

Heritage Lifecare Limited - Roseneath Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: Roseneath Lifecare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 4 March 2025 End date: 5 March 2025

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: 36

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Roseneath Lifecare is certified to provide rest home, hospital and secure dementia care services for up to 45 residents (in 44 rooms); one room is a double room available to cater to couples. The service is owned and operated by Heritage Lifecare Limited. Residents were complimentary about the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand. It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance, staff, and a general practitioner. The facility is currently being managed by a relieving care home and village manager who is a registered nurse and experienced in the sector. They are being supported by a regional health care advisor who is also a registered nurse. Together they have clinical oversight of the facility.

Findings from the previous (certification) audit in relation to registered nurse staffing levels and activities for residents have been addressed. Areas requiring improvement identified during this audit related to staffing (general), delivery of the education programme, and care planning.

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.

Roseneath Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure residents who identified as Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place.

There were no residents who identified as Pasifika residing in the service on the day of audit. However, processes were in place to enable Pacific people to be provided with services that were culturally safe and recognised their worldviews.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse. Roseneath Lifecare provided services and support to people in a way that was inclusive and respected their identity, choices and experiences. There was evidence that residents and their whānau were kept well informed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved; one complaint received recently via Te Whatu Ora is currently open. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance was monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems were focused on improving service delivery and care and are supported at governance level. Residents and whānau provided regular feedback, and staff participated in quality activities. An integrated approach included collection and analysis of quality data and identified trends that led to improvements. Actual and potential risks were identified and mitigated. Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff were appointed and managed using current good practice. Staff were suitably skilled and experienced; staff working in the secure dementia care area have the appropriate education for the service. Staff were orientated to Roseneath Lifecare. A competency management programme has been implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents were admitted to Roseneath Lifecare, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Staff at Roseneath Lifecare worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care provided was individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with specific cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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.
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The facility met the needs of residents. There was a current Building Warrant of Fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities. A secure garden area was available to residents residing in the secure dementia area of the facility.

There have been no changes to the building or fire and emergency planning since the previous audit.

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.
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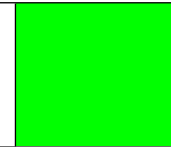
Heritage Lifecare Limited and the care teams at Roseneath Lifecare ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service; the programme had been approved by the governing body.

The programme had been developed by staff with infection prevention expertise, was linked to the quality programme, and was reviewed annually. An experienced and trained infection control nurse led the programme.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.



Subsections applicable to this service fully attained.

The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future.

While no restraint was in use, restraint is included in the service's orientation and education processes. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

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	17	0	0	2	0	0
Criteria	0	47	0	1	2	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. 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>Roseneath Lifecare (Roseneath) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed through interviews with Māori residents and their whānau.</p> <p>A Māori health plan has been developed with input from cultural advisors utilising Te Whare Tapa Whā model of care ,which is used for residents who identify as Māori. Residents and whānau interviewed reported that care was delivered in a culturally appropriate way, and they felt safe.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	FA	<p>Roseneath identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally and spiritually safe practices for Pacific peoples using the service, and on achieving equity. There were no residents who identified as Pasifika in the facility during the audit, but processes were in place to support a variety of Pacific peoples should they be admitted to the service. The Fonofale model of care was available for use for Pasifika residents.</p>

