Rosebank Residential Limited - Rosebank Lifecare

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Rosebank Residential Limited
Premises audited:	Rosebank Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 February 2026 End date: 5 February 2026
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:	84

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 haumaru │ 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

Rosebank Lifecare is a privately owned aged care facility certified to provide rest home and hospital (medical and geriatric) level of care for up to 128 residents. At the time of the audit there were 84 residents.

This surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand. This audit included review of documentation, interviews with management, staff, residents, family/whānau, and a general practitioner, review of resident records, and observation of service delivery.

The facility manager is supported by an experienced clinical coordinator and quality and risk management coordinator. The service has an established governance and clinical oversight structure appropriate to the size and complexity of the service.

The service has addressed three previously identified shortfalls related to building-related matters, including obtaining a CPU certificate, fire evacuation scheme approval, and the reconnection of the call system in the East wing.

This surveillance audit has identified three shortfalls related to details in care plan interventions, care plan reviews and medication system management.

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.

Rosebank Lifecare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and Pacific health plan in place. An informed consent policy is implemented, and residents understood their right to make informed choices. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy documented. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurses assess, plan and review residents' needs, outcomes, and goals. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. All residents' transfers and referrals occur in a coordinated manner.

Te aro ki te tangata me te taiao haumaru | 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 holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical/clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the governing body. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan. Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There had been one outbreak since the 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 restraint. Minimisation of restraint use 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. Staff have completed training in the management of behaviours that challenge and are skilled in the use of de-escalation strategies.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	2	0	0
Criteria	0	48	0	0	3	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Rosebank Lifecare has embraced Māori culture, beliefs, traditions and te reo Māori and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau. A Māori Health plan is documented and there are policies referencing the principles of Te Tiriti o Waitangi and the recognition of mana motuhake. The service currently has residents who identify as Māori at the facility. Staff who identified as Māori confirmed in interview that mana motuhake is recognised. The service has established linkages to iwi and Māori in the community.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The organisation recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific health plan documented as part of the Pasifika Peoples health policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were no residents who identified as Pasifika. There were Pasifika staff working at Rosebank Lifecare. Staff interviewed confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager and clinical coordinator discuss aspects of the Code with residents and their family/whānau on admission. Interviews with six residents (four rest home and two hospital) and four family/whānau (two rest home and two hospital) confirm residents are aware of their rights.
Subsection 1.5: I am protected from abuse 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.	FA	A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, abuse or neglect and bullying. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff are held responsible for creating a positive, inclusive, and a safe working environment. The caregivers interviewed stated that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. The managers interviewed were the facility manager, clinical coordinator, quality and risk management coordinator, and staff educator (RN). Nine staff members interviewed including, six caregivers, two registered nurses (RNs), and one cook confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents' comfort funds, such as sundry expenses. All property is identified when the resident enters the service and residents and family/whānau interviewed stated that staff look after any property they use and treat property with respect.
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	FA	There are policies around informed choice and consent. Six resident files reviewed included informed consent forms signed by either the resident or the resident powers of attorney/welfare guardians. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents including Māori (if any), who may wish to involve

