Heritage Lifecare Limited - Roseneath Lifecare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Heritage Lifecare Limited
Premises audited:	Roseneath Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 May 2026 End date: 14 May 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: 43

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

Roseneath Lifecare is certified to provide rest home, hospital and secure dementia care services for up to 45 residents (in 44 rooms); one room is a double room available to cater to couples. The service is owned and operated by Heritage Lifecare Limited. On the days of audit, 43 residents were receiving services. Residents and whānau were complementary about the care being provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, and a general practitioner.

An area requiring improvement identified during this audit related to three-monthly general practitioner resident reviews.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

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

Systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe, this was confirmed by staff in the service who align with differing Pacific peoples. There were no residents who identified with a Pacific community in the service during the audit.

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

Residents and whānau received information in an easy-to-understand format and advised that they felt listened to and included when making decisions about care and treatment. Open communication was being practised. Interpreter services were being provided as needed. Whānau and legal representatives had been involved in decision making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved. Complaints were fully documented, with corrective actions in place where these were required. There were processes in place to ensure that the complaints process works equitably for Māori.

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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha (people with disabilities).

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

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

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff were appointed, orientated and managed using current good practice. Staffing was sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supported safe and equitable service delivery.

Residents' information was accurately recorded, securely stored, not on public display, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information had been provided to the potential resident and whānau.

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

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

Medicines were being safely managed and administered by staff who had been assessed as competent to perform this function.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents had been referred or transferred to other health services as required.

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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities and people housed in the secure area of the facility.

Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security was maintained, including in the secure areas of the facility. Residents reported a timely staff response to call bells.

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.

Heritage Lifecare and the senior care team at Roseneath Lifecare ensured the safety of residents, visitors and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service; the programme had been approved by the governing body and was adequately resourced. An experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Roseneath Lifecare had approved the infection control, outbreak and pandemic plans, which were used by the facility as needed. Staff demonstrated good principles and practice around infection prevention and control. Staff, residents and their whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required. The service promoted responsible prescribing of antimicrobials.

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

Here taratahi | Restraint and seclusion

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

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

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
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	Heritage Lifecare (Heritage) had a Māori Health Plan in place which guided care delivery for Māori using Te Whare Tapa Whā model for planning care, and by ensuring mana motuhake (self-determination) was being respected. The plan had been developed with input from cultural advisers and was in use for residents who identify as Māori at Roseneath Lifecare (Roseneath). Te reo Māori language and signage were in widespread use at the facility, as well as important information (eg, the Code of Health and Disability Services Consumers' Rights (the Code), complaints and advocacy information). Input from Māori was being supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to assist the organisation in relation to its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care and support workers. The group provides information through the reporting structure to the Heritage board; the Komiti meets two-monthly. The service can also access support through Te Whatu Ora – Health New Zealand (Te Whatu Ora), through local Māori health providers, through its local marae, and through its local iwi. These services facilitated opportunity to access rongoā Māori if this was requested by residents or their

		whānau. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data was being gathered when staff were employed, and this data was being analysed at a management level. Staff who identified as Māori were employed at Roseneath at the time of audit and across all levels of the Heritage service, including staff who were able to communicate in te reo Māori. Training on Te Tiriti o Waitangi, cultural safety, health equity and tikanga Māori was part of the Heritage training programme, and this had been delivered. The training was designed to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha (people with disabilities), ensuring culturally appropriate services, respect for mana motuhake, and the provision of equity in care services. Staff at Roseneath were knowledgeable about their cultural obligations in the delivery of care.
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	Heritage understands the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for people from Pacific communities. A Pacific peoples' health plan and culturally safe care policy and procedure have been developed, with input from cultural advisers. These plans document care requirements for Pacific peoples to ensure culturally appropriate services can be delivered. The Fonofale model of care was available for use by the service for residents from Pacific communities who might be admitted. Roseneath has access to local Pacific religious communities who could supply support for the facility, as well as from Te Whatu Ora. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing capacity by employing more staff members who align with Pacific communities across differing levels of