Pacific peoples for improved health outcomes.		
<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>Staff interviewed at Roseneath understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Formal training on the Code, however, had not been provided to staff in the past two years (refer criterion 2.3.4).</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters on the Code in English, te reo Māori and New Zealand Sign Language (NZSL) were on display in the facility. Brochures on the Code and the Health and Disability Advocacy Service were available in the front entranceway.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Roseneath included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff understood the service's policies and procedures and knew what to do should there be any signs of behaviour that could negatively impact on residents and/or their whānau.</p> <p>Staff followed a code of conduct and understood the principles of maintaining professional boundaries. Residents reported that their property was respected, and finances protected.</p> <p>Residents, and three of seven whānau interviewed, expressed satisfaction with the care provided by Roseneath and described staff as pleasant and always willing to assist. Four of seven whānau identified concerns regarding continual changes in management, and high staff turnover. During the audit it was noted that staff were pleasant and respectful to residents and their whānau; however, they were observed to be working under pressure, with little time to listen to residents and attend to anything other than the basic care residents required (refer criterion 2.3.1).</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>Residents at Roseneath and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent were not evidenced to have been provided within the last two years; however, education and cultural competency assessments had been completed in 2025 (refer criterion 2.3.4).</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Files reviewed of residents in the secure dementia unit included activated EPOAs and a specialist's authorisation that the resident required care in the secure unit.</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>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these met the requirements of consumer rights legislation. Residents and whānau were informed of the complaints process on admission, and information relating to the complaints process was displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The regional health care advisor (RHA) who currently has oversight of the services at Roseneath advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or the use of te reo Māori, as applicable.</p> <p>Documentation sighted for three complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. Two complaints have been received by the service in 2025; one from the advocacy service of Te Toihau Hauora, Hauātanga/the Office of the Health and Disability Commissioner (HDC) and another from Te Whatu Ora/Health New Zealand (Te Whatu Ora). The complaint received via the HDC advocacy service has been closed providing the service can work with the complainant and the advocacy service to resolve the complaint. The</p>

		<p>complaint received from Te Whatu Ora is currently open; the service has met with representatives from Te Whatu Ora to discuss the complaint and efforts to resolve it have commenced.</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>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. A strategic plan is in place that outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its particular services, and Roseneath’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and was reviewed quarterly. The service’s organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services delivered at Roseneath.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision; however, following the recent exit of the care home and village manager (CHVM) and the clinical manager (CM) over a short time space, the service is being managed by a relieving CHVM (who only recently entered the service) who is a registered nurse (RN). The relieving CHVM is being supported by the RHA (who is also a RN) and the regional business manager (RBM) from the HLL support office. The service is known to both managers and the relieving CHVM is experienced with HLL processes. Recruitment for permanent staff has commenced.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of their care facilities, including Roseneath. Internal data collection (e.g., adverse events, infections, audits and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) carried out. Feedback was made to the clinical governance group and to the board.</p> <p>Ethnicity data was collected to support equitable service delivery. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and</p>

		<p>the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). Roseneath utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) services at rest home, hospital level, and secure dementia care, and short-term (respite) care. The service also holds a long-term support – chronic health conditions (LTS-CHC) contract.</p> <p>Thirty-six (36) residents were receiving services at the time of audit. Eleven (11) residents were receiving rest home care, seven hospital level care and 18 secure dementia care services. No residents were receiving care under the LTS-CHC contract or the ARRC respite contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The relieving CHVM and RHA understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions were developed and implemented to address any shortfalls; these include ethnicity information to allow for any inequality to be identified and addressed.</p> <p>Progress against quality outcomes was evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed (20) showed these were fully completed, incidents were investigated, and action plans developed. While action plans were followed up in a timely manner, these were not always documented in resident files (refer criterion 3.2.3). Neurological observations had been documented for residents who had an unwitnessed fall, or a witnessed fall with a witnessed ‘knock’ to the resident’s head. Ethnicity information was collected and analysed as part of adverse event reporting.</p>

