Heritage Lifecare Limited - Rosewood Rest Home & Hospital

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:	Rosewood Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care; Hospital services - Psychogeriatric services
Dates of audit:	Start date: 19 May 2026 End date: 20 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: 63

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

Rosewood Rest Home and Hospital, known as Rosewood Lifecare (Rosewood), is owned and operated by Heritage Lifecare Limited (Heritage). Rosewood provides rest home dementia care, hospital level care and specialised psychogeriatric services for up to 66 residents. At the time of audit, the service was being managed by an acting care home manager and acting clinical services manager, both appointed in early 2026 and being supported by Heritage regional business and clinical managers. There had been no changes to the services offered. Residents and families spoke positively about the care provided.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora (Te Whatu Ora). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau members, members of the governance group, managers, staff, a visiting specialist wound care nurse, and a general practitioner.

One area for improvement was identified relating to the activities programme.

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.

Rosewood provided an environment that supported residents' rights and culturally safe care. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Rosewood worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

Systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau had been informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, privacy, and dignity were respected and supported. Staff reported they had participated in Te Tiriti o Waitangi training, and this 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 felt listened to and included when making decisions about care and treatment. Open communication was practised, and interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are 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 organisation is governed by Heritage Lifecare Limited. The board of directors work with the manager at Rosewood to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. 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, identifying trends that leads to improvements.

Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, and was not on public display or 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 residents are admitted to Rosewood, a person-centred and whānau-centred approach is consistently adopted. Relevant, accurate and appropriate information is provided to prospective residents, their legal representatives and whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

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

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

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

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

Te aro ki te tangata me te taiao 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 equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

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

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.

The Heritage Lifecare governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The governing body oversees the implementation of the IP programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events. An experienced and trained infection prevention coordinator leads the programme at Rosewood.

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

Here taratahi | Restraint and seclusion

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

Rosewood is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews is 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 the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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 has a Māori Health Plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring that mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. Heritage engages with an internal Māori Network Komiti (MNK) to support Māori initiatives within the organisation. The MNK is a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its Te Tiriti obligations. The MNK has a kaupapa Māori structure and involves people from the clinical leadership group (CLG), clinical service managers (CSMs), site managers, registered nurses (RNs), and other care workers. The group provides information through the clinical governance structure to the board. The MNK is also assisting site managers in the facilities to connect to their local Māori/Pacific/tāngata whaikaha communities. Rosewood can access support through Te Whatu Ora, and through local Māori health providers. There were residents and staff who identified as Māori on the days of the audit. Whānau interviewed were satisfied with the care provided to their loved one. The staff recruitment policy is clear that recruitment will be non-

		discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support Heritage's drive for staff to have a beneficial experience when working in the service. Training on Te Tiriti o Waitangi is part of the Heritage training programme. The training is geared to assist staff to understand the key elements of service provision for Māori, including supporting self-determination (mana motuhake) and the provision of equity in care services. Staff reported, and documentation confirmed, that staff have completed cultural safety training. The audit opened with a welcome and karakia from Rosewood staff.
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 Heritage response to Pacific peoples works on the same principles as Māori. A Pacific Peoples' Health Plan has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is being assisted by Heritage staff at site level. Heritage understands the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pacific peoples. The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There were staff who identified as Pacific peoples on the days of the audit. There is a diversity and inclusion policy in place that supports Heritage's drive for staff to have a beneficial experience when working in the service. Training on the care and support for Pacific peoples is part of the Heritage training programme. The training is geared to assist staff to understand the key elements of service provision for Pacific peoples. Staff reported, and documentation confirmed, that staff have completed cultural safety training.

