

# YHKT LIMITED - Roselea

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** YHKT LIMITED

**Premises audited:** Roselea

**Services audited:** Dementia care

**Dates of audit:** Start date: 10 December 2025      End date: 11 December 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:** 28

# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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   |
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|   | Includes commendable elements above the required levels of performance  | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls  | Subsections applicable to this service fully attained                                    |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk           |

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

## General overview of the audit

Roselea provides dementia level of care for up to 30 residents. There were 28 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, management, staff, and general practitioner.

The acting facility care manager is a registered nurse who is appropriately qualified and experienced. They are supported by a registered nurse and an office administrator.

There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls to follow-up on from previous certification audit.

This surveillance audit identified shortfalls related to staff training, resident records, care planning, medicine management, and aspects of the food service.

## 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.

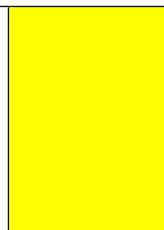
A Māori health plan is in place for the organisation. Māori mana Motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori.

A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural and spiritual beliefs.

Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that is responsive, fair, equitable and meets guidelines established by the Health and Disability Commissioner.

## 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.

The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions put in place where indicated.

There is a staffing and rostering policy that aims to manage human resources in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| <p>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.</p> |  | <p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p> |
|--|--|---|

The registered nurses are responsible for each stage of service provision. Resident records reviewed, provided evidence that the registered nurses utilise the interRAI assessment process. Care plans demonstrate service integration. The service implements a multi-disciplinary team approach including resident reviews by the general practitioner and visiting allied health professionals.

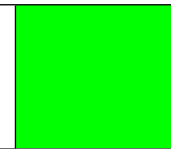
Medication policies reflect legislative requirements and guidelines. There is a process to ensure staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. All food and baking is prepared and cooked on site in the kitchen. The service has a current food control plan. There are additional snacks available 24/7.

All residents' transfers and referrals occur in a coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

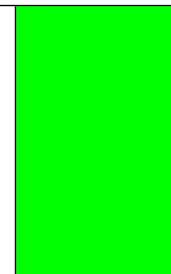


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment is maintained for electrical compliance and clinical equipment is regularly calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

There is a comprehensive infection control programme in place which has been approved and reviewed by the directors. Staff complete education in relation to infection control during orientation and as scheduled annually.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been outbreaks recorded and reported since last audit.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There were no residents using a restraint at the time of the audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 14                  | 0  | 4                                    | 1  | 0                                      | 0  |
| Criteria          | 0                           | 44                  | 0  | 4                                    | 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

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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.<br/>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>   | FA                | <p>A Māori health plan is documented for Roselea. The plan acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Roselea, which is understood by staff who confirmed that mana Motuhake is recognised. At the time of the audit there were residents and staff who identified as Māori.</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.<br/>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br/>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA                | <p>There is a Pacific health plan which aligns to Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. The aim is on fostering Pacific community integration and collaboration to enable better planning, support interventions, and evaluations of the health and wellbeing of Pacific peoples to improve outcomes. At the time of the audit there were residents and staff who identified as Pasifika who support the service in understanding worldviews, cultural and spiritual beliefs of Pacific peoples.</p> |

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| <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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The acting facility care manager demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Five family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>   |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>                                   | <p>FA</p> | <p>Roselea policies provide guidelines that aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. A comprehensive staff handbook is discussed and signed by staff during their induction to the service. The staff handbook addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the staff handbook related policies as part of the employment process.</p> <p>All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with five staff (two healthcare assistants, one registered nurse, one cook, one office administrator), the acting facility care manager, family/whānau, and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided</p>  | <p>FA</p> | <p>There are policies documented to provide guidance in relation to obtaining informed consent that reflect the requirements of the Code. Informed consent processes were discussed with family/whānau on admission. Five resident files were reviewed. Written general consents sighted for outings,</p>   |

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| <p>with information that supports me to understand why.<br/> 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.<br/> 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>photographs, room sharing, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the activated enduring power of attorney (EPOA) or welfare guardians for procedures, such as influenza and Covid-19 vaccines.</p> <p>The admission agreement is appropriately signed by the EPOA or Welfare Guardians. All documentation regarding EPOA and activation is on file. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p>  |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br/> 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.<br/> As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>                  | <p>FA</p> | <p>The complaints procedure is provided to family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code of Health and Disability Services Consumers Rights (the Code) process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been no complaints made since last audit. The acting facility care manager is responsible for the management of complaints. Interview with the acting facility care manager and the director confirmed their awareness of the complaints process in line with the guidelines set out by Health and Disability Commissioner (HDC).</p> <p>Family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The acting facility care manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p> |

