

Rosebank Residential Limited - Rosebank Lifecare

Introduction

This report records the results of a Partial Provisional 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: Rosebank Residential Limited

Premises audited: Rosebank Lifecare

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

Dates of audit: Start date: 7 May 2025 End date: 7 May 2025

Proposed changes to current services (if any): Rosebank Lifecare has built a new wing of 22 occupational right agreements (care suites) suitable to provide hospital and rest home (dual-purpose) level of care. Further to this has refurbished a 17 bed-dual purpose wing to become a 13 bed-dual purpose wing with ensuites. This reconfiguration results in a decrease of 4 rooms which has resulted in an overall total of 128 rooms (88 dual purpose and 40 rest home).

Total beds occupied across all premises included in the audit on the first day of the audit: 93

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.

General overview of the audit

Rosebank Lifecare is a privately-owned aged care facility. Rosebank Lifecare provides care to up to 96 rest home and hospital residents in the care centre and 14 rest home beds in the serviced apartment wing. On the day of audit, there were 93 residents.

This partial provisional audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand Te Whatu Ora. The process included a visual inspection of the building, a review of documentation related to the completion of the wing, the transition to operations, observations, and interviews with managers. The facility manager is supported by the experienced clinical coordinator.

This partial provisional audit verified 22 care suites (completed) are suitable for dual purpose (rest home and hospital) use. The east wing (previously dual purpose 17 beds) has been refurbished as 13 dual-purpose rooms, and these were also verified for use. The rooms will be ready for occupation once the decorating is finished and the care call system in the area is reinstated.

The service has addressed three of three of the previous shortfalls around registered nurse availability, monitoring of neurological observations and weekly medication checks.

This partial provisional audit identified shortfalls around obtaining a CPU certificate, fire evacuation approval, completion of decorating and reconnection of the call bells for the reconfigured rooms in the East wing.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The facility manager and the clinical coordinator are responsible for the day-to-day operations. The 2024 - 25 business plan informs the site-specific operational objectives. The partial provisional audit verified the care suites and refurbished wing as suitable for dual-purpose rest home, geriatric and medical hospital services.

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document with actions signed off when completed. The facility manager and the clinical coordinator have extensive experience and have been at the facility for 18 years and three years, respectively.

The staffing and rostering policy provides a planned approach to increase rostering as the numbers of hospital residents increase in the care suites. Rostered in the refurbished wing remains unchanged.

Ngā huarahi ki te oranga | Pathways to wellbeing

All meals are prepared on site. Seasonal menus are in place which have been reviewed by a dietitian, and the catering supervisor provides oversight of food services. All kitchen equipment is in place. There is sufficient space in the dining room for residents who

may choose to dine in the dining room. A new lounge is part of the care suite wing and there is adequate room to have dining occur there. A food control plan is in place.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers administer medications. Secure storage for medications is in place. The electronic medication system is in place.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

The facility is one level. The care suites are in a new wing which is linked to the existing building. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Infection prevention and control policies and guidelines are in place and available electronically to support staff practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator is responsible for surveillance of infections and determines infection prevention and control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control. The type of surveillance undertaken is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Two outbreaks have been well managed.

There are documented processes for the management of waste and hazardous substances in place, and any related incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. 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

Not Audited

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	11	0	2	0	0	0
Criteria	0	83	0	3	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Rosebank Lifecare is privately owned and governed by a Board of four directors. The service currently provides care for up to 96 residents in the care centre and 14 dual-purpose beds in the serviced apartment wing.</p> <p>At the time of the audit, there were 93 residents in total, including 47 rest home including one respite and three rest home residents living in the serviced apartments and 46 at hospital level including three residents on end-of-life contracts, one resident on a younger person with disability (YPD) contract and one hospital level resident residing in a serviced apartment. All other residents were on the aged related residential care (ARRC) contract.</p> <p>The first reconfiguration request (letter dated 16 April 2025) was to build 22 care suites with occupational right agreements (eight one-bedroom suites and 14 studios), as hospital and rest home (dual purpose) level of care. The care suites are in a new wing which is connected to the existing building and are now ready for occupation. A further reconfiguration request was sent on 16 May 2025 to reconfigure 17 bed dual-purpose rooms to 13 bed dual purpose rooms with ensuites in the East wing, which are due to be completed and ready for occupation at the end of June 2025. The total beds are now 128 beds (88 dual</p>