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 at Rosewood demonstrated a clear understanding of the requirements and principles of the Code and were observed supporting residents in a manner consistent with their and their whānau's expressed wishes, preferences, and rights. Staff were able to describe how the Code is applied in everyday practice, including respect, informed choice, dignity, effective communication, and the recognition of Māori mana motuhake in care and decision-making. Education on the Code and its principles is provided to all staff during orientation. Residents and whānau are provided with opportunities for discussion and clarification to support consistent application in practice. Residents and whānau, including those who hold an enduring power of attorney (EPOA) for their relative, confirmed during interview that they had been made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and reported being provided with appropriate opportunities to discuss and clarify their rights. Ongoing opportunities to discuss the Code and related matters are provided through EPOA/whānau meetings, where time is allocated for questions, feedback, and discussion. An independent advocate visits the facility three-monthly to meet with residents and whānau and reports concerns back to the Rosewood management. Advocacy brochures were readily available in the reception area, alongside clear information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for Māori rights and values.
Subsection 1.4: I am treated with respect 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.	FA	Rosewood supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences, and personal preferences. Residents and EPOA/whānau, including tāngata whaikaha (people with disabilities), confirmed that services were delivered in a way that had regard for their dignity, gender, privacy, confidentiality, sexual orientation, spirituality, values, beliefs, culture, religion, relationship status, and preferred level of interdependence. Residents reported that they were consulted about what is important to them and were provided with opportunities to share this information, which was then reflected in their care and support.

		Throughout the audit, staff were consistently observed to uphold residents' privacy and dignity in everyday practice. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy. Te reo Māori and tikanga Māori are promoted through bilingual signage, use of te reo Māori in the activities programme, and education of staff. Staff described undertaking training in Te Tiriti o Waitangi and tikanga Māori during orientation and were able to discuss how this was reflected in their day-to-day interactions and service delivery. The needs of tāngata whaikaha are appropriately identified and responded to, including enabling and supporting their participation in te ao Māori. Staff were observed speaking to residents in a respectful, supportive, and mana-enhancing manner, and residents and EPOA/whānau interviewed reported feeling respected, listened to, and valued in their daily lives.
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	Staff interviewed at Rosewood demonstrated a clear understanding of the Heritage policies and procedures relating to abuse and neglect, including the identification of potential signs, required actions, and reporting pathways. Staff confirmed they had received education on abuse and neglect and reported feeling confident and supported to raise and report any concerns. There were no examples of discrimination, coercion, harassment, abuse, or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed. EPOA and whānau interviewed reported that they felt their relatives were well cared for, supported, and safe within their environment at Rosewood. Residents' personal property was clearly labelled on admission, and residents and EPOA/whānau confirmed that belongings were treated with respect and safeguarded. Residents' finances are protected, with appropriate safeguarding systems in place. Professional boundaries were consistently maintained by staff, who demonstrated an understanding of behaviours and practices that protect resident wellbeing and avoid any actions that could negatively impact

		residents. Staff interviewed felt safe and supported to raise concerns relating to institutional and systemic racism and were confident that any issues raised would be taken seriously and acted upon by management. A strengths-based and holistic model of care was evident throughout the service, with the integration of Te Whare Tapa Whā to support wellbeing outcomes for Māori, recognising the physical, mental, spiritual, and whānau dimensions of health in everyday care and support.
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 EPOA/whānau reported that communication at Rosewood was open, respectful, and effective, and that they felt listened to. All residents interviewed stated that information was provided to them in an easy-to-understand format, that staff communicated clearly, and that they felt heard when raising questions or concerns. Residents confirmed they have regular opportunities to express their views and provide feedback through resident meetings, and reported that staff were approachable, kind, and responsive to their concerns. Residents with a disability confirmed that communication met their needs. Changes to residents' health status were communicated to whānau in a timely manner, and whānau confirmed they were kept appropriately informed. Whānau and EPOA also have opportunities to attend case conferences to discuss care and receive updates regarding care and service delivery. Where other agencies were involved in care, effective communication was evident, including with nurses or general practitioners, and relevant allied health professionals. Examples of open and transparent communication were evident following adverse events and during the management of any complaints, demonstrating a commitment to partnership and accountability. Staff demonstrated knowledge of how to access interpreter services when required, to support effective communication and informed participation.

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 and/or their legal representatives were provided with the information necessary to make informed decisions about care and support, in a manner that was clear, accessible, and culturally appropriate. Those interviewed, including residents, EPOA and whānau, felt empowered to actively participate in decision-making about care, and that their views and preferences were respected. Whānau and EPOA were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources. All residents in the dementia and psychogeriatric units at Rosewood had an enduring power of attorney (EPOA), or a welfare guardian was appropriately appointed in accordance with the law, and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf. Nursing and care staff interviewed demonstrated a clear understanding of the principles and practice of informed consent, supported by organisational policies aligned with the Code and appropriate tikanga guidelines. Verbal consent was observed to be obtained for day-to-day cares. Residents were supported in their right to supported decision-making and to make informed choices in accordance with the Code. Advance care planning was appropriately recorded in residents' files where relevant. Shared goals of care discussions were undertaken with residents and EPOA/whānau and documented in the resident record where applicable.
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	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. The complaint policy and associated forms, along with a collection box, were at reception. The information is provided to residents and whānau on admission. The Code is available in te reo