		the organisation. This was outlined in its strategic plan, and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was being analysed at a management level. There were staff (but no residents) who identified with a Pacific community in the service at the time of audit. People who align with Pacific communities were employed across all levels of the Heritage service, including in leadership and training roles. Training on culturally and spiritually specific care needs for people from Pacific communities was part of the Heritage training programme, and this had been delivered. The training was geared to assist staff to understand the key elements of service provision for Pacific peoples, and in providing equity in the provision of care services.
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	Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Staff training records evidenced that staff had received training on the Code within the past year. Roseneath has a welcome pack that is provided to all prospective residents and their whānau prior to entry. The welcome pack contains information on the Code and the Nationwide Health and Disability Advocacy Service (advocacy service) available to them. The Code was on display and accessible in English, te reo Māori and New Zealand Sign Language (NZSL). Brochures on the advocacy service were available in English and te reo Māori. Residents and whanau interviewed reported being made aware of the Code and the advocacy services, and they confirmed that they had been provided with opportunities to discuss and clarify their rights. Staff know how to access the Code in other languages should this be required. Roseneath had access to interpreter services and cultural advisors/advocates as required.
Subsection 1.4: I am treated with respect	FA	The service supports residents in a way that is inclusive and respects

The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		their identity and experiences. Residents, including tāngata whaikaha (people with disabilities), and their whānau confirmed that they were provided with services in a manner that had regard for their culture, dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. All staff working at Roseneath had been educated in Te Tiriti o Waitangi and cultural safety. Staff were enabled the opportunity to speak and learn te reo Māori. Signage around the facility was inclusive of te reo Māori. Documentation in the care plans of residents who identified as Māori was in English and te reo Māori. Residents were assisted to have shared goals of care, and an advance care plan in place. Staff were aware of how to act on residents' wishes and maximise independence. Residents verified they were supported to do what was important to them, and this was observed during the audit. Roseneath responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion included training on support for people with disabilities. Apart from one couple (with appropriate consent), all residents had a private room, and staff were observed to maintain privacy throughout the audit.
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	Employment practices at Roseneath included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff followed a code of conduct and understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to address racism and do something about it. Residents' property is labelled on admission, and residents interviewed reported that their property was respected and their finances protected. Professional boundaries were maintained. Strengths-based and holistic

		models of care were evident at Roseneath, including the use of Te Whare Tapa Whā model (for Māori) and the availability of the Fonofale model of care (for Pacific peoples). The model encompassed an individualised approach that ensured best outcomes for all. Files reviewed of residents in the secure dementia unit evidenced the required documentation was present that indicated care in a secure environment was required to maintain the residents' safety. All residents and whānau interviewed were complimentary of the services being provided at Roseneath.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau at Roseneath reported that communication was open and effective and that they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, documentation, and signage throughout the facility. Changes to residents' health status or matters of concern were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any adverse events/incidents. Documentation supported that contact with whānau had occurred. An independent advocate had regular meetings with residents, and they supported residents in addressing any concerns. Any areas of concern were reported to the acting care home and village manager (ACHVM) or the acting clinical services manager (CSM), and these had been promptly attended to. Feedback to any resident concerns was provided to the residents by the advocate at their next meeting. Areas of concern expressed by the residents were minor and related mostly to the food services; a corrective action plan to manage issues raised by the residents was sighted. Notice boards in each wing had copies of resident meeting minutes, the newsletter, resident survey results, and the activities programme being offered in each wing. Although the staff at Roseneath were culturally diverse, and could assist with interpretation if needed, staff knew how to access external

		interpreter services, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Residents at Roseneath and/or their enduring power of attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided. Staff who identified as Māori assisted other staff to support cultural practice. Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Files reviewed of residents in the secure dementia care unit identified that residents had either an activated EPOA or Protection of Personal Property Rights (PPPR) welfare guardianship documentation in place, and a specialist's authorisation that confirmed that the resident required care in a secure unit. Evidence was sighted of supported decision-making for residents and whānau, that they were being kept fully informed, had the opportunity to choose the support they required, and cultural support when a resident had a choice of treatment options available to them.
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	A fair, transparent, and equitable system was in place to receive and resolve complaints that leads to improvements. This met the requirements of the Code. Information on the Code, complaints and the complaints process, and advocacy was readily available in the facility in English and te reo Māori. Staff could access information in other languages as required. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There have been 13 complaints received in the last 12 months. All complaints, formal and informal, had been managed as per the Heritage complaints process. Documentation sighted in respect of the complaints showed that all complaints (except two which were still open, having only been recently received) had been responded to