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| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Roselea provides dementia level of care for up to 30 residents. On the day of audit, there were 28 residents including two admitted under the long-term support chronic health contract (LTS-CHC). All the remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>Roselea is the trading name of YHKT Limited - a privately owned company with one sole director. Roselea is one of two facilities owned and operated by the director. Roselea has a current business plan in place with clear goals to support their documented vision, mission, and values. The values espouse creating a home like environment where residents enjoy living at the facility through embracing what makes every person unique – from likes and dislikes, to habit and hobbies, to culture and customs.</p> <p>The director, interviewed on the day of the audit, was knowledgeable around legislative and contractual requirements and is experienced in the aged care sector, having owned and managed aged care facilities for a number of years. The acting facility care manager, the registered nurse and the general practitioner provide oversight with clinical governance.</p> <p>The monthly staff quality meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The management team analyse internal processes, business planning, and service development to improve outcomes for residents and have processes in place to achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. This includes input from a Māori staff and family/whanau into policies, procedures, and annual service reviews. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha and Māori. Collaboration with family/whānau who identify as Māori and/or tāngata whaikaha reflect their input for the provision of equitable delivery of care.</p> <p>The director (sole owner) is on site regularly, is part of the two-monthly governance meetings and has owned the service since 2019. At the time of the audit, the facility care manager had resigned and finished work end of November 2025. The acting facility care manager, who normally works at the sister facility had been seconded for two days on site to provide clinical and management oversight. The acting facility care manager has been the role for two weeks working every Monday and Tuesday on site (three days at the sister facility) with the support of the experienced registered nurse who has been in the role since 2022. The service has recruited a new facility</p> |
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|  |           | <p>care manager who is due to start their role in January 2026. The acting facility care manager is experienced in aged care and management and has maintained the required hours of professional development activities related to managing an aged care facility. This has included training related to challenging behaviour and dementia, activities dementia, ageing process. They have nursing post graduate qualifications and they and the owner have attended the ARRC meetings in the region.</p>  |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Roselea has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been completed according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated internally. Quality data is reported to the director through the monthly facility care manager reports which include but not limited to occupancy, infections, quality improvements, health and safety, restraint, complaints, Māori and Pasifika indicators, clinical review of incidents and infections with ethnicity linkages. Quality goals are identified, discussed at staff quality and governance meetings and action plans are documented where opportunities to improve are identified.</p> <p>Staff quality meetings (attended by director) include (but not limited to) discussions around quality data including graphs which are internally benchmarked, resident and staff movements, health and safety, restraint, complaints (if any) and action plans, quality improvements, facility goals, surveys, staff training and external reporting. Meeting minutes are made available to other staff who were unable to attend the meetings. The staff quality meetings have been held according to schedule including residents and family/whānau meetings.</p> <p>Staff have completed cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way. It was confirmed that the management team, and the director have completed cultural training. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been analysed, and results were shared at meetings with staff and through newsletter to family/whānau. A review of the survey results evidenced that family/whānau were satisfied with all aspects of service</p> |

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|  |               | <p>delivery and comments relating to the care, food and activities provided. There were no required corrective actions related to the outcome of the survey.</p> <p>Health and safety policies are implemented and monitored through the staff quality meetings. Risk management, hazard control and emergency policies and procedures are in place. Two healthcare assistants supported by the acting facility care manager oversee the implementation of the health and safety programme. There is a current hazard register (last reviewed 1 December 2025). The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data discussed at the staff quality and governance meetings.</p> <p>Discussions with the acting facility care manager and the director evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notifications completed since the last audit. There were appropriate risk management systems implemented. The change in facility manager was appropriately notified. There have been no events requiring Health Quality and Safety Commission (HQSC) notification. There were two outbreaks and authorities were appropriately notified.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Low</p> | <p>There is a staffing policy that describes rostering requirements for Roselea. Acuity and clinical staffing ratios are described in the policy. The roster reviewed showed that there is at least one registered nurse Monday to Friday during the day with on-call support afterhours and on the weekends. The acting facility care manager works Monday and Tuesday on site and remotely available between Wednesday and Friday. The registered nurse is rostered Tuesday to Friday with flexibility to work on the Monday (as sighted on the roster). The registered nurse cover is sufficient and appropriate for the effective delivery of care and support for dementia level care residents. The number of healthcare assistants on each shift is sufficient for the acuity and layout of the facility to provide safe and timely care on all shifts.</p> <p>Staff and family/whanau are informed when there are changes to staffing levels, evidenced in staff and family/whanau interviews. Staff absences are</p>   |