		<p>purpose and 40 rest home).</p> <p>There are four directors on the Board for Rosebank Lifecare Limited. Rosebank Lifecare has a business plan for 2024-2025. The facility manager and clinical coordinator provide clinical governance with regular continuous improvement meetings (quality) held. An overview of adverse events, health and safety, staffing, infection prevention and control and all aspects of the quality and risk management plan is reported to staff. The facility manager provides a monthly report to the Board on management, clinical and operational issues. The clinical governance is appropriate for the size and setting of the service. The Board agenda includes a discussion and agenda topic on cultural safety.</p> <p>The Board chair described having a strong focus on quality improvement and regulatory compliance. Meeting minutes are documented and show that risks are escalated by the manager and discussed. The board reports include progress against clinical key performance indicators.</p> <p>Weekly management meetings ensure there is a commitment from leadership to implement the quality and risk management programme to provide clinical and culturally safe care. The management meetings discuss and overview of adverse events, health and safety, staffing, infection prevention and control and all aspects of the quality risk management plan. Critical and significant events are reported immediately to the management team.</p> <p>The Board includes Māori representation who provides advice regarding cultural safety and the Board also receives advice and information provided by a law firm. The facility manager understands their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti o Waitangi obligations and to addressing barriers to equitable service delivery. The obligations to proactively help address barriers for Māori and tāngata whaikaha to provide equitable health care services is documented in the business plan and as part of the quality and risk management programme. The Māori Health plan reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with Health New Zealand strategies. The directors and managers have completed cultural training that included Te Tiriti, health equity, and</p>
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		<p>cultural safety.</p> <p>The management team at Rosebank Lifecare is very experienced in aged care. The facility manager (registered nurse) has been in the role for 18 years. A clinical coordinator has been in the role for six years. They are supported by an experienced quality and risk manager, who is a non- practicing internationally qualified nurse and also has expertise in infection prevention and control and a staff educator (registered nurse).</p> <p>The facility manager and clinical coordinator attend training and conferences and training relevant to their role.</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>FA</p>	<p>A policy guides staff allocation and requirements for culturally appropriate and safe clinical care, this includes staffing levels and skills mix. Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are addressed in a timely manner. The facility manager, staff educator, quality and risk manager and clinical coordinator are on site at times during the week. The facility manager and clinical coordinator provide on call after hours.</p> <p>Staffing levels are adjusted based on resident acuity. The previous finding (2.3.1) regarding registered nurse availability for all shifts has been resolved and there are 14 registered nurses and two enrolled nurses to adequate and sufficiently experienced to cover the roster and meet contractual requirements.</p> <p>Four registered nurses and one enrolled nurse are interRAI trained. There are sufficient number of caregivers and registered nurses allocated to the roster to provide clinical safe care to residents. Staff have communication devices to communicate to one another.</p> <p>There is a phased transition staffing plan to accommodate the changes in staffing as a result of the new care suites and the refurbishment of the area. The transition plan reviewed evidenced that changes to numbers and availability of staffing will occur as the numbers of residents in the care suites who require care increase. Care suite</p>