		within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. Information on the advocacy service and the ability to further a complaint to the Office of the Health and Disability Commissioner (HDC) was included in the documentation sighted. There has been one complaint received from the whānau of a Māori resident in the service. The processes in place ensured the complaint was managed in a culturally appropriate way (eg, using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). The complaint is one of two currently open; there was evidence of kōrero (appropriate communication) with the complainant, and this was sighted. A complaint received from Te Whatu Ora was open at the last (surveillance) audit; the service met with representatives from Te Whatu Ora to discuss the complaint, and efforts to resolve it have been completed to the satisfaction of the complainant. Three new external complaints have been received by the service since the previous (surveillance) audit; one from the national Needs Assessment and Coordination (NASC) agency and two (anonymous) complaints from HealthCERT at Manatū Hauora/the Ministry of Health (Manatū Hauora). The complaint from NASC has been closed, with satisfaction from the parties concerned. The complaints received via HealthCERT were anonymous; they were not substantiated and have been closed.
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	FA	The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori residents, those from a Pacific community, and tāngata whaikaha. The Heritage legal team monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Directors of Heritage have undertaken the e-learning education on Te Tiriti o Waitangi, health equity, and cultural safety provided by Manatū Hauora. Input from Māori into board activities was through the Māori Network Komiti,

sensitive to the cultural diversity of communities we serve.		which is made up of a group of Māori staff from across the service. Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples, and tāngata whaikaha was addressed through policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code, advocacy, complaints, and infection prevention and control). Heritage utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery can be surmounted. The strategic plan in place outlines the organisation's philosophy structure, purpose, values, scope, direction, performance, and goals. The organisational philosophy encapsulated within the strategic plan reflects a person/whānau-centred care approach. Ethnicity data was being collected to support equity; a process was in place to analyse the data and utilise the information from it to support meaningful change. Governance and the senior leadership team commit to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The Heritage reporting structure relies on information from its strategic plan to inform facility-based business plans. Roseneath had its own business plan for its services, and this had been reviewed quarterly in line with Heritage's policy requirements. Internal data collection (eg, adverse events, complaints, and internal audits) was aggregated, and corrective action (at facility and organisation level as applicable) actioned. Feedback to the board was monthly through the Clinical Governance Committee, but serious/sentinel events were immediately reported. Changes were made to business and/or the strategic plans, and policies and procedures as required; documentation to support this was sighted. Position descriptions were in place for all positions, including specialist positions such as health and safety representatives, infection control, and restraint coordination. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. At interview, governance representatives reported that recruiting and retaining people is a focus for them. It also uses feedback from cultural

		advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff. The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by an acting CHVM with the assistance of an acting CSM, both of whom are experienced registered nurses (RNs); together they oversee the clinical and other services being provided at Roseneath. The acting CHVM and the acting CSM are experienced in the aged care sector and confirmed knowledge of the sector and regulatory and reporting requirements; both maintain currency within the field. This leadership team is currently being supported by another highly experienced care home manager (CHM) from another facility within the Heritage group (orientating the acting CHVM and acting CSM to the roles), the regional clinical and quality manager (RCQM) and the regional business manager (RBM), who are frequently on site. Further specialist support is available through the national support office. The service enables people to participate in its service through care planning activities, resident/whānau and independent advocate meetings, satisfaction surveys, and through the compliments/complaints process. There was also a staff satisfaction survey for a wider view of how staff were being supported. The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) services at rest home, hospital level, secure dementia care, and short-term (respite) care. The service also holds a long-term support – chronic health conditions (LTS-CHC) contract. Forty-three (43) residents were receiving services at the time of audit. Ten residents were receiving rest home care, 16 hospital level care, and 17 secure dementia care services (one via a respite contract). No residents were receiving care under the LTS-CHC contract.
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	FA	The organisation had a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds,