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.		family/whānau for collective decision making. Interviews with family/whānau and residents confirmed their choices regarding decisions, and their wellbeing is respected. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA, and activation (where required) is on file.
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.	FA	The complaints procedure is provided to residents and 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. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The Code is visible and available in te reo Māori, and English. Resident meetings are held regularly and identify feedback from residents and consequent follow up by the service. The service maintains a record of all complaints, both verbal and written, by using a complaints' register. The complaints process is linked to advocacy services. There have been no complaints made since the last audit. When complaints are received, they are acknowledgement, investigated, followed up and replies are made to the complainant. There is a process in place to manage complaints in accordance with the guidelines set by the HDC. Two complaints made through HDC (reviewed at the last audit) are still open, noting that one complaint made in June 2023 has been investigated and the service are waiting for a response from HDC, and HDC has requested further information in response to the other complaint made in October 2022. The service has provided all the required documentation in the required timeframe. The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for Māori.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Rosebank Lifecare is privately owned and provides rest home and hospital (medical and geriatric) level care for up to 128 residents (88 dual purpose beds and 40 dedicated rest home beds). There are 36 serviced care suites which are all certified for rest home and hospital level of care. At the time of the audit there were 84 residents . There were 47 rest home residents including, two residents on respite contracts, one resident on an accident compensation corporation (ACC) contract and three residents in the serviced care suites; and 37 hospital residents including, two residents on respite contracts, one resident on a young people with disabilities (YPD) contract and two residents in the serviced care suites. All other residents were on the aged related residential care (ARRC) contract. Rosebank Lifecare is owned and governed by a Board of four directors. The Board oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required. The service has a business plan in place for 2025/2026 that includes a mission statement and operational objectives. The business plan reflects a leadership commitment to the quality and risk management system and to collaboration with Māori. The plan aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has a clinical governance structure in place that is appropriate to the size, scope, and complexity of the service. The facility manager and clinical coordinator provide clinical governance with regular continuous quality improvement meetings being held. The facility manager provides a monthly report to the Board on management, clinical, and operational issues. The clinical governance is appropriate for the size and setting of the service. The Board agenda includes a discussion and agenda topic on cultural safety. Meeting minutes are documented and show that risks are escalated by the manager and discussed at Board meetings. The board reports include progress against clinical key performance indicators. Weekly management meetings ensure there is a commitment from leadership to implement the quality and risk management programme to provide clinical and culturally safe care. The management meetings discuss and oversee all aspects of the quality risk management plan. The management team at Rosebank Lifecare is experienced in aged care. The facility manager (RN) has been in the role for over 18 years, and the clinical coordinator has been in the role for seven years. They are supported by an experienced quality and risk management coordinator and a staff

		educator (RN) who have both worked at Rosebank Lifecare for four years. The facility manager and clinical coordinator have completed in excess of eight hours of professional development in the past 12 months.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Rosebank Lifecare implements the quality and risk management plan which includes quality goals. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. There are regular continuous quality improvement, RN/clinical meetings, health and safety, infection prevention and control meetings, resident and family/whānau meetings. The meetings provide an avenue for discussions in relation to quality data, health and safety, infection prevention and control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education. Internal audits take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and signed off by either the facility manager, quality and risk management coordinator, or the clinical coordinator. Meeting minutes are provided to staff who are unable to attend meetings. The 2025 resident and family/whānau satisfaction surveys indicate that residents have high levels of satisfaction with the services being provided. Results have been communicated to staff, residents and family/whānau. There is a health and safety system in place that complies with current legislation. The health and safety team consists of the quality and risk management coordinator and designated staff from each area. Hazards and staff injuries/accidents are discussed at the health and safety meeting. The noticeboard keeps staff informed on health and safety matters. Staff are inducted into health and safety during orientation and receive ongoing training. Where needed, staff are supported for a safe return to work. The hazard register is reviewed at least annually. Reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, as evidenced in eleven accident/incident forms reviewed. Incident and accident data is collated monthly, analysed and is made available for staff to view.

		Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed since the last audit. There have been seven incidents reported to the Health Quality and Safety Commission (HQSC) since the previous audit. One outbreak in August/September 2025 has been reported to external authorities since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The electronic roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, clinical coordinator and quality and risk management coordinator all work full time from Monday to Friday. The management team are supported by an experienced care team. There are sufficient number of RNs and caregivers allocated to the roster to provide clinical safe care to residents. Staff have communication devices to communicate to one another. The facility manager is available 24/7 for any operational related issues and shares the on call 24/7 duties for any clinical concerns with the clinical coordinator. Interviews with the RNs and caregivers confirmed that their workload is manageable. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. The annual education and training schedule for 2026 is being implemented. The education and training schedule that lists compulsory training. This includes cultural awareness training. Staff confirmed that they are provided with resources during their cultural training. Training records reviewed evidence a high level of staff attendance at sessions. Rosebank Lifecare uses either an online training platform, face to face sessions, or questionnaires to complete the required training. Registered nurses have access to external clinical training. Learning opportunities are available for RNs and caregivers so that they can provide high-quality and equitable safe services. Competencies are completed by staff, which are linked to the education and training programme. All staff are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment, cultural safety, and moving and handling. A record of completion is maintained on an electronic