		<p>The relieving CHVM and RHA understood and had complied with essential notification reporting requirements. There have been 47 Section 31 notifications to HealthCert (Manatū Hauora) since the last audit. Thirty-one (31) of these related to RN shortage, the last of these was sent in January 2024; the service is fully staffed with RNs currently. Other notifications related to a fall, damage to property, resident behaviour, change of the CHVM and CM, and (during the audit) an unplanned power outage. The service is aware of reporting requirements to the Health Quality and Safety Commission/Te Tāhū Hauora (Te Tāhū Hauora) for all severity assessment code (SAC) reporting SAC1 and SAC2 incidents as well as pressure injury at stage 3 and above; no notifications have been made to Te Tāhū Hauora.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Review of four weeks of rosters showed that staffing was not sufficient to meet resident needs (refer criterion 2.3.1). Care staff reported that there were sufficient staff to complete the work allocated to them if they were fully staffed, but this was not always the case. Residents and whānau interviewed noted that the staff were busy and had little time beyond the cares required to engage with residents.</p> <p>The service is currently being managed by a relieving CHVM, supported by the RHA; the CHVM had commenced the day before the audit but the RHA, along with the ROM, had been on site since the exit of the previous CHVM and CM. Both the relieving CHVM and RHA are RNs. There are RNs on duty 24 hours per day/seven days per week (24/7), and there is a first aid certified staff member on duty 24/7. This addresses a finding from the previous (certification) audit. Job/role descriptions are in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Records sighted showed that the programme had not been fully delivered (refer criterion 2.3.4). Related competencies had been assessed and documented in 2025 and these support safe and equitable service delivery.</p> <p>Care staff have access to a New Zealand Qualification Authority education</p>

		<p>programme to meet the requirements of the provider's agreements with Te Whatu Ora. Care staff working in the secure dementia care unit have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Of the staff who work in the secure dementia care area, six have completed the required qualification and six have been enrolled in the programme within an appropriate timeframe.</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>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint, infection prevention and control (IPC), or health and safety portfolio. Ethnicity data is recorded and used in line with health information standards. Staff information is secure, and accessible only to those authorised to use it.</p> <p>A sample of seven staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment, thereafter a register of annual practising certificates (APCs) is maintained for registered or enrolled health professionals.</p> <p>Orientation is comprehensive and covers the most essential components of the service (including safety competencies). Staff performance was reviewed and discussed at regular intervals with staff able to set their own goals, including education goals. This was confirmed through documentation sighted and interviews with staff.</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>PA Moderate</p>	<p>The multidisciplinary team at Roseneath worked in partnership with the resident and whānau to support wellbeing. A review of eight resident files verified a care plan had been developed by a RN following a comprehensive assessment, including consideration of the person's lived experience,</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>cultural needs, values and beliefs, and which considered wider service integration, where required. Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>The eight files reviewed covered residents who identified as Māori, had behaviours that were a challenge, were receiving palliative care, had a wound or respiratory disorder, a recent fall, had a diagnosis of diabetes, or who had recently required transfer to an acute hospital facility. Residents who had a recent unwitnessed fall or who had a witnessed fall with a knock to the head had an incident form completed, RN assessment, neurological observations taken for the required time, and whānau notified. Residents requiring transfer to an acute hospital for a review of potential injury were attended to in a timely manner. Whānau of a resident recently admitted to Roseneath from another facility remarked on the resident's improvement since the transfer.</p> <p>Care plans, however, did not consistently include documentation regarding the required management strategies of the residents' specific medical conditions, associated early warning signs and any changes required following an event. Where progress was different to that expected, changes were made to the care provided; however, this was not documented in the care plan (refer criterion 3.2.3). This is an area requiring improvement.</p> <p>Evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures, was occurring and included collaboration with other health care professionals. Residents and whānau confirmed active involvement in the process. This was verified by sampling residents' records, and from interviews with clinical staff, people receiving services, and whānau.</p>
<p>Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and</p>	<p>FA</p>	<p>A previous audit found the activities programme operating in the hospital and rest home was not being planned or facilitated to develop residents' skills, strengths and interests.</p> <p>This had been addressed. The activities programme operating at Roseneath Lifecare was provided by an activities assistant five days a week. The programme in the hospital and rest home had been planned and facilitated to develop residents' skills, strengths and interests. Activities provided for</p>