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|   |    | <p>covered by own staff and casuals as sighted on the roster. The acting facility care manager; registered nurse are available on call 24/7 for any concerns with escalation to the general practitioner for clinical concerns and the director for organisational issues.</p> <p>An education programme was completed as per schedule in 2024/2025. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Education topics included abuse and neglect; chemical safety; code of rights; equity and bias; manual handling; infection control; dementia; restraint elimination; health and safety; personal hygiene; skin tear and wound management; practical care; chronic health conditions and the ageing process.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Three of fourteen healthcare assistants have completed their level three and above qualifications. At the time of the audit, twelve healthcare assistants had completed the required dementia level unit standards, and one was enrolled and in progress. There was one healthcare assistant who had not completed the required unit standards and was out of the 18month period.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Records reviewed show that all staff (including the registered nurse) have completed the required competencies which include (but not limited to) medicine management, manual handling, hand hygiene and first aid and CPR.</p> <p>The acting facility care manager and the registered nurse are both interRAI trained and are supported to maintain their professional development including access to training provided externally through Health NZ and online.</p> <p>A record of completion of education is maintained on an electronic spreadsheet and staff personnel file.</p> |
| Subsection 2.4: Health care and support workers | FA | Five staff files reviewed included evidence of completed orientation, training   |

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| <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>and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioner, , pharmacists, podiatrist, and dietitian.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Staff who have been employed for a year or more have a current performance appraisal on file.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>   | PA Low | <p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. The resident files are appropriate to the service type; however, did not demonstrate service integration. Other paper documents can be scanned and uploaded in the correspondence folder in the electronic system for reference.</p> <p>Records are uniquely identifiable, legible, and timely. Information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>This subsection has been opened to address the shortfall related to resident files identified during the audit.</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</p>  | PA Low | <p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Five resident files were reviewed including one resident on the long-term support chronic health contract (LTS-CHC). Initial assessments and care plans are developed with the resident's Enduring Power of Attorney (EPOA) or welfare guardian consent and have been completed within the required timeframe. Care plans are based on</p>   |

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| <p>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>data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition, pain, transfer and mobility, skin, continence, pressure injury risk, cultural, behaviour, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies. A specific cultural assessment has been implemented for all residents.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission including for the resident on the long-term support chronic health contract (LTS-CHC). The initial care plans were completed within the required timeframes, and they provided guidance to care staff in the delivery of care. All the residents have a behaviour assessment and behaviour care plan completed on admission with associated risks and supports needed documented. Strategies for managing/diversion of behaviours were documented.</p> <p>Long-term care plans are holistic with detailed interventions to guide staff in the delivery of individualised care to meet the needs and preferences of the resident around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs. Twenty-four-hour activity plans were sighted for all resident files reviewed. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds with sign off when resolved or moved to the long-term care plan. Short term care plans have not been consistently completed for identified short term needs.</p> <p>Interview with the acting facility care manager and registered nurse confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service has a contract with a local medical practice that provides a general practitioner who visits the facility weekly for clinics and provides on call cover after hours. The general practitioner have access to the resident records including the medication system. However, the clinic notes have all not been</p> |
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|  | <p>integrated into the resident records (link 2.5.1). The general practitioner interviewed stated that there was good communication with the service, the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist referral is completed as and when required by the registered nurse and general practitioner. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) psycho-geriatric team, mental health specialists, speech language therapist, wound care specialist, dietitian, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status. Family/whānau are involved in development and review of care plans.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There was one active blister wound at the time of the audit. Review of the wound care plan demonstrated that the wound was being dressed as scheduled with clear documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. Interview with the registered nurse confirmed that referrals were completed for wound nurse specialist input as clinically indicated and the service would incorporate any recommended plans into the wound management plans.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. The registered nurse also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. The registered nurse has added to the progress notes when there was an incident and changes in</p> |
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|   |                        | <p>health status.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels. Monitoring charts have not all been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls as part of post falls management but not for incidents where head injury was suspected. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Family/whanau interviewed confirmed that resident assessments are completed according to their needs and in the privacy of their bedrooms.</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>PA<br/>Moderate</p> | <p>Roselea has policies available for safe medicine management that meet legislative requirements. The registered nurses and medication competent healthcare assistants who administer medications, are assessed annually for competency. All staff that required a competency had a current competency on file. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets are electronic. On the day of the audit, a healthcare assistant was observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their roles regarding medication administration. Roselea uses robotic rolls for all regular, short course and 'as required' medicines. All</p>   |