		register. Out of the eleven RNs and one enrolled nurse (EN), four RNs are trained in interRAI. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 40 caregivers, 24 have completed either level 3 or 4 NZQA qualification. The staff educator/RN is a Careerforce assessor and is supporting caregivers to complete qualifications. Staff reported good teamwork and a positive work environment. Staff complete competencies including (but not limited to) correct use of personal protective equipment.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	A register of practising certificates is maintained for all health professionals, including RNs, general practitioner (GP), podiatrist, physiotherapist, and pharmacists. Six staff files including one quality and risk management coordinator, one clinical coordinator, one RN and three caregivers reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. 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 programme supports RNs, caregivers, and activity staff to provide a culturally safe environment for Māori. All staff who have been employed for over one year have an annual appraisal completed.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Six resident files were reviewed: three rest home level of care (including one on respite and one on an ACC contract), and three hospital level of care (including one on YPD contract). Registered nurses complete an initial assessment and admission care plan for all residents on entry to the service using the “Getting to Know Me” assessment tool. Review of documentation confirmed evidence of resident and family/whānau involvement in interRAI assessments and the development of long-term care plans where applicable. All residents receiving care under YPD, ACC, and respite contracts had a service authorisation and a signed agreement, and a suite of assessments is completed in lieu of interRAI assessments. Initial assessments, initial care plans, and long-term care plans reviewed were completed within the required contractual and organisational timeframes.

		Care plans documented within the electronic resident management system were resident-focused and individualised, and included consideration of residents lived experiences, cultural needs, values, and beliefs. Long-term care plans identified assessed support needs, resident goals, and planned interventions to manage identified health conditions and risks; however, in some instances, the documented interventions lacked clarity regarding the frequency, level, or method of support required. Care planning is undertaken using a supported decision-making approach, enabling younger residents with disability to self-determine their care preferences and goals, with support from family/whānau or EPOA where required. Relevant clinical information, including discharge summaries, medical and allied health documentation, and records of consultation with residents and family/whānau or significant others, was available within residents' electronic files, supporting an integrated approach to care planning. Care plans and risk assessments were evaluated within the required six-monthly review timeframe, or earlier where there were changes in residents' health status; however, review of long-term care plans identified that evaluations were not always completed in a timely manner to accurately reflect residents' current health status and presentation. Documentation confirmed that care plans were updated in response to some changes in condition and identified needs, although this was not consistently evidenced across all files reviewed. General practitioners (GPs) from local practices provide medical services to residents, completing medical admissions, three-monthly reviews, and additional reviews as required. Residents are supported to retain their community GP on admission where this is practicable and agreed. The GP interviewed during the audit reported that the nursing team demonstrates competence in assessment and clinical referral processes, and they spoke positively about the standard of care provided to residents. Residents' electronic records demonstrate the integration of GP and allied health input into care delivery, evidencing a multidisciplinary team approach. The service employs an in-house physiotherapist and has access to a dietitian via referral. A podiatrist attends the service on a six-weekly basis, with additional clinical input provided by clinical nurse specialists and medical specialists from Health New Zealand as required. Caregivers interviewed described structured verbal and written handovers

		conducted at the commencement of each shift that supporting continuity of service deliver. Caregivers complete progress notes each shift. RNs complete weekly clinical summary notes for residents receiving rest home-level care and document progress notes more frequently as required to reflect residents' current health status. RN progress notes are completed at least daily for residents receiving hospital-level care. Residents interviewed reported that their needs and expectations were being met. Documentation confirmed that when a resident's condition changes, an RN initiates a clinical review and liaises with the GP as appropriate. Family/whānau or enduring power of attorney (EPOA) representatives are informed of changes in residents' health status, including infections, accidents or incidents, GP reviews, medication changes, and other significant clinical events. A sample of wound care records reviewed included surgical wounds, pressure injuries (one stage one and one stage two), skin tears, grazes, and skin lesions. Paper based wound care plans documented assessment findings, management plans, evaluations, and photographic records to support monitoring of wound healing. Dressing changes were completed in accordance with documented plans, and referrals were made to wound care nurse specialists for residents with complex wounds. Care plans reflected required health monitoring interventions tailored to individual residents, including repositioning, intentional rounding, food and fluid monitoring, bowel management, blood pressure monitoring, weight monitoring, pain assessment, behaviour monitoring, neurological observations, and blood sugar monitoring. Monitoring charts reviewed were completed as required including documentation of neurological observations which were consistently completed in accordance with documented timeframes. Short-term and acute health issues were documented within care plans and progress notes, with escalation to medical review where indicated.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for	PA Moderate	Policies are in place to support safe medicine management and administration. All staff (RNs, EN, and medication competent caregivers) who administer medications are assessed for competency annually. Education on safe medication administration is provided. Staff were