system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		Māori, English and New Zealand Sign Language. The acting care home manager (ACHM) is responsible for complaints management and follow-up. A review of the complaints register showed that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. One recently received complaint was open and was in the process of being addressed. Complainants had been informed of findings following investigation where relevant. There have been no complaints received from external sources since the previous audit. Staff reported they knew what to do should they receive a complaint. The ACHM advised, and documentation evidenced, that there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or te reo Māori as applicable. Staff who identify as Māori, and the local iwi would also be available if needed. There have been complaints received by Māori to date.
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	Heritage operates under a structured governance and operational framework designed to ensure compliance, quality care, strategic alignment, and equitable outcomes across its aged care services. Heritage is governed by a board comprising three directors (two based in New Zealand and one in Australia), with an additional adjunct Australian-based director. The board operates under a formal board charter that defines its responsibility for governance, compliance with legal and regulatory requirements, strategic direction, oversight of management, and ethical decision-making. It also sets expectations for board membership, director conduct, board processes, access to independent advice, and performance evaluation. Key roles such as the board chair and company secretary are defined, along with delegated authority to management, the CEO, and committees. The board oversees financial and capital management, risk, compliance (including clinical compliance), disclosure, and communication. Legal support is provided through an internal legal team that monitors legislative change and accesses external legal advice when required.

		Heritage also maintains affiliations with relevant sector bodies, including the New Zealand Aged Care Association and the Retirement Villages Association. Each Heritage facility develops its own business plan aligned to organisational strategy, incorporating key performance indicators (KPIs) and subject to quarterly review. Core organisational goals include financial performance, staffing optimisation, village performance (if applicable), quality of care, health and safety, satisfaction ratings, and property and capital management. The Rosewood 2025 business plan, reviewed quarterly, describes annual and longer-term objectives and was sighted. The 2026 quality goals were also sighted. The ACHM, who has been in the role for 2 months, is a RN and has 15 years' experience in aged care and health administration roles. The ACHM shares their role 50% between Rosewood and another local Heritage facility. An acting clinical services manager (ACSM) oversees the clinical care provided at Rosewood. This person, who has 32 years aged care experience, has been in the role for 6 weeks. Support is provided by the regional clinical quality manager (RCQM) and the regional business manager (RBM). The RBM and RCQM were on site during the audit. The ACHM reports to the regional business manager (RBM). The RBM reported that adequate information to monitor performance was provided, and that they were well informed on progress, quality and risk. Heritage applies a 'top-down, bottom-up' information flow system linking board strategy through to operational data collection, including adverse events and complaints. This information is escalated as needed (including sentinel events), analysed, and used to inform corrective actions, governance reporting, and updates to policy and strategy. Responsibility for oversight is shared between Heritage senior leaders, with the head of quality and compliance (HQC) overseeing clinical quality and the head of clinical strategy delivery managing clinical delivery functions. Electronic digital systems support real-time data access for clinical teams and decision-making in the form of dashboards. The organisation also maintains key performance indicators covering clinical outcomes,

		health and safety, antimicrobial stewardship, and restraint elimination. Clinical governance operates through a structured pathway from facilities to executive clinical governance and then to the board. The board clinical governance committee meets monthly and reviews clinical indicators such as adverse events, infections, antibiotic use, restraint, complaints, and workforce development, identifying trends and implementing improvement strategies. These are then reported to the board. Board meetings include review of clinical information, sentinel event reporting and external complaint review, including regulatory matters. The clinical governance structure at Rosewood is appropriate to the size and complexity of the service provision The ACSM described the meetings. Meeting minutes were sighted. Heritage prioritises workforce recruitment and retention, aiming to place the right people in the right roles and maintain stability. Job descriptions define expectations and performance KPIs. Senior recruitment processes include multi-level interview panels, with final approval involving senior leadership. Workforce planning is informed by operational feedback and includes consideration of ethnicity data to support a diverse workforce. Equity considerations also influence staffing decisions and planning. Equity is embedded across governance, policy, and operational planning, with specific focus on Māori, Pacific peoples, and tāngata whaikaha. Heritage supports equitable access and outcomes through care planning, community engagement, communication with residents and whānau, and feedback mechanisms including surveys, compliments/complaints, and meetings. A MNK meets quarterly and reports through clinical governance to the board. The organisation also employs kaitiaki staff to support improved outcomes for Māori and Pacific peoples and shares learnings across facilities. Equity initiatives are well established and aligned with national standards. All directors have completed cultural safety, Te Tiriti o Waitangi, and health equity training. Governance actively supports community engagement and promotes culturally responsive care and accessibility.

