

Rosaria Rest Home 2006 Limited - Rosaria Rest Home

Introduction

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

The audit has been conducted by 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:	Rosaria Rest Home 2006 Limited
Premises audited:	Rosaria Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 August 2025 End date: 22 August 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:	24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rosaria Rest Home 2006 Limited (Rosaria Rest Home) provides rest home care for up to 26 residents. There were 24 residents on the day of the audit. The rest home provides services to residents who are all of Chinese ethnicity and who speak limited or no English at all. An independent interpreter was used for all residents' and some staff interviews.

There have been significant changes to the management since the last audit. In April 2024, one of the owner/directors assumed the position of facility manager following the resignation of the previous facility manager.

The service is managed by the owner/director who is the facility manager, supported by an assistant manager, a registered nurse, care staff, and the other owner/director. Feedback from family/whānau and residents was positive about the care and services provided at the service.

This certification audit was conducted in accordance with the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff's files, observations, and interviews with whānau, staff, the general practitioner, and the owner/directors.

Improvements are required in relation to essential notifications, the environment, and the menu review.

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.

Rosaria Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when required.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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 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 and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals of the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

There is a National Adverse Events Policy in place that include statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

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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 low risk.
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When residents enter Rosaria Rest Home, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

Residents' nutritional needs are assessed on admission to the service, and special cultural needs are catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.


The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	24	0	2	1	0	0
Criteria	0	164	0	3	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Rosaria Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from external consultants and is used for residents who identify as Māori.</p> <p>Rosaria Rest Home serves an Asian population, although the management stated that Māori would be welcome to reside there if they chose to do so. The service has access to cultural advisors who can provide cultural, health, social, educational, and support services to promote overall wellbeing. The management team and staff have completed training on Te Tiriti o Waitangi and health equity. Staff described the ways they apply the principles of Te Tiriti into practice in relation to their roles.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of the audit, there were no staff employed or residents who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The service identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. There were staff members who identified as Pacific.</p> <p>There have never been any residents who identify as Pacific in the service, and although no residents currently identify as Pacific, the processes and resources in place provide sufficient guidance for staff to ensure a resident's cultural and spiritual needs and beliefs are considered.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce is supported by the service provider. Engagements with local Pacific people's organisations in the community is ongoing.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed 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. An interpreter was available to support residents during interviews. Posters of the Code in te reo Māori, English, Mandarin and Cantonese languages were posted on notice boards in the facility.</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.</p> <p>Staff understood Māori mana motuhake principles. There were no residents who identified as Māori at the time of the audit.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and family, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender,</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, except for couples who share a room with their partner's consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme and te reo Māori information posted around the facility. A copy of the Treaty of Waitangi document was posted in the dining room. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to. The registered nurse (RN) stated that tāngata whaikaha participation in te ao Māori would be supported, when required.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. Residents are not encouraged to bring or keep large amounts of cash. Residents and their whānau manage their finances.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident, and included use of a Māori health care plan when required.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. 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. 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 and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Signed informed consent forms and resuscitation treatment authorisation forms were available in residents' files. Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There was one complaint in 2024, and six in 2025 (year to date). The owner/director reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required. Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided with information on the complaints process and that any concerns or</p>

		<p>issues were promptly addressed.</p> <p>Whānau making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code of Health and Disability Services Consumers' Rights was visible and available in te reo Māori and English. Whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor, if needed.</p> <p>An external complaint was received in 2024. The service complied by responding and supplying all the necessary information requested. Evidence indicated that this complaint was thoroughly investigated and that corrective action measures were implemented. Key learnings from the complaint were implemented.</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>Rosaria Rest Home provides age-related residential care at the rest home level of care. Rosaria Rest Home has two owners, who are also the directors. One assists with the activities programme twice a week. The other owner/director is the current facility manager, supported by the assistant manager, registered nurse, and care staff. The previous facility manager resigned in April 2024 and one of the owner/directors assumed the role of facility manager (refer to 2.2.6). The owners/directors have owned the care home since 2006.</p> <p>The governing body assumes accountability for delivering a high-quality service by supporting the meaningful inclusion of Māori and Pacific people in the governance group. This approach honours Te Tiriti and focuses on improving outcomes for Māori, Pacific people, and tāngata whaikaha. The owner/director and registered nurse reported that the service facilitates meaningful Māori inclusion at both the service and governance levels, ensuring adherence to Te Tiriti o Waitangi. Cultural safety training has been undertaken by all staff, including the owner/directors.</p> <p>The purpose, values, direction, scope and goals are defined, and performance monitoring and review occur through regular meetings</p>