Māori to access appropriate medication and blood products. 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.		observed administering medications safely, and caregivers were able to clearly describe their roles and responsibilities in medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are reported to the supplying pharmacy. Medications are stored appropriately in the treatment room. Temperature monitoring of the treatment room and medication fridge was completed daily, with readings within acceptable ranges. Medications are checked weekly, and those with a short shelf life are dated on opening with the expiry date clearly recorded. Twelve medication charts were reviewed. The charts evidenced three-monthly medication reviews by the GP, and each chart included photographic identification and documented allergy status. However, review identified that paper-based medication charts for respite residents were being used concurrently with the electronic medication management system. Discrepancies were identified between the paper and electronic records. The facility follows its resident self-administration and medication management policy. No residents were self-administering medications at the time of audit. No standing orders were in use. Pro re nata (PRN) medications were appropriately charted and administered when required, with documentation of effectiveness recorded. Residents and family/whānau are informed of medication changes, including the reason for changes and potential side effects. This communication is documented in the progress notes.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	There is a current verified food control plan. Food preferences and cultural preferences are encompassed into a seasonal menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook at interview reported that they are able to accommodate residents' requests. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.

Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Residents who transfer are accompanied with copies of relevant medical and nursing information. If possible, family/whānau are asked to attend appointments with residents.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The buildings, plant, and equipment are fit for purpose at Rosebank Lifecare and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. A current building warrant of fitness (expiry, 1 July 2026) is displayed. All rooms in the East wing are fully decorated and furnished. The previous audit shortfalls relating to the building warrant of fitness and East wing rooms being decorated (#4.1.1) have been addressed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recordings are completed monthly. Corrective actions are undertaken when any hot water temperatures are outside of expected thresholds.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on	FA	There is an updated NZ fire Service evacuation scheme in place, dated 23 September 2025. The previous audit shortfall relating to the fire evacuation scheme (#4.2.1) has been addressed. There are call bells located in resident's rooms, toilets and lounge/dining areas throughout the building.

emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		Residents in the East wing rooms were observed using their call bells at the time of the audit. The previous audit shortfall relating to the call bells in the East wing (#4.2.5) has been addressed.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	Rosebank Lifecare has a clearly defined and documented infection prevention and control (IPC) programme and antimicrobial stewardship (AMS) programme. appropriate to the size and scope of the service. The IPC programme has been developed and is overseen by the quality and risk management coordinator who is the infection programme and control coordinator. The quality and risk management coordinator, a RN, and the infection control specialist hold responsibility for infection prevention and control within the facility. They can also access external infection prevention expertise as required. The IPC and AMS programme is linked to the quality and risk management system and includes defined objectives, surveillance activities, outbreak management processes, and reporting pathways. Infection prevention data is reviewed through regular quality, clinical and infection prevention meetings, with outcomes informing quality improvement activities where required. The IP programme is reviewed annually, with documented evidence of evaluation of surveillance data, outbreak events, and quality initiatives. Reporting occurs through established management and governance channels. Education around infection prevention and control is provided to staff and is relevant to the services delivered at Rosebank Lifecare. Infection prevention topics, including hand hygiene, standard precautions, transmission-based precautions, outbreak management, and correct use of personal protective equipment (PPE), are included in staff orientation. The annual education schedule includes infection prevention and control updates delivered at defined intervals. Education is facilitated by the staff educator/RN who is also a Careerforce assessor. The IPC holds a New Zealand tertiary qualification in infection prevention and control, including a Master of Health Science. Attendance records and competency assessments are maintained