		Rosewood has 66 beds, and provides services from three units, each focused on providing a particular level of care. The service holds contracts with Te Whatu Ora to provide Age-Related Residential Care (ARRC) at rest home level dementia care, and hospital level care, including medical and psychogeriatric care, respite care and long-term support for residents with chronic health conditions (LTSCHC). On the day of the audit, Rosewood was supporting 63 residents, with 24 residents receiving dementia level care in the Totara unit including one respite resident and one resident under the LTSCHC contract, 19 residents were receiving hospital level care in the Rata unit and 20 residents were receiving psychogeriatric support in the Rimu unit, including one resident under the LTSCHC 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 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	The organisation has 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, and medication errors), complaints, audit activities, and policies and procedures. Residents, whānau and staff contribute to quality improvement through meetings, surveys, using suggestion boxes, or talking with the ACHM. The results of the September 2025 whānau survey, and the associated analysis, were reviewed. The RBM reported that people were very satisfied with the service, and this was confirmed in resident and whānau interviews. The 2026 survey was completed in March and is currently being analysed by Heritage. The RBM reported that the August 2025 staff survey returned a satisfactory level of satisfaction. The ACHM is responsible for quality. Quality improvement initiatives reviewed included the ongoing improvement in the meal delivery and experience for residents. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The 2026 internal audits schedule was sighted. Completed audits include cleaning, laundry, infection prevention, kitchen, care planning

		and the environment. Internal audit results were reported at the staff meetings, and health and safety meetings. These forums are used to review and evaluate progress against established quality outcomes. Where required, corrective action plans were developed, and evidence of these was sighted. Each corrective action plan included the area of focus, the improvement action required, the timeframe and the person responsible. Once the corrective action plan had been fully completed, it was signed off by the ACHM or ACSM to document that the issue has been resolved. The service ensures staff can deliver high-quality health care for Māori through, for example, training including cultural safety training, cultural assessments and care plans. The ACHM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The current risk register was sighted. Staff interviewed reported that they knew to report risks, and these were reviewed and discussed at staff meetings and at the health and safety meetings. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. The ACHM understood and has complied with essential notification reporting requirements. Section 31 notifications were sighted, including for a respiratory outbreak, a scabies outbreak, residents away without leave, challenging behaviours, and a stranger who entered the building. Mitigation strategies were developed where relevant. The ACHM reported that there have been no police investigations, coroner's inquests, issues-based audits or employment disputes since the previous audit. Reporting to the Health Quality & Safety Commission related to clinical incidents was sighted for two pressure injuries. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. Heritage uses benchmarking to compare performance against peers and aims to be a

		sector leader in aged care quality. The RCQM reported, and evidence was sighted, of critical analysis of practices. They reported that medication errors, falls and pressure injuries were low compared to other Heritage facilities. The ACSM described actions to mitigate the risk further. Graphs and narrative analysis were sighted.
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 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). A Safe Rostering tool was used. The facility adjusts staffing levels to meet the changing needs of residents. A review of three weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There is always at least one staff member on duty who has a current first aid certificate, and there is 24/7 RN coverage for the hospital and psychogeriatric unit. There are staff who have worked in this care home for between 10 weeks and 30 years. An after-hours on-call system is in place, with the ACSM and ACHM sharing the role to provide support 24/7. Staff reported that good access to advice is available when needed. The ACHM described the recruitment process, which ensures staff have the skills, attitudes, qualifications, experience, attributes and referee and police vetting checks to meet the needs of the people being supported. The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. Documentation and staff confirmed the training. Continuing education is planned on an annual basis and includes mandatory training requirements. Staff reported at interview, and documentation confirmed, that staff have received training to care for hospital-level care residents, including manual handling and hoisting, palliative care, syringe driver, dementia, fire evacuation, restraint-free training, medication, cultural safety and the Code of Rights.