	<p>registered nurse oversight will be covered by the nurse in East wing. The caregivers in the East wing assist when assistance is required.</p> <p>There will be dedicated caregivers rostered in the area 0730 – 2030 in the care suites. The care suite residents will be independent; however, if there are increased levels of care required then staffing will be adjusted. When three to six residents are in the care suites requiring care there will be one extra caregiver. When numbers requiring care increases to seven to fourteen there will be two extra caregivers across the morning and afternoon shifts. At this time one caregiver on each shift will be medication competent. It is not expected that there would be more than six residents at hospital level or ten at rest home level in the care suites. Night registered nurse supervision will be the one registered nurse in the facility. Activities staff, laundry and cleaning/household staff will remain unchanged for the initial phases of the transition plan. Hospitality staff rostered (separate from the kitchen staff) assist with breakfast, fluid rounds, morning and afternoon tea, transfer of residents to the dining room and serving of meals.</p> <p>The new care suites are linked to the building and are in close proximity to the East wing which was closed for refurbishment. The staff in the newly refurbished East wing will remain as it has been as per the existing roster, note there are two less beds in this area with the refurbishment. The residents who were transferred out of the East wing for refurbishment moved to the new care suites. The staffing transferred to the care suite area will return to the newly refurbished East wing when the refurbishment is completed.</p> <p>The roster reviewed evidence of flexibility in the roster where extra short shifts are allocated as floater shifts to manage change in acuity. Staff are replaced when absences occur. Dedicated cleaning and laundry staff cover these areas each day of the week.</p> <p>The annual education and training schedule is being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Training records reviewed evidence a high level of staff attendance at sessions. External training opportunities for care staff include training through Health New Zealand and by a palliative nurse specialist. Rosebank Lifecare uses an online training platform; most sessions are face to face sessions or questionnaires to</p>
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		<p>complete. Registered nurses have access to external clinical training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 40 caregivers, 17 have completed level 3 or 4 Certificate in Health and Wellbeing. The staff educator is a Careerforce assessor and is supporting caregivers to complete qualifications.</p> <p>Staff complete competencies including (but not limited to) correct use of personal protective equipment, hand hygiene, medication competencies, manual handling competencies and restraint competencies.</p> <p>Staff reported good teamwork and a positive work environment.</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 resource policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An agreement is signed by both the new staff member and the facility manager. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented and all staff who have been employed for over one year have a completed annual performance appraisal on file. The service has implemented an orientation programme 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 registered nurses, enrolled</p>

		<p>nurses and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff adverse events, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>There are no changes required to the employment, orientation and appraisal processes as a result of the new 22 care suites and reconfiguration of the East wing.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A registered nurse is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, monthly updates and six-monthly reviews.</p> <p>A range of risk assessments are available on the electronic resident management system alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments (except for respite residents) have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. The residents not on the ARRC contract also had appropriate risk assessments completed (including interRAI) and a detailed long-term care plan in place. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. The long-term care plans had detailed interventions to provide guidance for staff. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly). The other residents who did not require evaluations were new to the facility or on respite care. Evaluations</p>

		<p>documented the progression towards goals. Written evaluations reviewed and those documented in the resident six-month review identify if the resident goals had been met or unmet.</p> <p>Care givers and registered nurses interviewed described a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by the health care assistants and the registered nurses document at least daily for all hospital level care residents and when there is an incident or changes in health status. Adverse event forms were completed. When the event occurs residents are assessed by a registered nurse who completes an assessment. The previous shortfall (3.2.4) regarding neurological observations has been addressed with all completed as per policy.</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>Rosebank Lifecare has policies available for safe medicine management. The registered nurses and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided. The medication process, systems, and storage of medications for the new care suites and refurbished rooms will remain unchanged. In the East wing, there is a secure medication room (controlled drugs are stored in the West wing). The West wing cabinet is sufficient for safe storage and handling of a larger number of controlled medications. No further equipment is required for administration and management of medication is in place with no changes required.</p> <p>The current pharmacy contract will remain unchanged and will assist to support the service, tāngata whaikaha and Māori to access medication in a timely manner. The registered nurses described a process where they support Māori with understanding their medication and treatment options.</p> <p>All medication charts and signing sheets are electronic. On the days of the audit, medication competent registered nurses were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their roles regarding medication</p>