<p>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>residents in the secure dementia care unit were overseen by a trained diversional therapist.</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>The medication management policy at Roseneath was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they managed.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities; any adverse events were responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not in use at Roseneath.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. A resident using a range of naturopathic medicines had these recorded on the medication chart.</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</p>	<p>FA</p>	<p>The food service provided at Roseneath was in line with recognised nutritional guidelines for the people using the service. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented. The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>service.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 23 November 2023. Seven areas requiring corrective action were identified, and these had been addressed and signed off. The plan was verified for 18 months and is due for re-audit on 23 May 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. The personal food preferences, culturally specific food choices, any special diets and modified texture requirements were accommodated in the daily meal plan.</p> <p>Residents in the secure dementia care unit had access to food and fluids at any time, day or night.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Roseneath was planned and managed safely to include current needs and mitigate risk. The transfer plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of residents who had recently been transferred reported that they were kept well-informed throughout the process. Whānau are advised of their options to access other health and disability services as required including social support or kaupapa Māori services.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>Whilst appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, culturally appropriate, and meet legislative requirements, some restorative maintenance work is required inside the facility. This includes an enhanced cleaning programme (refer criterion 2.3.1). A refurbishment programme has been commenced to achieve this; the programme is addressing painting in</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>the facility and the replacement of carpeting.</p> <p>The building had a Building Warrant of Fitness which expires on 28 June 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>There had been no changes to the facility or the fire and emergency plan since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at Roseneath are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and noteworthy events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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>Roseneath undertook surveillance of infections appropriate to those recommended for long-term care facilities, and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance data included ethnicity data. Results of the surveillance programme were reported to management and the governing body and shared with staff.</p> <p>An investigation of a recent infection outbreak was reviewed; it demonstrated a thorough process for investigation and follow-up. Learnings from the event</p>

		have now been incorporated into practice.
<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>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and Roseneath is restraint-free. Restraint has not been used in the facility since 2022, and no restraint use was sighted during the audit.</p> <p>There were strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Restraint was included in the education programme for the facility. While no programmed education has taken place on restraint in 2025, competencies have been completed on restraint and maintaining a restraint-free environment. Competencies included assessment of staff knowledge of least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring. Staff interviewed were knowledgeable about restraint protocols (e.g., assessment, consent and evaluation) and restraint monitoring. Staff have been trained in the management of behaviours that challenge in 2025. Restraint protocols are covered in the orientation programme for the facility.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Four weeks of roster were reviewed. The review took into account the number of staff on duty, the acuity of the residents in the service and the geography of the facility. The facility is an approximate rectangle with three wings for rest home and hospital care and one wing for secure dementia services. The secure dementia service is approximately in the middle of the facility with the other three wings on either side of it: two on one side and one on the other. Two of the wings are separated from the other on one side by the dementia unit and the other the administration area of the facility.</p> <p>On the rosters reviewed, in most instances there were four caregivers rostered on the morning and afternoon shift with two caregivers rostered to</p>	<p>There are insufficient care and cleaning staff rostered to provide safe and effective care and cleaning services based on the acuity of the residents and the geography of the facility.</p>	<p>Provide evidence that sufficient care and cleaning staff are employed and rostered to provide safe and effective care services and that the roster is based on acuity of the residents and takes into account the geography of the facility, including for cleaning.</p> <p>90 days</p>