		The ACHM reported, and staff confirmed, that staff hold Level 3 and 4 New Zealand Qualifications Authority (NZQA) education qualifications to meet the requirements of the provider's agreements with Te Whatu Ora. Documentation was sighted. Meetings are held with the resident and their EPOA/whānau to discuss and sign care plans. Residents' meetings are held bi-monthly and are an opportunity for people to discuss and express opinions on aspects of the service. A sample of resident and whānau meeting minutes was sighted. Minutes of meetings with an independent advocate evidenced that people were satisfied with the meals and the staff. The collection and sharing of high-quality Māori health information across the service is through policy and procedure, resources, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education. The ACHM reported that, where health equity expertise is not available, external agencies are contacted to support in the development of health equity expertise for health care and support workers. For example, Te Whatu Ora gerontology staff, palliative care, and specialist wound care. Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support. Staff described being well supported by the provider.
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	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of 10 staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were documented and were sighted in the files reviewed. Qualifications were validated prior to employment and then checked and documented annually. Current annual practicing certificates were sighted for the 12 RNs, nine pharmacists, the dietitian, and the general practitioner. The diversional therapist's Level 4 NZQA certificate was sighted.

		The ACHM and ACSM reported that twenty-six of the thirty-three staff working in the two dementia services have completed the required training. Seven staff are in the process of completing the New Zealand Qualifications Authority standard specific to dementia units. Documentation was sighted. Staff confirmed their training at interview. Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role. Staff described their orientation and that they are buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of this was seen in files reviewed. Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements. Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them. Staff reported that incident reports are discussed at staff meetings. They can be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.
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 is password protected. Any paper-based records are held securely, available only to authorised users. Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. 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 are sighted for data collection. Data collected includes ethnicity data. Rosewood 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 are welcomed into Rosewood when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. All residents admitted to the secure dementia and psychogeriatric units had a specialist's authorisation for placement and were admitted with the consent of their EPOA. Residents and whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission. Enquiries are documented and, where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and analysed, including data for Māori. The service has developed partnerships with local Māori communities and organisations, including the local iwi, to support Māori and their whānau when entering the service. Staff who identify as Māori also provide support. There were currently no residents who had requested the services of a Māori health practitioner or traditional Māori healer. Māori interviewed confirmed they feel supported at Rosewood and that their needs are being met.
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	FA	The multidisciplinary team works in partnership with the resident and whānau to support wellbeing and optimise quality of life. Eight resident files were reviewed: two receiving dementia rest home care and six hospital-level care, including three from the psychogeriatric unit. Files included residents receiving care under the ARRC contract, and residents being cared for under the long-term support contract for

whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		chronic health conditions. The files included residents who identified as Māori, residents with complex comorbidities, residents with behavioural needs, residents with diabetes, residents with compromised mobility, residents with wounds and input from the specialist wound care service, residents recently transferred to an acute facility, and residents whose level of care needs had recently changed. The files verified that a care plan, based on the provider's model of care, was developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, beliefs and preferences, and which considered wider service integration, where required. Care planning for a Māori resident demonstrated culturally sensitive interventions, goals, and evaluation. Interview confirmed that residents and whānau were satisfied their cultural needs were being met. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Assessments were based on a comprehensive range of clinical assessments and included resident and whānau input as applicable. Timeframes for the initial assessment, medical practitioner assessment, initial care plan, interRAI assessments, long-term care planning, and scheduled review timeframes met contractual and policy requirements. All care plans reviewed were comprehensive, contained goals and interventions, and evaluations were documented. Staff demonstrated understanding of how to support Māori and whānau to identify their own pae ora outcomes within the care planning process. This was verified through sampling of resident records and interviews with clinical staff, residents, 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. Progress notes from the registered nurse detailed when a resident's needs changed and the actions taken, including referral to the general practitioner and acute services. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and EPOA. Where residents had input from outside specialist services such as a wound care specialist, dietitian, and physiotherapist, this input was included in care planning. Residents and