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.		responsive behaviours, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was being evaluated and documented. Quality data was communicated and discussed, and this was confirmed by staff at interview and in meeting minutes. The acting CHVM and acting CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements, and these were current. Critical analysis of organisational practices to improve health equity had been occurring across the Heritage organisation, including at Roseneath. A Māori health plan guides care for Māori. Staff had received education in relation to the care of Māori, residents from Pacific communities, and tāngata whaikaha. All residents and staff in the service have the opportunity to contribute to quality improvement through the provision of feedback at meetings and in surveys. Residents had meetings facilitated by an independent advocate, who takes the meeting, reporting any concerns to the acting CHVM. Minor concerns only had been raised in the last two meetings, according to meeting notes sighted. Residents' meeting minutes and the resident satisfaction surveys showed that residents and their whānau were generally satisfied with the services being provided, except for food services (this was being addressed through the corrective action process). Residents and whānau interviewed reported high satisfaction levels during the audit. As well as in meetings, residents and their whānau contribute to service delivery through care planning activities, the compliments/complaints process, as well as through informal discussions with the acting CHVM and acting CSM. Staff contribute through meetings and the staff satisfaction surveys; the results of the last staff satisfaction survey showed that staff at Roseneath are generally satisfied. This was confirmed at interview, with staff reporting they were looking forward to having more stability in the management roles at Roseneath (this is currently being addressed); they appreciated that the acting CHVM and acting CSM had been involved with the facility for some time and described them as

		supportive. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incident reports reviewed showed these were fully completed, incidents were investigated, monitoring was put into place where required, and future action plans were developed and followed up in a timely manner. The acting CHVM and acting CSM understood and have complied with essential notification reporting requirements. There have been eight Section 31 notifications made to HealthCERT in the last 12 months for seven incidents (there were two notifications for one incident between two residents). These related to residents absconding from the secure dementia care unit (two), resident behaviour that challenged (three), the change of facility manager (one), and the change of clinical manager (two). No notifications have been made to the Health Safety & Quality Commission (HSQC) related to resident injury or pressure injury.
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 was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is being managed by the acting CHVM and acting CSM, both of whom are experienced in aged care; both work Monday to Friday. On-call duties were being shared with the acting CHVM and the acting CSM, with a two-week turnabout. There were RNs on duty 24/7, and there was a first aid certified staff member on duty 24/7; this was confirmed on rosters sighted. The facility adjusted staffing levels to meet the changing needs of residents to align with Heritage's staffing policy. Rosters showed that when staff were rostered but not available (due to personal issues), they were replaced either by another staff member or hours were extended to provide cover. No shortages were noted on the rosters sighted. Residents and whānau interviewed reported prompt attention from staff. Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and

		additional functions, such as holding a health and safety, infection prevention and control or restraint portfolio. Continuing education was planned on an annual basis and included mandatory training requirements. Related competencies had been assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programmes. Care staff had access to a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Under the Age-Related Residential Care (ARRC) contract (E4.5 f), staff working in the dementia care area are required to have specific NZQA-approved education related to the role. At Roseneath, staff had either completed or were enrolled in the required education in a timely manner. Of the 21 care staff who work at Roseneath, 15 have completed Level 4 of the NZQA Health and Wellbeing qualification, two Level 3, and four had no qualifications; staff who work in the dementia care unit but have not completed the Level 4 qualification are enrolled in the dementia care limited credit programme (LCP); three have almost completed the course of study. The collection and sharing of high-quality health information across the service, including for Māori and Pacific peoples, was through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education. Training and support for users of the service were primarily through the care planning process and ongoing interaction with RN staff. Staff reported feeling well supported and safe in the workplace. There were policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) was available to staff who may require extra support.
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	FA	Human resources management policies and processes were based on good employment practice and relevant legislation and included recruitment, selection, orientation, and staff training and development. Qualifications were validated prior to employment; evidence of this was

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.		sighted. A register of annual practising certificates (APCs) had been maintained for RNs and associated health contractors. There were job descriptions in place for all positions, which included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff records reviewed evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, visa checking, and completed induction and orientation. Staff interviewed confirmed that orientation does take place; they described it as useful in preparing them for their role, reporting that they felt ready to take on their role when orientation was completed. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the appraisal process as useful for them, they had input into them, and the process allowed them to set their own career and education goals. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements. There were staff wellbeing policies in place and staff were aware of them. Staff interviewed confirmed that debrief and support was available to them following any serious incidents or challenging situations. External support is available as required.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically and has personal username and password protection; records are held securely and available only to authorised users. Residents' files were integrated and electronic. Very few paper records were in use, and paper records (eg, admission agreements) were being scanned into the relevant files. Files for residents and staff are being held securely for the required period before being electronically archived/destroyed. No personal or private resident information was on public display during the audit. Medication management at Roseneath was through an electronic system. Roseneath has increased its resilience to ensure that paper records are available in the event of an emergency. This was tested

