand basin with free-flowing soap and paper towels for hand hygiene. Visitors' toilets are located throughout the facility.</p> <p>Equipment and furnishings are appropriate for the service being provided. The facility has sufficient space for residents to mobilise using mobility aids.</p> <p>On the day of the audit, a number of double rooms were occupied with</p>
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		<p>residents of the same sex (consent had been obtained from EPOA or Welfare Guardian).</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is carpet or vinyl and maintained in very good condition. Installations, walls, and floorings are in good condition. Secure external areas are safely maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden, with shade areas for the residents. There are handrails throughout the facility, including in hallways, bathrooms, and communal toilets.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. Residents and their families/whānau are encouraged to personalise their bedrooms, as sighted on the day of the audit. Family/whānau interviewed confirmed the bedrooms are personalised according to the residents' individual preferences.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the facility / care manager advised that the service will liaise with local Māori providers and Māori staff to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 14 September 1993. Fire evacuation drills have been completed every six months, with the last one completed 23 April 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, the service can access a generator</p>

		<p>from a contracted provider and gas for cooking is available. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with at least three litres per person per day, for a minimum of three days. Emergency lighting can run for at least two hours if not more and torches are available in the event of an extended outage. Emergency management is included in staff orientation and training plan. Staff are trained in first aid and are available for residents in the facility and for resident van outings.</p> <p>There are call bells in all resident bedrooms, bathrooms, toilets, and lounge/dining room areas. The call bell alerts are automatically displayed on a panel; staff were observed to be responsive to call bells that had been activated. Residents were observed to have their call bells in close proximity. Family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. The facility is secure at all times, including external security lighting and systems. Visitors have access to the facility by pressing a doorbell, with staff opening the front door and exit is by entering a number combination on a keypad at the main door and each wing. Visitors and contractors are instructed to sign in and complete visiting protocols. Security cameras monitor corridors and exit points.</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>	<p>FA</p>	<p>The facility / care manager (registered nurse) oversees infection control and prevention across the service, with support from the RN. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subject to annual review by the governance body, and infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked internally.</p> <p>Infection control is part of the strategic and quality plans. The director receives reports on progress towards quality and strategic plans</p>

		<p>relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand - Waikato.</p> <p>There are hand sanitisers strategically placed around the facility.</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 service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand Waikato infection control nurse specialist, should this be required. There are sufficient quantities of personal protective equipment (PPE) available as required. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Whānau and families were kept informed and updated on Covid-19 policies and procedures through meetings, and emails. Posters regarding good infection control practice were displayed in English, and te reo Māori.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all</p>

		<p>policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility / care manager. The management team and director would liaise with their iwi contacts should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Roselea infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>analysed for trends.</p> <p>Infection control surveillance is discussed at staff/quality, management meetings and is reported to the director. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There have been two outbreaks (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and families/whānau were kept informed by phone or email. Visiting was restricted. All communications documented between Health New Zealand Waikato residents and relatives were performed in a culturally sensitive manner.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed on site, with duties shared by the HCAs on morning and afternoon shift. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the staff interviewed were knowledgeable around systems and processes related to</p>



		hygiene, and infection prevention and control.
<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>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, at all times when restraint is considered. Roselea will work in partnership with Māori, to promote and ensure services are mana enhancing. The facility /care manager (restraint coordinator) confirmed that Roselea is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment.</p> <p>A review of the documentation available for the resident requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP and restraint coordinator.</p> <p>Restraint management and challenging behaviour training related to sundowning, and behaviour and psychological symptoms of dementia (BPSD) was completed 2023. The training includes reference to policies and procedures related to restraint, cultural practices, and de-escalation strategies.</p>

## Specific results for criterion where corrective actions are required

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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

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

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

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

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End of the report.