		EPOA confirmed active involvement in the process. Tāngata whaikaha participate in service development through assessments including 'About Me', 'Pastoral Care' and 'Life History'. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and EPOA/whānau. Tāngata whaikaha and whānau can independently access information. A general practitioner was interviewed and stated that nurses had the required skills and knowledge, and that they were happy with the standard of care at Rosewood.
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.	PA Low	The activities programme at Rosewood is provided by a diversional therapist employed 30 hours a week and supported by two activities assistants who work 37 hours and 15 hours per week. The programme is further supported by caregivers when the activities team are not present at the weekends and evenings, although caregivers reported they do not always have the time required to support activities. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan is developed for all residents and included consideration of their usual pattern of life over a 24-hour period. The activities programme is planned over seven days and activities documented in the plan were suitable to support residents to maintain and develop their interests and were suitable for their age and stage of life. However, few activities were planned in individual areas (hospital, psychogeriatric unit and dementia rest home), no activities are planned at the weekend, and few activities were observed to be occurring during the two days of audit; refer criterion 3.3.1. Activities included normal community activities and opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.	FA	The medication management policy was up to date and aligned with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management, utilising an electronic

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.		medication management system, was observed on the day of audit. All staff who administer medicines were appropriately trained, assessed as competent, and authorised to perform this function. Medication reconciliation processes were evident and consistently applied. All medicines sighted during the audit were within current use-by dates. Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available. Prescribing practices met requirements. Medicine-related allergies or sensitivities were clearly documented, and any adverse events were responded to appropriately and in a timely manner. Over-the-counter medications and supplements were considered and documented by the prescriber as part of each resident's overall medication regimen. The required three-monthly medical or nurse practitioner medication review was consistently recorded on the medicine chart. Standing orders are not used at Rosewood. Residents in the Rosewood Court secure dementia and psychogeriatric units do not self-administer medications and this practice is not supported by policy. There are systems in place to facilitate safe self-administration of medication for respite residents in the hospital, if required. This was confirmed by the CSM and RN. Residents, including Māori residents, and EPOA are supported to understand their medications, with education provided by clinical staff as required.
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	FA	The food service was aligned with recognised nutritional guidelines for people receiving aged residential care. The menu had been reviewed by a qualified dietitian within the last two years, and documentation confirmed that recommendations from this review had been implemented. All aspects of food management complied with current legislation and

needs are met to promote and maintain their health and wellbeing.		best-practice guidelines. The service operates under an approved food safety plan and registration with an expiry date of 29 January 2027, with evidence of ongoing monitoring and compliance. Each resident received a comprehensive nutritional assessment on admission. Personal food preferences, special dietary requirements, intolerances or allergies and modified texture needs were identified and accommodated within the daily meal plan. Māori residents and their whānau have access to menu options that reflect te ao Māori, and individual cultural food preferences can be catered for as required. Residents and their whānau had opportunities to be involved in the preparation of food where appropriate to the service as part of the activities programme. Snacks including sandwiches, fruit, biscuits, and drinks are available 24/7. Evidence of resident and EPOA satisfaction with meals was verified through resident and EPOA/whānau interviews, satisfaction survey results, and residents' and whānau meeting minutes. Residents interviewed stated that the food was good. Whānau members also confirmed satisfaction. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity.
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	Transfer or discharge from Rosewood was planned and managed safely, with clear coordination between services and in collaboration with the resident and their EPOA/whānau. Risks and current support needs were identified, documented, and actively managed throughout the process. Where appropriate, options to access other health and disability services, as well as relevant social and cultural supports, were discussed with residents and whānau to support informed decision-making and continuity of care. Whānau interviewed reported that they were kept well informed during the transfer of their relative. Documentation reviewed demonstrated comprehensive assessment and planning for district hospital transfers, and a clearly defined process was in place to support effective

		communication, clinical handover, and safe transitions between services.
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 1 April 2027. There are external areas within the facility for leisure activities, with appropriate seating and shade. The dementia and psychogeriatric wings meet the specific needs of these groups and included safe external areas for residents to walk around. The environment was comfortable and accessible. Corridors have 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 this. Spaces are culturally inclusive and suit the needs of the resident groups. Lounges and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible toilet facilities, some shared between two rooms, some ensuites, and others shared between a few rooms. These were also situated near dining and recreation areas convenient for the residents. Staff and visitor toilets were separate. Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment if required. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature. Residents, staff and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and