		<p>at planned intervals. A focus on improving outcomes was evident in monitoring through staff meeting minutes and the internal audit programme. A commitment to the quality and risk management system was evident.</p> <p>Equity for Māori, Pacific peoples and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). The service continues to work towards recruiting Māori and additional Pacific staff. The management team members interviewed felt well informed about progress and risks. A review or evaluation of resident outcomes to assess equity for Māori residents was achieved and completed. Ethnicity data was analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. Service plans are developed to address all residents' needs.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service.</p> <p>Residents receiving services, and their whānau, participated in the planning and evaluation of services through regular reviews of care needs, satisfaction surveys, feedback, and incident/complaint investigations. Whānau interviews evidenced satisfaction with the services.</p> <p>The service holds Age-Related Residential Care (ARRC) contracts with Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland for rest home level of care and long-term support – chronic health conditions (LTS-CHC) and young people with disabilities (YPD). On the days of the audit, there were 24 residents receiving care. This included 23 residents receiving long-term care including one resident under the young people with disabilities (YPD), and one resident receiving privately funded care.</p>
Subsection 2.2: Quality and risk	PA Low	Rosaria Rest Home has a planned quality and risk system that

<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>reflects the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results.</p> <p>Residents and whānau contributed to quality improvement through satisfaction surveys and residents' meetings, and staff contributed through reviewing data as part of regular staff meetings, and audit activities. Staff meeting agendas and minutes reviewed showed good attendance, and comprehensive agendas covered quality and safety measures/activities. The outcomes from the resident/whānau satisfaction survey conducted in August 2025 were favourable. Minimal corrective actions were identified, and these had been implemented. The external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service worked to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>The management team described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings.</p> <p>The registered nurse reported that there had been one notification of COVID-19 to the Public Health Unit since the previous audit.</p> <p>Improvements are required in relation to Severity Assessment Code (SAC 2) reporting, and notification of the change of facility manager.</p>
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<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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>There is a registered nurse who works five days a week from 9.00 am to 5.00 pm. The owner/director, who is the current facility manager, works from Monday to Friday and is available on call as required. The assistant manager works three to four hours a day from Monday to Sunday.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes of each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education was planned annually, covering a wide range of topics including, but not limited to, infection prevention and control, medication management, care planning and assessment and cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, fire safety, and challenging behaviour. Related competencies were assessed.</p> <p>Care staff have either completed, commenced, or are due to commence a New Zealand Qualification Authority education programme, to meet the provider's funding and service agreement requirements. Two care staff have completed Level 4, five have completed Level 3, and two are in the process of enrolling for an NZQA qualification. Staff reported that they had completed the required dementia units. Staff records were reviewed to confirm completion of the required training and competency assessments.</p> <p>High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Cultural advice was sought in a timely manner through local Māori organisations. At least one staff member on</p>

		<p>duty had a current medication competency.</p> <p>Each staff member interviewed reported feeling well supported and safe in the workplace. The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensured that services were delivered to meet residents' needs.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the general practitioner, pharmacists, podiatrist and dietitian.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed and documentation reviewed. Staff had access to the Employee Assistance Programme if required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. A paper-based information management system was in place. Clinical notes were current, integrated and legible, and met current</p>

<p>data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Policies and procedures guide staff in the management of information. The owner/director reported that staff had their own logins. An external provider held backup database systems.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter Rosaria Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed six-monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations to support Māori and whānau who enter the service when required.</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</p>	FA	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by the RN following a comprehensive assessment, including consideration of the resident's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and</p>

<p>rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau. A Māori health care plan is available to use to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora when required.</p> <p>Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Long-term and short-term care plans were evaluated consistently as required. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning process. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information or are supported to do so. The GP expressed satisfaction with the overall care provided to residents.</p> <p>A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The caregivers, assistant manager, and the owner facilitate the activities programme.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Activities on the programme are Chinese-based, and include Chinese television channels, Mahjong, ball games, walks, shopping trips, church services, exercises, and Chinese New Year celebrations. The RN stated that opportunities for Māori and whānau to participate in te ao Māori would be facilitated when required. Community initiatives that meet the needs of Māori include celebration of Matariki, when required.</p> <p>Feedback on the programme is provided through annual satisfaction surveys. Residents interviewed confirmed they found the programme met their needs.</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 is current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are 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 are not used.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Processes for safe self-administration of medication were in place. The RN stated that this is implemented when required. Residents and their whānau are supported to</p>

		understand the resident's medications.
<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>	PA Low	<p>The food service is in line with recognised nutritional guidelines for people using the services. Food is prepared on site by the cooks. Chinese cuisine is offered that caters for people from both Northern and Southern China. The menu was overdue for review.</p> <p>The service operates with an approved food safety plan and registration that is valid until 16 May 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook stated that menu options culturally specific to te ao Māori would be provided on request.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer and discharge policies guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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 Moderate</p>	<p>The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely with mobility aids in their respective wings. There are comfortable-looking lounges for communal gatherings and activities at the facility. There are quiet and designated spaces for residents, including young people with disabilities and their whānau, to utilise inside the lounges and dining rooms and outside on the open deck areas.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Monthly hot water temperature monitoring is completed as per policy requirements. The owner/director attends to all maintenance requirements, and certified tradespeople carried out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>There are a total of 23 bedrooms and 26 beds. There are four rooms suitable for the care of two persons and are used for couples. Three of these rooms were in use at the time of the audit. There are grabrails on the bathroom and toilet walls and in the hallway, and call bells are readily located in bedrooms and bathroom areas.</p> <p>There are adequate storage areas. Some of the rooms open to the outside, from the bedroom to a decked external area. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate.</p> <p>There are other toilets available for staff, and visitors. A system identifies whether all common area toilets and shower facilities are in use or vacant. All washing areas provide free-flowing soap and paper towels in the toilet facilities. All areas are accessible to the residents. The furnishings and seating are appropriate for the consumer group.</p> <p>Residents interviewed reported they were able to move around the facility, and staff assisted them when required. Residents' rooms</p>
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		<p>were personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation, and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The owner/director reported that, when there is a planned development for new buildings, there will be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Staff interviewed stated that they had adequate equipment to safely deliver care for residents.</p> <p>The area of improvement around the two small toilets in rooms 13 and 29 that did not meet council requirements remains open.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. The owner/director reported that the service has access to an external supplier for a generator, if needed in the event of a civil defence emergency. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff on duty with current first aid training.</p> <p>Call bells alerted staff to residents requiring assistance. Residents and whānau reported that staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required.</p>