		electronically. Staff interviewed confirmed understanding of infection prevention principles and outbreak management procedures. Education content aligns with the service's risk profile and resident acuity.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Infection surveillance is an integral component of the infection prevention and control (IPC) programme and is described within the IPC policies. Monthly infection data is collected using standardised infection definitions and entered into a comprehensive paper-based infection register. Surveillance includes all infection types and identified organisms and incorporates ethnicity data to support equity monitoring. Data is analysed monthly and annually to identify trends, considering the size and complexity of the service, the type of services provided, resident acuity and risk factors, workforce exposure risks, and wider systemic health risks. The IPC coordinator determines the type and frequency of surveillance activities in accordance with national guidance and the needs of the service. Infection data is reviewed at regular quality, clinical, and management meetings and is reported through established governance channels. Graphs and summaries are shared with staff. Where infection rates are of concern, documented action plans are implemented and monitored through the quality improvement programme. Internal infection control audits are completed, and corrective actions are undertaken where required. The service receives notifications from Health New Zealand regarding community infection risks and incorporates relevant guidance into practice. One gastroenteritis outbreak occurred since the previous audit and was managed in accordance with the outbreak management procedures.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the	FA	The governance body demonstrates a clear commitment to eliminating restraint, and restraint use has been eliminated within the service. The facility maintains a philosophy of providing care in the least restrictive manner possible. A RN holds the restraint portfolio and leads the ongoing focus on restraint minimisation and elimination. The restraint policy requires that any consideration of restraint is undertaken in partnership with the resident and family/whānau, ensuring decisions are mana-enhancing and that the least restrictive option is considered.

use of restraint in the context of aiming for elimination.		Education and competency processes support a culture of least restrictive practice. Training in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques is provided to all staff at orientation and annually thereafter. Training records and annual competencies were sighted. Staff interviewed demonstrated understanding of restraint minimisation principles and alternative strategies.

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)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally	PA Moderate	The service has comprehensive policies related to assessment, support planning, and care evaluation. Registered nurses are responsible for completing assessments (including interRAI where applicable), developing resident-centred care interventions, and evaluating care delivery six-monthly or earlier as residents’ needs change. Outcomes of assessments inform the development of long-term care plans with interventions intended to guide care delivery. Care plans reviewed evidenced consideration of residents lived experiences, cultural needs, values, and goals. Interventions documented in long-term care plans reviewed did not always describe in sufficient detail the specific support required to address assessed needs and identified risks. Long-term care plans did not	i). A resident discharged from hospital with documented instructions to wear a collar and cuff for management of a humeral fracture did not have this intervention incorporated into the long-term care plan. ii). Two residents with congestive heart failure did not include interventions related to any potential exacerbation included in their long-term care plans.	i).- ii). Ensure that care plan interventions reflect the residents’ current needs to provide adequate guidance for caregivers. 90 days

competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		consistently incorporate post-hospital discharge instructions or clearly document condition-specific monitoring requirements, early warning signs, and escalation guidance to support safe and effective care delivery.		
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the	PA Moderate	The service has established processes for the planned review of residents' long-term care plans at defined six-monthly intervals or earlier if there are changes in health status. Registered nurses are responsible for undertaking evaluations in collaboration with residents, family/whānau, and wider service providers where required. Care plans reviewed demonstrated that reassessments were completed and updates were made in response to changes in clinical condition. A review of six resident files identified that five did not consistently evidence documented evaluation of progress against	Five of six resident files reviewed did not evidence documented evaluation of progress against agreed goals and aspirations within long-term care plan reviews.	Ensure evaluation of goals and aspirations is clearly documented in care plan reviews. 90 days

person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		residents stated goals and aspirations.		
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	The service utilises an electronic medication management system supported by medication policies, annual competency assessments, medication reconciliation processes, and three-monthly GP medication reviews. Medication charts reviewed evidenced prescribing, allergy identification, and photographic verification. Storage, monitoring, and stock control systems were implemented in accordance with policy. A review of resident records identified that paper-based medication charts for respite residents were being used concurrently with the electronic medication management system. Discrepancies were identified between the paper and electronic records. The concurrent use of dual systems does not demonstrate a single, integrated medication management system.	Discrepancies were identified between the paper-based and electronic medication charts in relation to prescribing details and administration documentation, were identified in four files reviewed.	Ensure that a single, consistent medication management system is implemented. 60 days

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, these 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.