		maintenance. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.
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	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency, including the specific needs of the residents in the dementia wings. There is a first aid certified staff member on duty 24/7, and the diversional therapist who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit. The fire evacuation plan was approved by the New Zealand Fire Service on 7 November 2006. The last fire evacuation drill was completed on 2 February 2026. Staff reported, and documentation confirmed, that staff have been trained in the evacuation of residents. Call boxes, hose reels, floor plans, sprinklers, alarms, exit signs, and fire action notices were sighted. The orientation programme includes fire and security training. Staff files evidenced that staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training, and records confirmed this. Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond timely to call bells. Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, personal protective equipment (PPE), and a gas BBQ were sighted. Supplies were checked prior to the audit. Alternative essential energy and utility resources are available should the main supplies fail. Sufficient water is stored and was sighted. This meets the National Emergency Management Agency recommendations for the region.

		Appropriate security arrangements are in place. External doors are locked and are checked throughout the evening and night shift. Security cameras are strategically positioned, and appropriate signage is in place. Their use does not compromise personal privacy. Residents and whānau are informed of the emergency and security arrangements at entry. Residents, whānau, and staff were familiar with emergency and security arrangements.
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 demonstrates a structured governance approach to infection prevention (IP) and antimicrobial stewardship (AMS), ensuring compliance with national standards and supporting safe, high-quality clinical care across its facilities. The board recognises its accountability for ensuring that effective IP and AMS systems are in place. Governance actively participates in national and regional IP and AMS programmes and responds appropriately to emerging issues of regional and national significance. Clinical outcomes, including IP and AMS, are monitored through established board surveillance activities and KPIs. Heritage has comprehensive IP and AMS policies and infection prevention programmes that demonstrate organisational commitment to quality and safety. IP and AMS activities are supported by clinically competent personnel at governance and operational levels. Regional staff provide guidance and assistance to individual facilities to ensure consistent implementation of IP and AMS practices. Clinical governance structures ensure that IP and AMS information is regularly reviewed at governance meetings and escalated to the board through regular board reporting. Sentinel events are reported immediately to ensure timely oversight and response. The board receives and analyses data relating to infection rates and antimicrobial use, including information disaggregated by ethnicity. This analysis supports evidence-based decision-making and contributes to improved clinical governance and equitable health care outcomes. The board and clinical governance committee can access specialist IP and AMS advice through executive-level clinical experts, service-level

		clinicians, Te Whatu Ora and national and regional public health. Relevant information and recommendations are then communicated to the board to support informed governance decisions.
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 prevention policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Heritage Lifecare governing body. Annual review of the programme last occurred in December 2025 and reporting to governance had occurred. The infection prevention and control coordinator (IPCC) is a registered nurse responsible for overseeing and implementing the IP programme, with reporting lines to the ACSM and ACHM and to the Heritage Lifecare regional clinical quality manager and the national IP lead. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice, and/or the advice of the Heritage Lifecare national IP lead, has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Cultural advice is accessed where appropriate through the Komiti Māori and Māori staff. Residents and their EPOA/whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.

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. 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.	FA	Responsible use of antimicrobials was actively promoted at Rosewood. The antimicrobial stewardship (AMS) programme was appropriate for the size and complexity of the service and was supported by current policies and procedures. The effectiveness of the AMS programme was evaluated through regular monitoring of antimicrobial use, with identification of trends and opportunities for improvement. The IPCC and the resident general practitioner were interviewed during the audit and both confirmed that they work collaboratively to minimise unnecessary antibiotic use in older persons. They described a shared approach whereby antibiotics were generally prescribed only when a culture had been sent to the laboratory and/or the resident was clearly symptomatic, in line with best-practice AMS principles.
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	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the aged care services offered and is in line with risks and priorities defined in the IP programme. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IP framework and aligned with standardised surveillance definitions. Surveillance processes include the routine capture of resident ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and reported to the national IP lead and Heritage Lifecare governing body. Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe. A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process of investigation and follow-up. Learnings from the event have now been incorporated into practice.
Subsection 5.5: Environment	FA	A clean, hygienic, and well-maintained environment supported the