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|  |               | <p>medications once delivered are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening.</p> <p>Ten medication charts were reviewed. There is a three-monthly general practitioner review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has been documented in the electronic medication system. However, there is no documented evidence of consultation with the registered nurse prior to administration of 'as required' medicines. The service does not use standing orders and there are no vaccines kept on site.</p> <p>Due to the nature of the service, there were no residents self-administering medications. There is documented evidence in the clinical files that family/whānau are updated about changes to the resident medications and health.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>PA Low</p> | <p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. Food preferences and cultural preferences are encompassed into the four-week seasonal menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurse. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents' requests within reason.</p> <p>There is a verified food control plan which expires 29 March 2026. However, review of food storage confirmed that decanted food was not consistently labelled and dated. Fridge, freezer, and chiller temperature monitoring was not consistently documented.</p> <p>Family/whānau members interviewed indicated satisfaction with the food.</p>   |

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| <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>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the family/whānau and other service providers to ensure continuity of care.</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> | FA | <p>The buildings, plant, and equipment are fit for purpose at Roselea and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness expires 1 December 2026.</p> <p>There is a maintenance request process for repairs. Equipment failure or issues are also recorded in the maintenance log. The office administrator is responsible for arranging repairs with the handy man and certified contractors. The office administrator checks the requests daily and signs off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Hot water temperatures have been checked weekly and demonstrate that they have been within expected ranges. Essential contractors/tradespeople are available 24 hours a day as required.</p> |
| <p>Subsection 5.2: The infection prevention programme and</p>  | FA | <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles,</p>   |

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| <p>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>responsibilities and oversight, and the training and education of staff. The infection control programme is linked to the quality system. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually (last reviewed December 2025).</p> <p>The infection control policy states that Roselea is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed the required training.</p> <p>The infection control coordinator, a registered nurse, has undertaken education to keep updated with current best practice. They receive additional support from the acting facility care manager and expertise at Health New Zealand.</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> | <p>FA</p> | <p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the electronic infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use. This data is monitored and analysed for trends, monthly and annually. Roselea incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance results are discussed at the staff quality meeting and governance meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern.</p> <p>Roselea receives regular notifications and alerts from Health New Zealand for any community concerns. There have been two outbreaks since last audit; norovirus in January 2025 and Covid-19 outbreak in July 2025. Both outbreaks were documented, well managed, a debrief completed, and the outbreaks reported appropriately.</p> |

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| <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> | <p>FA</p> | <p>Maintaining a restraint-free environment is the aim of the service. This is supported by the director. There is a restraint register maintained which is updated quarterly. Annual restraint programme review was last completed 20 November 2025. Restraint programme is discussed during staff quality meetings and through to governance meetings.</p> <p>At the time of the audit, there were no residents using restraints. Roselea has been restraint free since February 2025. The designated restraint coordinator is a registered nurse.</p> <p>Staff attend training in challenging behaviours, including de-escalation techniques and restraint use as part of orientation and education programme.</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)  |
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| <p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p> | PA Low            | <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification including completion of the dementia unit standards in line with the requirements of the ARRC agreement 4.5f. At the time of the audit, twelve healthcare assistants had completed the required dementia level unit standards, and one was enrolled and in progress. There was one healthcare assistant who has been employed by the service since September 2023 and was yet to complete their dementia unit standards.</p> <p>A record of completion of unit standards is maintained on staff personnel files.</p> | <p>One healthcare assistant is yet to complete their dementia unit standards as per ARRC agreement 4.5f</p> | <p>Ensure that all staff complete the dementia unit standards according to the ARRC agreement 4.5f</p> <p>90 days</p> |