	<p>administration. Rosebank Lifecare uses robotic packs for all medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. The previous audit noted the shortfall regarding stock checks of controlled drugs, this has been resolved. The controlled drugs are stored appropriately and stocks checks have occurred since the previous audit, therefore the previous finding (3.4.1) has been addressed. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Five medication charts were reviewed. There is a three-monthly general practitioner or nurse practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering. Competency assessments were evidenced as completed as per policy. Residents stored the medications safely according to policy. The service does not use standing orders and no vaccines were kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical coordinator described how they would work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is</p>
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		prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. The catering supervisor has oversight of the kitchen and undertakes cooking responsibilities. They are supported by another cook, and kitchen hands to ensure a seven-day cover. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires July 2025. The menu has been reviewed by a registered dietitian. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. Residents have options to choose from and cooked breakfast is served as per resident’s preference. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed weekly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food in the care centre is served by the catering supervisor/cook from the bain-marie. Food to residents in the rooms is delivered using covered plates on a trolley. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Residents were observed on the day of the audit to be enjoying their meal and the environment.</p> <p>The catering supervisor reported the service is able to prepare food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, such as ‘boil ups,’ hāngi and Māori bread. Special occasions such as Matariki, Māori language week</p>

		<p>or Waitangi Day involve appropriate foods as part of the celebration.</p> <p>There is sufficient equipment currently to provide meals the additional residents including utensils, crockery etc to assist to maintain independence when eating and drinking. Residents in the new care ensuite are most likely to enjoy their meals in their rooms and there are hot boxes available to take food to residents in their room or to the new lounge area. The catering supervisor confirmed no changes to the food service would be required as they have sufficient equipment and have been catering for the residents in the care suites.</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>PA Low</p>	<p>The building has a current warrant of fitness that expires on 1 July 2025 and a CPU certificate is in place for the 22 new care suites; however, a CPU has not yet been obtained for the reconfigured rooms in the East wing. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. The care centre, care suites and resident rooms are on one level. The 22 care suites have been added and joined to the main building; however, there is also a separate access to this part of this part of the building. The 22 care suites have a separate lounge area and which could house dining room. Activities are provided in the communal main lounge that is spacious and this will remain unchanged. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens.</p> <p>The maintenance person works 30 hours per week. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists and clinical equipment. Calibration checks were last completed in February 2025. Hot water temperatures were monitored monthly (including the new care suites), and the reviewed records were within the recommended ranges. Tradespeople are available as required with a full list of contracted ones available for staff. The facility is maintained at appropriate temperatures with mixture of underfloor and central heating throughout. There are no changes</p>