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.		prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents. Staff consistently followed documented policies and processes for cleaning, laundry, and the management of waste and infectious and hazardous substances. The laundry facility is functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices. Chemicals were stored safely and in line with policy. Hazardous substances were securely stored and locked away in accordance with safety requirements. Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCC had oversight of the environmental testing and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately. Residents and whānau reported that the laundry was managed well and that the facility was kept clean and tidy. These observations were confirmed by the audit team during site inspection.
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 demonstrated a strong organisational commitment to restraint elimination through governance leadership, strategic investment, clear policies, and operational oversight. The organisation is committed to maintaining a restraint-free environment across all its facilities and has successfully remained restraint-free across the whole of its service for more than 12 months. The organisation's governance and clinical systems support ongoing restraint elimination and safe resident care practices. The board demonstrates accountability for restraint elimination through

		the inclusion of restraint-related measures within its KPIs. Oversight of the organisation's restraint elimination strategy is delegated to the board's Clinical Governance Committee, which monitors progress and supports continuous improvement initiatives. Heritage has implemented a range of strategies aimed at preventing and eliminating the use of restraint. This includes investment in supportive equipment, such as low/low beds, to enhance resident safety while avoiding restrictive practices. Although the organisation currently operates restraint-free, policies and electronic systems remain in place to manage restraint appropriately if required in exceptional circumstances. The restraint coordinator at Rosewood is a RN, providing support and oversight for any restraint management should it be used. Their position description was sighted. The ACHM is involved in the purchase of equipment should it be needed. Any use of restraint would be formally reported to the board to ensure transparency, accountability, and governance oversight. Minutes reviewed evidenced nil restraint reported. Staff reported that orientation and ongoing education included aspects of safe restraint training, including restraint-free training, and management of challenging behaviours. At the time of audit, there were no residents using restraint. Given there has been no restraint reported to governance since the last audit, 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 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.	PA Low	The diversional therapist plans an activities programme with assistance from two activities staff. Activities staff are onsite Monday to Friday. The documented plan included activities suitable to support residents to maintain and develop their interests and included normal community activities such as outings and community walks. The activities documented in the plan were suitable for the age and stage of life of residents. However, few organised activities specific to the different needs of residents in each area were planned, and the number of activities occurring was insufficient to meet the needs of residents across the three service areas. The activities team described holding	There is an activities programme developed. However, the depth and breadth of activities documented on the activity calendar, observed on audit and discussed with staff were insufficient to meet the differing and specialised needs of residents across the three service areas. Activities planned and discussed with staff did not meet the requirements of the ARRC contract for the provision of activities seven days a week in psychogeriatric and dementia level care.	Review the activities programme to ensure that activities are provided to meet the needs of residents in each service area (hospital, psychogeriatric and dementia level care) and in line with the requirements of the ARRC contract. Review the hours allocated for activity staff and caregivers with a view to ensuring planned activities are provided seven days a week. 180 days

		one organised activity or entertainment, with residents who are able gathering together in one area to attend. The activities assistants attend these joint activities with residents from the secure dementia unit or psychogeriatric unit when possible, and this was observed to occur on the day of audit. Caregivers are left to provide activities during this time for residents who are unable to leave the secure units due to behavioural needs. However, this was not seen to occur. Community walks and outings occur in a van shared with another Heritage facility and are planned weekly; staff are able to take a small number of residents at a time and could not describe what activities are provided for residents who remain in the unit. Entertainers and pet therapy visits occur twice per month, visiting one area of the facility only at each visit. The ACHM and RBM confirmed that budget was available for more visiting entertainers, but no plans were in place to increase the number of entertainers visiting at the time of audit. The quizzes, puzzles, newspaper reading and exercise classes planned (on the activity calendar) for the days of audit were not seen to occur. One entertainer visited and one small group of residents participated in flower arranging with two activities staff during the two days of audit. Resources were available to provide		

		one-to-one activity for residents unable to join group activities, and one activities assistant was observed interacting with individual residents in the hospital wing. The remaining residents were sitting in front of a modern music programme chosen by the caregivers on the television . Caregivers are expected to support activities at the weekends, and resources were available. However, no specific activities were planned or documented on the activities plan, and the caregivers interviewed stated they had little time. One whānau member interviewed confirmed they had seen activities (balloon games) occurring at the weekend; all other whānau interviewed stated they had not witnessed activities occurring. The facility does not have a system in place to track what activities occur in the evenings and weekends.		

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.