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| <p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>   | <p>PA Low</p> | <p>Information related to the residents are retained in electronic format. The service ensures a multi-disciplinary approach to resident care. When the general practitioner visits for their weekly clinics they update the changes on the medication charts and go back to the medical practice to complete the consult notes which are then emailed to the facility and uploaded into the resident records. Review of the resident records showed that general practitioner consult notes are not consistently received from the medical practice for integration into the resident records. The lack of integration of records was evident in three of five records.</p>  | <p>Three of five files reviewed did not have all general practitioner consult notes corresponding to the resident review dates received from the medical practice and integrated into the resident records.</p>  | <p>Ensure resident records are integrated.</p> <p>90 days</p>  |
| <p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote</p> | <p>PA Low</p> | <p>The registered nurses are responsible for the development of the care plan on the electronic resident management system. Assessment tools including interRAI were completed to identify key risk areas. There are policies and procedures for use of short-term care plans. There were no documented wound and short-term care plans for two residents who sustained skin tears and for a resident who presented with a blister and redness under their breast.</p> <p>Monitoring records are completed by healthcare assistants in line with care plan interventions. However, for one resident who is diabetic and documented in care plan for weekly blood glucose level checks (every Tuesday), these have</p> | <p>There are no care plans for two residents with skin tears and one resident with a blister and redness under the breast.</p> <p>Blood glucose monitoring has not been completed weekly as per care plan.</p> <p>Neurological observations were not completed for two residents with suspected head injury.</p> | <p>Ensure care plans are documented for identified short term needs as per policy.</p> <p>Ensure monitoring is completed as per care plan.</p> <p>Ensure neurological observations are completed for any suspected head injury.</p> <p>90 days</p> |

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| <p>acceptance and inclusion;<br/>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p> |                        | <p>not been completed consistently weekly as per care plan.</p> <p>There is evidence of registered nurse follow-up and assessment of residents following incidents in a timely manner. Neurological observations were completed for all unwitnessed falls reviewed on the day of the audit. In two separate incidents, two residents with suspected head injury following altercations had no neurological observations completed. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p>  |   |  |
| <p>Criterion 3.4.1<br/>A medication management system shall be implemented appropriate to the scope of the service.</p>              | <p>PA<br/>Moderate</p> | <p>All 'as required' medications had prescribed indications for use by the general practitioner. The effectiveness of 'as required' medication has been documented in the electronic medication system. Medication administration is completed by competent healthcare assistants and registered nurse. There is a registered nurse on call after hours and on weekends for any clinical concerns. Review of the medication system and progress notes did not show consistent documentation to evidence that prior to a decision to administer 'as required' medicines by the healthcare assistants, a registered nurse was consulted. This included for analgesia, controlled drugs, anti-psychotic, and medicines for bowel management.</p> | <p>There is no consistent documentation to evidence that a registered nurse has been consulted and authorised the administration of 'as required' medications by the healthcare assistants.</p> | <p>Ensure that there is documented evidence that a registered nurse has been consulted and authorised administration of 'as required' medicine.</p> <p>30 days</p> |

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| <p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p> | <p>PA Low</p> | <p>There is a verified food control plan which expires 29 March 2026. On the day of the audit, it was noted that not all decanted and plated food in the pantry and fridge was consistently labelled and dated. Examples include breakfast spreads, decanted tinned fruits, and dry baking ingredients. Daily temperature monitoring records reviewed showed that not all the dates were recorded as checked for the fridge, freezer, and chiller. These included one day in March, one day in April, nine days in September (including consecutive dates), three days in October and two consecutive days in December 2025.</p> <p>Observation of the kitchen showed a tidy and clean environment with a good flow.</p> | <p>Decanted food in the pantry and kitchen fridge was not all labelled or dated.</p> <p>Records of five months in 2025 did not show consistent documented daily fridge, freezer, and chiller temperature monitoring.</p> | <p>Ensure all decanted food is labelled and dated.</p> <p>Ensure consistent documentation of fridge, freezer, and chiller temperature monitoring with temperatures within appropriate range as per policy.</p> <p>90 days</p> |

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.