	<p>required to the maintenance schedule.</p> <p>The facility has garden areas with seating and shade. Hallways and door entries are wide to accommodate mobility equipment throughout the facility. There were sufficient numbers of mobility, staff, and visitors' toilets and in close proximity to communal areas. There are resting bays to use when walking to the communal areas</p> <p>The care suites will be available for dual-purpose rooms, providing care for rest home or hospital residents. All care suites have safe access to the outdoors. There is a cupboard for the cleaning trolley and general equipment storage. The linen storage is stored in covered trolleys in the hallways and restocked as required. Continence products and other supplies will be stored in the current storage areas. The care suites have new hospital beds, side tables (with locks) and lounge/dining furniture.</p> <p>All care suites are for single occupancy (confirmed with the facility manager) and have individual ensuites. The care suites are 30 – 60 sqm including the ensuite and there is sufficient room to manoeuvre mobility equipment and hoist equipment with assistance of two staff. The care suites are well ventilated with appropriate light.</p> <p>The new care suites have individual heat pumps so heating/cooling can be adjusted . Ensuites include privacy locks. There are handrails within the ensuites, showers and hallways to promote mobility. A number of care suites (14) were currently in use by the residents from the refurbished wing and there were adequate supplies of equipment accessible for staff. The care suites have flooring and decorations suitable for hospital level residents. The care suites are complete and a number of these have been occupied since completion.</p> <p>The 17 refurbished hospital rooms (decreased to 13 rooms with ensuites) in the East Wing are currently dual-purpose and remain verified as being appropriate and suitable for residents requiring hospital level of care. The new rooms are 20 sqm including the ensuite and there is sufficient room to manoeuvre mobility equipment and hoist equipment with assistance of two staff. The rooms are well ventilated with appropriate light. The refurbished rooms will have their existing equipment - hospital beds, bed side cabinets and dressers returned to the room. The new ensuites include privacy locks, handrails within the</p>
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		<p>ensuites.</p> <p>A nurses' station is located in East and West wings and there is a secure treatment room in the East wing with sufficient room for extra residents. The treatment room is adjacent to the nurses' station. There has been advice sought from Māori throughout the reconfiguration and building process.</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>PA Low</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The fire evacuation scheme has been updated in December 2024 to include the care suites. The last fire drill was on 29 November 2025 – with one planned on the 30 May 2025. The East wing has been reconfigured from 17 to 13 rooms; however, fire cells and fire exits have remained in the same place, this has yet to be approved by the fire department.</p> <p>Emergency management plans are in place to ensure health, civil defence and other emergencies are appropriate. Civil defence supplies (sighted) are stored centrally and checked at regular intervals. Evacuation lists with residents' mobility requirements are regularly updated. There is an ambulance bay near the entrance.</p> <p>The staff orientation programme includes fire and security training.</p> <p>There were adequate supplies in the event of a civil defence emergency including food, water sources in excess of 11000 litres (equivalence of three litres per person per day for at least three days), candles, torches, continent products, and a gas BBQ to meet the requirements for up to 110 residents and rostered staff. The facility has access to a generator in the event of an emergency. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working care call system in place that is used by the</p>

		<p>residents, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance team. The 14 new studio care suites have call points by the bed and in the ensuite. The new eight one bedroom care suites have a call point in the ensuite and the bedroom; however, the lounge does not have a call point; therefore, all residents in this area will have a pendant to use.</p> <p>The call bells from the new care suites will be heard throughout the facility and the staff in the area will attend to these.</p> <p>The care call system will need to be reactivated in the refurbished rooms and ensuites in the East wing. Residents are provided with pendants if necessary. Staff in the East wing will respond to the call bells in the care suites (when the East wing refurbishment is completed). Residents and family/whānau confirmed that staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>The visitors' policy and guidelines are in place to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <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 quality and risk manager is the infection prevention and control (IP&C) coordinator. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infections are reported through the incident reporting system, and significant issues are escalated through an effective communication pathway to the Board and the facility manager as part of the relevant meetings. Infection rates are presented and discussed at staff and registered nurse meetings. Infection control and AMS are part of the quality and risk management plan and are documented business plan.</p> <p>The service has access to the infection prevention clinical nurse</p>

		<p>specialist from Health New Zealand. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the facility manager, clinical coordinator, IP&C coordinator, the general practitioner, and the public health team.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Policies and procedures have been developed with input from the quality and risk manager who is an infection control specialist, and the programme is reviewed annually (March 2025). Policies are available to staff. The IP&C coordinator (quality and risk manager) described their role as overseeing the infection prevention and control programme and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role.</p> <p>The service has a documented pandemic and outbreak management plan. The plan includes preparation and planning for the management of restricted access, isolation procedures and transfers into the facility. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available onsite as required.</p> <p>The IP&C coordinator has completed external infection training and keep up to date with relevant best practice. There is good external support from the GPs, laboratory, and Health New Zealand nurse specialists. Rosebank Lifecare is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the orientation and annual training plan. Staff have completed hand hygiene and the correct use of personal protective equipment competencies. Resident education occurs as part of the daily cares.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with an audit process in place to check that this is being completed as per policy.</p>