		and strengthened in response to a recent emergency situation. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible, and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data. Roseneath is not responsible for National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Residents were welcomed into Roseneath when they had been assessed and confirmed by the local NASC agency as requiring the level of care Roseneath has available, and when they had chosen Roseneath to provide the services they required. Residents requiring admission into the secure dementia care unit required either an activated EPOA or PPPR welfare guardianship documentation in place, in addition to a specialist's authorisation for placement in a secure environment; these were sighted in all files reviewed. Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Roseneath collects and analyses ethnicity data on entry and decline rates to support equity in its service; this included specific data for entry and decline rates for Māori. Where a prospective resident was declined entry, there were processes for communicating the decision to the person and their whānau. Roseneath had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The service can access support from Māori health practitioners, traditional healers, and other organisations, or by contacting Te Whatu Ora or through local Māori health organisations and communities. Residents had a choice over who would oversee their medical requirements; most chose the main provider to Roseneath, but if another provider was preferred, this had been facilitated.

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 Low	The multidisciplinary team worked in partnership with the resident and their whānau to support wellbeing. A care plan, based on one of the provider's models of care, had been developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs. Wider service integration was included, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, had been recorded. Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, and long-term care plan (LTCP) and review timeframes were completed; however, GP reviews were not always completed within the required contractual timeframe in eight out of the eight files reviewed (refer criterion 3.2.5). At interview, the GP confirmed that these were not always completed and reported that they were unaware of the contractual requirement; however, the facility has been discussing this with the GP and the GP practice over the last year. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services and whānau. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress differed to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participate in service development through maintaining connections with the local iwi and marae. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau could independently access information.

Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Activities were being provided five days per week – Monday to Friday. Roseneath has recently employed an activities coordinator who has experience, knowledge and skills in activity programme development to support the needs and ability levels of the residents. The activities coordinator is working towards completing a diversional therapy qualification, and is being supported by an activities coordinator from another Heritage facility and a qualified diversional therapist via the Heritage support office. The service is designed to meet the needs of older adults requiring residential and dementia-level care, with a strong emphasis on delivering safe, person-centred, and clinically appropriate support. Care is individualised, recognising each resident's personal history, preferences, cultural needs, and evolving health status, ensuring dignity, respect, and continuity of care always. A key component of the service is the provision of specialised dementia care, supported by a structured 24-hour activity model. This approach ensures that meaningful engagement and support are available to residents at any time of the day or night, aligning with individual routines and promoting a sense of familiarity and comfort. The 24-hour activity clock incorporates a balance of purposeful activities, social interaction, sensory stimulation, rest periods, and opportunities for quiet engagement, tailored to residents' cognitive and physical abilities. Staff are trained to embed this model into everyday care delivery, using each interaction as an opportunity to provide reassurance, encourage participation, and reduce anxiety or responsive behaviours. Activities are not limited to scheduled programmes but are integrated into daily living tasks, supporting residents to maintain independence and a sense of purpose. Clinical care planning underpins this approach, with regular assessments ensuring that care interventions remain appropriate and responsive to changing needs. The environment and routines are designed to be dementia-friendly, promoting safety, orientation, and wellbeing, while minimising distress and confusion. Overall, the service provides a holistic model of care that combines

		clinical oversight with meaningful engagement, supporting residents living with dementia to experience an enhanced quality of life within a supportive and responsive environment.
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 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.	FA	The medication management policy was current and aligned with the Medicines Care Guide for Aged Care and recognised best practice. A safe medication management system, utilising an electronic platform, was observed at the time of audit. All staff responsible for medication administration had been assessed as competent to undertake this role. Staff observed during the audit demonstrated sound knowledge and a clear understanding of their roles and responsibilities across all stages of the medication management process. Medications were supplied by a contracted pharmacy, and medication reconciliation processes were consistently completed. All medications sighted were within current expiry dates and were stored safely, including controlled drugs. Required stock checks had been undertaken in accordance with policy. Medication storage temperatures were monitored and maintained within recommended ranges. Prescribing practices met legislative and clinical requirements. Allergies and sensitivities were documented, and any medication-related adverse events were managed appropriately. Over-the-counter medications and supplements were documented and considered by the prescriber as part of the resident's overall medication regimen. Three-monthly GP medication reviews were consistently recorded on medication charts. Standing orders were not in use. While no residents were self-administering medications at the time of the audit, appropriate processes were in place to support safe self-medication should this be required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences.	FA	The food service was provided in accordance with recognised nutritional guidelines for residents receiving care. The menu had been reviewed by a qualified dietitian within the past two years, and all