		<p>night duty. Recently a four-hour morning 'short shift' had been instituted; however, on the week where this had been instituted, there had been five staff on the morning shift on only three of the days. Of note, the rosters reviewed have required RNs to be called in to augment the caregiver roster (on six occasions) and some staff have been working across two shifts (in one instance an RN working as a caregiver AM shift and a RN night shift).</p> <p>Staffing in the secure dementia unit is adequate for the service. There are two staff on morning and afternoon shifts, and one on night duty supported by the RN on shift.</p> <p>The staffing in the rest of the facility is inadequate to support safe care. There are 11 rest home level and seven hospital level residents in the facility, some of the hospital level residents require a high level of care or are palliative. Given there are four caregivers on shift with two in the secure dementia unit, this leaves two caregivers and a RN covering the rest of the care in the facility. If the two caregivers out in the non-dementia care areas are working with one of the 'high needs' residents, this leaves only the RN 'on the floor'.</p> <p>Added to this, cleaning services are understaffed. The roster is set for two cleaners to be on site five days per week; this means there is no weekend</p>		
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		<p>cleaning and care staff are required to conduct necessary cleaning and waste management. On the four weeks of roster reviewed (28 days), there was no cleaner rostered for the facility on five occasions (this does not include the eight days over the weekends), two rostered on four occasions, and one cleaner (for the whole facility) on 11 occasions.</p> <p>Whānau of residents mentioned that the staff were too busy to do more than the basic cares residents need and care staff confirmed that it could be difficult to manage resident cares within the timeframe. On interview, the CHVM and RHA advised that recruitment to increase staffing levels had commenced.</p>		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a programme in place to identify, plan, facilitate, and record ongoing learning and development for staff. Education delivery in 2024 was limited and not well attended (often with only 4-6 attendees). The service is aware of this and has a corrective action process in place; however, education delivered has not followed the education plan being used by the service.</p> <p>Education delivered so far in 2025 with sufficient numbers of staff attending has been related to cultural safety (which included Te Tiriti o Waitangi, Māori and Pacific people's health</p>	<p>Education has not been delivered according to the education plan in use by the service in either 2024 or 2025.</p>	<p>Provide evidence that the education plan is being delivered in accordance with the education plan in use by the service and that it is being attended by sufficient numbers of staff.</p> <p>180 days</p>

		plans, cultural safety and health equity with 21 staff attending), prevention of abuse and neglect (24 staff attending), communication (14 staff attending), infection prevention and control with (14 staff attending), hydration and nutrition (15 staff attending), continence management (13 staff attending), behaviours that challenge (14 staff attending) and delirium and depression (14 staff attending). This does not include staff who covered some of these areas during orientation.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing</p>	<p>PA</p> <p>Moderate</p>	<p>A care plan was developed by a RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required. A review of eight care plans found that seven of the care plans reviewed did not fully describe the care the resident required to meet all their immediate needs, their potential needs, or the needs associated with their diagnosed medical conditions. In addition to this, early warning signs or risks associated with the residents' conditions were not always documented to alert care staff to potential deterioration. This specifically related to the residents' present condition or where there had been a change.</p> <p>A resident who was reported as requiring palliative care had no</p>	<p>The documentation in the residents' care plans was not always consistent in describing the care the residents needed to meet their assessed needs.</p>	<p>Provide evidence that: residents' care plans describe the care the residents need to meet their assessed needs, residents' care plans address the residents' actual and potential needs associated with the residents' diagnosed medical conditions, care plans describe the early warning signs associated with the residents' conditions that staff need to be alert to, with a focus on prevention or de-escalation, and care plans are updated as needs change.</p> <p>90 days</p>

<p>practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>documentation in the care plan that this was the approach being taken and the planned regime, including ongoing symptom management and signs of potential deterioration. A number of residents with behaviour challenges had no behaviour management plans documented. Files reviewed of residents in the secure dementia care unit had no 24-hour care plans that included the residents’ previous routines and lifestyle patterns. An insulin-dependent diabetic had their medication regime documented, and the required goals; however, there was no mention of the required actions to be taken if the goals were not achieved. The goals had not been achieved for a week but there was no documentation to support any action in respect of this; it was only through an interview with the RN involved in the resident’s care that identified the diabetic nurse specialist, and the GP had been notified and actions taken. Residents who were receiving pain medication, had no pain management strategies documented. A resident recently reassessed and having a change in care level had no updates in their care plan, including management strategies for their increased dependency. A recent increase in resident agitation and increased sleepiness was identified as a potential urine infection; a short-term care plan to determine the cause and associated observations were not in place. A resident requiring oxygen therapy did</p>		
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		not have this documented, nor alerts to potential deterioration.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there 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.