		<p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents from Māori health providers through Health New Zealand. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The IP&C coordinator and managers are involved in the procurement of all equipment and consumables and have been involved in the current building and reconfiguration projects. There are no changes to implementation of the infection prevention and control programme as a result of the additional care suites and reconfiguration of beds.</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 policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at all meetings with these attended by the IP&C coordinator, registered and enrolled nurses with the facility manager also involved as required. No changes to the monitoring activities related to the AMS programme in relation to infection prevention and control are required as a result of the new suites and reconfiguration.</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>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection prevention and control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and monthly and annually comparison occurs. Infection control surveillance is discussed at all meetings and reported to the management team as issues arise or through regular monthly meetings. Meeting minutes and graphs are given to staff at meetings for discussion and left in the staffroom for</p>

		<p>reference. 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>The service receives email notifications and alerts from Health New Zealand for any community concerns. All communications were observed to be culturally appropriate. There are hand sanitisers strategically placed around the facility with flowing soap and paper towels available.</p> <p>There have been no outbreaks since the last audit. Visitors are asked not to visit if unwell.</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>Policies and procedures are in place for 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 and the trolley is kept locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing the appropriate PPE when required.</p> <p>There are four sluice rooms, adequate PPE including face shields and goggles were available within the areas. There are separate handwashing basins with flowing soap and paper towels. The new care suite wing does not have a sluice room but there is one close by and accessible if required.</p> <p>All laundry is done on site seven days a week. The laundry is spacious with good ventilation. There is a clear clean and dirty flow. There is also a separate area for folding and storage of clean linen. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule.</p> <p>There are dedicated cleaning staff. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was</p>

		<p>able to describe appropriate infection control procedures and was wearing appropriate PPE. There are no changes to the cleaning and laundry service in as a result of the addition of the 22 care suites and refurbished dual-purpose rooms in the East wing.</p> <p>The IP&C coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The wing with the 22 new care suites has a current CPU certificate in place expiring on 19 June 2025; however, the service has yet to obtain a CPU certificate for the reconfigured 13 rooms in the East wing.</p> <p>The 22 care suites are complete. The care suites are spacious and provide adequate space for hospital level equipment. The care suites have ensuite and are all fully furnished and adorned to each residents taste.</p> <p>The reconfigured rooms in the East wing have yet to be decorated and flooring and furnishings are yet to be installed.</p>	<p>(i). There is no CPU certificate in place for the reconfigured rooms in the East wing.</p> <p>(ii). The reconfigured rooms in the East wing have yet to be decorated, flooring needs to be completed and furnishing installed.</p>	<p>(i). Ensure a CPU certificate is obtained.</p> <p>(ii). Ensure all rooms are fully completed and furnished.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation,</p>	PA Low	<p>There is an approved fire evacuation plan in place for the new 22 suites and a fire drill has</p>	<p>The fire department have yet to approve the</p>	<p>Ensure the fire department approve</p>

<p>there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>		<p>been held with staff; however, the fire department is yet to review the reconfiguration of the East wing to approve the fire evacuation plan. While there have been changes to the interior of the wing, fire exits, and fire cells are unchanged.</p>	<p>reconfiguration of the East wing.</p>	<p>the fire evacuation plan for the East wing 90 days</p>
<p>Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>There is a call bell system fitted throughout the facility and is functional. The call bell system has been installed and is functional in the new 22 care suites, and residents residing in these suites will have call bell pendants. The call bell system is yet to be reconnected in the East wing where rooms were reconfigured.</p>	<p>The care call system in the reconfigured rooms in the East wing have yet to be reconnected.</p>	<p>Ensure the call system in the reconfigured rooms in the East wing are reconnected prior to occupation. Prior to occupancy days</p>

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.