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.		recommendations from that review had been implemented. All aspects of food management complied with current legislation and best practice guidelines. The service operates under an approved food safety plan and maintains current registration. Each resident undergoes a nutritional assessment on admission. Individual food preferences, special dietary requirements, and modified texture needs are identified and consistently accommodated within the daily meal plans. Menu options reflective of te ao Māori are available to support Māori residents and their whānau, ensuring culturally appropriate food choices. Food, including snacks and fluids, were available for residents residing in the secure dementia care unit 24/7. Feedback from residents identified some resident dissatisfaction with the meal service. In response, a corrective action plan was implemented. Observations and interviews with residents and whānau evidenced that these concerns had been addressed and resolved. Resident satisfaction with the food service was confirmed through resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were provided with sufficient time to enjoy their meals in an unhurried manner, and those requiring assistance received appropriate support delivered with dignity and respect. Opportunities were also available for residents to participate in meal preparation for cultural events and significant occasions, including Matariki, Mother's Day, ANZAC Day, and Easter, supporting meaningful engagement and wellbeing.
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.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Residents from the secure dementia care unit were accompanied either by whānau (where possible) or a staff member, in the event they were required to attend appointments or be transferred.

We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		
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	Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits. The building had a building warrant of fitness that expires on 10 July 2026. There were currently no plans for further building projects requiring consultation, but Heritage directors and senior staff at Roseneath were aware of the requirement to consult with Māori if this was envisaged. The environment was comfortable and accessible. Corridors had handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these during the audit. Spaces were culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities met the needs of residents; lounge areas were also used for activities. There were smaller leisure spaces around the facility for residents who require a quiet space or privacy. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas had appropriately situated call bells. There were external areas within the facility for leisure activities with appropriate seating and shade. Residents' rooms allowed room for the use of mobility aids and moving and handling equipment (if required). Space was available for the storage and charging of electronic mobility aids. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. The facility had electric heating, which could be adjusted depending on

		seasonality and outside temperature. The secure dementia care unit at the facility was secured using 'pin pads' for entry and exit. The environment was comfortable and accessible inside and out. There were garden areas available for residents to use freely, with seating and shade. While there was a recent history of two residents absconding from the secure dementia care area, these were exceptions and due to the personal abilities of the specific residents; the fencing in place is appropriate for security. Rooms within the unit were personalised. During the audit, the residents were noted to be engaged, enjoying the environment and the gardens, and there was a feeling of calmness from residents and staff. Residents (able to be interviewed) and whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they had adequate equipment to safely deliver care for residents.
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 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.	FA	The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 23 October 2012. The requirements of the fire and emergency scheme were reflected in the facility's fire and emergency management plan, which requires a six-monthly fire drill; the last fire drill was held on 25 February 2026. Specific processes were in place to ensure the safety of residents housed in the secure dementia unit at the facility in an emergency. The orientation process required fire and emergency education and competency, and these had been completed in all files sighted. Education and competency assessment had also been delivered in 2026 as part of the ongoing education/competency programme. Staff interviewed were able to describe what they would do in an emergency. Information on emergency and security arrangements had been provided to residents and their whānau on entry to the service; this was confirmed by documentation sighted and by residents and their whānau. Information on fire and emergency protocols was available in flipchart form throughout the facility. Emergency resident information on medication needs and disability assistance was readily available for use in the event of an emergency. Eighteen (18) staff had current first

		aid certification, and there was a first aid certified staff member on duty twenty-four hours per day/seven days per week (24/7) on the rosters sighted. Facility-specific disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff had received relevant information and training and reported that they had sufficient and appropriate equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources were available in the event of the main supplies failing (including two barbeques with extra gas bottles for cooking). The facility holds 15,000 litres of water on site. Appropriate security arrangements were in place, including for residents in the secure units of the facility. The facility had overnight 'lock-up' procedures that allow for emergency egress, and a doorbell was in place for visitors to use. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Staff were noted to be wearing uniforms and name badges throughout the audit. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Heritage has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on annually. The IP and AMS programmes are being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at facility level, and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora (including the nurse specialists, district nurses, and infection prevention and control nurse specialists)