		<p>There was a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas and communal areas. CCTV signage was displayed around the facility. There is a visitors' policy and guidelines available to ensure that resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitor registers.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programmes 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 were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. All staff, residents and whānau had received training and updates on managing infections. Training records and meeting minutes were documented.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to governance body. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of facility changes, and policies. The owner/director stated that there were no planned changes to the building at the time of the audit.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP programme is reviewed annually, and it was last reviewed on 31 December 2024.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents</p>

		<p>and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic and infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</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>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff.</p> <p>Surveillance includes ethnicity data. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>

		Communication between service providers, and residents experiencing a health care-associated infection (HAI) is culturally safe.
<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 antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>The caregivers have dual responsibilities for cleaning and laundry. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. The IPCC has oversight of the environmental testing and monitoring programme. The caregivers have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely in the locked sluice room.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Rosaria Rest Home maintains a restraint-free environment. The governance group demonstrated commitment to this, supported by the registered nurse. The registered nurse stated that any use of restraint is reported to the governing body. At the time of the audit, no resident was using a restraint, and this has been the case since the previous audit.</p> <p>The policies and procedures reviewed met the requirements of the standards. The registered nurse was the restraint coordinator, who provided support and oversight should restraint be required in the future. There was a job description that outlined the role. Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the restraint approval group, which includes the</p>

		<p>registered nurse and the general practitioner. The registered nurse and the owner/director meet every month to discuss whether restraint is to be used. The approval team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols were covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency), and restraint use was identified as part of the quality programme and reported at all levels of the organisation. All staff had completed annual training around de-escalation and management of challenging behaviour in the last year.</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 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Staff reported that they documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions were followed up in a timely manner. However, the Severity Assessment Code (SAC) 2 event reporting process was not reported as per policy requirements. One resident experienced two falls that resulted in fractures, which were not reported in accordance with policy and standard requirements.</p>	<p>SAC 2 event reporting was not completed for a resident who had two falls that resulted in fractures.</p>	<p>Ensure SAC 2 ratings are completed as per policy and standard requirements.</p> <p>180 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory</p>	PA Low	<p>The policy and standard require the service to comply with statutory and regulatory reporting obligations. The management team interviewed described the process around essential notification</p>	<p>Not all applicable events requiring essential notification, such as the change of the facility</p>	<p>Ensure all applicable events are reported to the appropriate authority in a timely</p>

obligations in relation to essential notification reporting.		reporting requirements. The previous completed Section 31 notifications were sighted. However, when there was a change in the facility manager in April 2024, the essential notification was not completed. One of the owner/directors is now the current facility manager.	manager, have been reported to the Ministry of Health.	manner. 180 days
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	The menu in use was reviewed by a qualified dietitian in March 2022. Residents' weight is monitored monthly, and those with weight issues were reviewed by the GP and nutritional supplements were prescribed.	The menu was overdue for review by a qualified dietitian.	<p>Ensure the menu is reviewed by a qualified dietitian as required by the policy.</p> <p>180 days</p>
<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 Moderate	<p>There is a current building warrant of fitness that expires on 22 June 2026. There are two rooms, room 13 and room 29, that have toilets installed. These were fitted with call bells, handrails and water sprinklers, and these rooms remain small in size. An inspection completed by a certified plumber on 31 January 2024 found that these did not meet compliance requirements. A report by an independent building consultant dated 8 February 2024 confirmed that the alterations did not meet Auckland Council standards. This area requiring improvement remains open.</p> <p>The owner/director reported that a representative from Health New Zealand – Te Whatu Ora visited the facility on several occasions to assess the toilets. Recommendations were made for residents to complete a consent form to authorise the usage of the toilets. Signed consent forms were sighted in the resident files. Despite the limited dimensions of the toilets, which cannot accommodate a</p>	Ensuite toilets continue to not meet compliance requirements as per Auckland Council and the building consultant report.	<p>Ensure all alterations meet compliance requirements by the council.</p> <p>90 days</p>

		wheelchair or walker, residents utilising the facilities reported no issues with size, as they were able to utilise them without mobility challenges. Furthermore, the owner/director reported that the facility was informed by Health New Zealand – Te Whatu Ora that this will remain a recurring area of improvement until resolved.		
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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.