		and Regional Public Health (RPH). Infection prevention and AMS information is discussed at facility level and reported at regional and national level via the Clinical Governance Committee, then reported to the board. Information presented to the board includes ethnicity data to support equity in the IP and AMS programmes.
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	The infection control coordinator (ICC) at Roseneath was responsible for overseeing and implementing the IP and AMS programme with reporting lines to the organisation's Clinical Governance Committee and then to the board. The ICC had the appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. The infection prevention and control policies reflected the requirements of the standard, were provided by the organisation's clinical senior leadership team, and were based on current accepted good practice. Roseneath has policies, processes, and audits that were used to ensure that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were not reused. Educational resources were available and accessible in te reo Māori for Māori accessing services, and in other languages (including Pacific languages) as required. The pandemic/infectious diseases response plan was documented and had been regularly assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified its availability at interview. Staff had been trained in its use. Residents and their whānau were educated about infection prevention in a manner that met their needs.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.	FA	Roseneath had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme is appropriate for the size and complexity of the service; it was supported by policies and procedures, had been developed using evidence-based expertise, and was approved by the Clinical Governance Committee and the board.

As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		Responsible use of antimicrobials was being promoted. Effectiveness of the AMS programme was being evaluated by monitoring antimicrobial use and identifying areas for improvement. The pharmacist and GP, alongside the clinical staff at Roseneath, supported the antimicrobial stewardship programme.
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	Roseneath undertakes surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Roseneath used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported via the Clinical Governance Committee to the board and shared with staff. Surveillance data includes ethnicity data. Culturally clear processes were in place to communicate with residents and their whānau, and these were documented. There have been no outbreaks in the facility since the last audit activity.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available for waste, and infectious and hazardous material. Sluice rooms were available for the disposal of soiled water/waste. Handwashing facilities and sterilising hand gel were available throughout the facility. Staff were observed to be following documented policies and processes for the management of waste and infectious and hazardous substances. The ICC role includes oversight of the facility testing and monitoring programme for the built environment. Policies and processes were in place that identified the required

		laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Laundry and cleaning processes were being monitored for effectiveness. Staff involved had completed training relevant to their role and were observed to perform duties safely. The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes, and this was outlined in the service's policy. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Cleaning staff involved had completed relevant training, were knowledgeable, and were observed to perform duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.
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 use of restraint in the context of aiming for elimination.	FA	Heritage is committed to a restraint-free environment in all its facilities. Roseneath is restraint-free and no residents were observed to be using a restraint during the audit. Restraint has not been used in the facility since 2022. There were strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (eg, use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). The board's Clinical Governance Committee is responsible for the Heritage restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint had been discussed at the Clinical Governance Committee meetings and then reported to the board. Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken in the facility by a RN; they would provide support and oversight should restraint be

		required in the future. There was a job description that outlines the role, and the RC has had specific education around restraint and its use. Restraint protocols had been covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring, and were knowledgeable about the process during interview. Restraint use was identified as part of the quality programme and reported at all levels of the organisation. The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there were clear lines of accountability. For any decision to use or not use restraint, there was a process in place to involve the resident, their EPOA and/or whānau, and the multidisciplinary team (including the GP) as part of the decision-making processes. Cultural assessment was an important component of the restraint assessment process. A restraint register was maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The RC undertakes review of all residents who may be at risk in conjunction with the other RNs and the GP; documentation outlined strategies to be used to prevent restraint being required. Review of restraint had also been completed at clinical governance level, and any changes to policies, guidelines, education, and processes had been implemented if indicated. Given there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.

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 3.2.5 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 person’s care or support plan, which are agreed collaboratively through the ongoing re-	PA Low	There was evidence that residents were seen regularly by the service's GP and that the GP had assessed stable resident reviews as appropriate to be three-monthly. Timeframes for the initial care plan met contractual requirements, LTCPs were comprehensive, aligned with the interRAI assessment and developed within the appropriate timeframe. Short-term care plans were appropriately managed. There was also evidence that residents were referred to the GP when their clinical condition changed. Medication management reviews had been appropriately managed by the GP on the electronic medication management system; however, three-monthly reviews of resident care had not been completed as required under the provider's contract with Health New Zealand and in conjunction with the resident and their whānau in eight out of eight	Three-monthly reviews have not been completed by the GP in eight out of the eight resident files reviewed in line with contractual requirements.	Provide evidence that three-monthly reviews have been completed by the GP in line with contractual requirements. 180 days

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.		files reviewed.		

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.