

# Heritage Lifecare Limited - St Joseph's Lifecare

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## Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Heritage Lifecare Limited
<b>Premises audited:</b>	St Joseph's Lifecare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 3 February 2023      End date: 3 February 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	45

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

St Joseph's Home of Compassion is certified to provide hospital (geriatric and medical), rest home and dementia levels of care for up to 87 residents. There were 45 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, the general practitioner, and the prospective buyer.

The interim facility manager is appropriately qualified and experienced and is supported by a relief clinical manager. Both have been in the role since September 2022. Both have been seconded for six months by Heritage Lifecare to support St Joseph's Home of Compassion as the service was initially looking at closing due to a shortage of registered nurses.

Feedback from families/whānau and residents were very positive about the care and the services provided.

This audit identified improvements around: quality; competencies; appraisals; privacy; medication management; infection control coordinator's role; infection control surveillance; cleaning procedures; restraint policy; restraint training; and restraint evaluation.

The prospective buyer, Heritage Lifecare Limited, is an experienced aged care provider with 43 care facilities across New Zealand. Heritage Lifecare Limited has a documented plan to transition to the Heritage quality system, policies, procedures, and electronic client management system. Heritage Lifecare provide administrative, human resource management, quality oversight and training support.

## **Ō tatou motika | Our rights**

St Joseph's Home of Compassion provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples.

Residents receive services in an equal manner that considers their dignity, privacy, and independence. The staff were observed effectively communicating with residents about their choices.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/ whānau to make a complaint is understood, respected, and upheld by the service. Complaints are managed appropriately.

## **Hunga mahi me te hanganga | Workforce and structure**

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives.

St Josephs has a documented quality and risk management system that has been impacted by a recent cyber-attack and decrease in staff numbers.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is an admission package on all services and levels of care provided at St Joseph's Home of Compassion. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops the care plan with the resident and family input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. Resident files included the general practitioner, specialist, and allied health notes.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner.

Two diversional therapists coordinate the activity programme for the rest home, hospital, and dementia level of care residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for each resident group. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are prepared and cooked on site by a contracted service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. There are nutritious snacks available 24 hours a day.

All planned resident transfers, discharges and referrals are coordinated in a safe manner between services and in collaboration with residents and families/whānau.

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

The building holds a current warrant of fitness. There is a preventative and reactive maintenance plan documented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements.

## Here taratahi | Restraint and seclusion

The relief clinical manager provides oversight for the restraint programme and there is commitment at the service to work towards a restraint-free environment. There were three residents using restraint at the time of the audit. Promoting a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and considers alternative interventions before restraint is approved.

### 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	19	0	8	2	0	0
Criteria	0	148	0	9	2	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The service has a comprehensive Māori health plan dated June 2022. The plan recognises the principles of Te Tiriti O Waitangi to underpin services at St Joseph’s Home of Compassion. There is also a cultural resource folder available to staff that includes: Residents rights in te reo Māori, cultural considerations for care and guidelines to assist culturally appropriate communication. Other current policies include the cultural responsiveness policy, and the code of conduct for staff which includes the service’s values in both English and te reo Māori.</p> <p>The Māori health plan includes links to the Māori Health team at Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley; however, the service has not linked to local Māori communities as required in their policy and so processes to enable improved service integration, planning and support for Māori could not be evidenced.</p> <p>The interim manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. The service employs Māori staff and</p>

		<p>there are also residents who identify as Māori.</p> <p>One resident interviewed, who identifies as Māori, felt that their culture was supported well.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>On admission all residents state their ethnicity. There were residents who identified as Pasifika. Individual cultural beliefs were documented in the care plan of a resident that identified as Pasifika.</p> <p>The service is working towards a Pacific health plan to reflect the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. Links to local Pacific communities were not in place at the time of audit.</p> <p>The interim manager stated they employ a number of Pacific staff through an equitable employment process and support staff through their training to gain a formal qualification. A number of staff employed identify as Pasifika. Pacific staff are available to support management and other staff on how to provide an equitable and efficient health and disability service for Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. The interim manager or relieving clinical manager discusses aspects of the Code with residents and family/whānau on admission. House rules and the staff code of conduct (signed by all staff) include the service values in te reo Māori.</p> <p>The two families interviewed (dementia unit) reported that the residents' rights are being upheld by the service. They confirmed that their family member is treated with respect and that their independence is supported and encouraged. Residents interviewed (four rest home and two hospital) confirmed that their rights were being met.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>



		<p>Service, and the resident advocate is available to residents and families/whānau. There are links to spiritual support.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake, choice and supports values and beliefs; this is documented in the service's Māori Health plan.</p> <p>The prospective purchaser is an experienced aged care provider and is familiar with the Code and their responsibilities. This was evidenced through interview and reflective in the large number of policies that have available around resident rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The four caregivers interviewed (across the rest home, hospital, and dementia unit) described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Two family/whānau members (with family members in the secure dementia unit) stated that the staff are patient and encouraging with residents, allowing them as much choice as possible.</p> <p>It was observed that residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The 2022 resident satisfaction survey identified 89% were satisfied with lifestyle and choice.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space to manage intimate relationships.</p> <p>Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and</p>

		<p>met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Church services are held. Noticeboards included karakia.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo. Staff interviews verified that Te Tiriti o Waitangi and Māori health training is provided, and staff described how they implemented this knowledge when engaging in discussions with or providing care to residents. Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. The employment agreement, code of conduct and service's values include harassment, racism, coercion, bullying and financial exploitation. There are guidelines for staff within the gifting policy around receiving gifts from residents. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Staff interviewed were able to describe racism and stated they felt safe to raise any concerns regarding racism with management if required. Staff interviewed reported training around abuse and neglect within the last two years. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of good standard.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, institutional racism, and bias.</p>

		The Māori health and cultural responsiveness policy identifies Māori health models. The policy recognises Te Whare Tapa Whā; to ensure wellbeing outcomes for Māori residents.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents/relatives on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Families/whānau and residents confirmed they feel informed about things that happen within the facility and the management and registered nurses are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Caregivers explained during interview how they communicate with residents, adapting their speech to suit the resident needs. Staff were able to show a variety of communication aids including: pictures, and words written in English with corresponding Māori and Samoan words.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and families are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees.</p> <p>The service communicates with other agencies that are involved with the resident such as the local Te Whatu Ora Health Hutt Valley Health specialist services, and hospice.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be</p>	FA	<p>There are policies around informed consent that also align with the Code of Rights. The service utilises the continuing care and continuing treatment consent form which includes a range of</p>

<p>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.</p> <p>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.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>sections to assess the resident's ceiling of care and wishes. Separate consent forms for Covid and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident in files for residents in the dementia unit.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>All incoming residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The interim facility manager maintains records of complaints, actions taken, and resolution.</p> <p>Only one complaint had been received since the previous audit (November 2022). The complaint was acknowledged and managed in line with Right 10 of the Code. The records showed the complaint had been resolved to the satisfaction of the complainant. There have been no known complaints submitted directly to Te Whatu Ora or the Office of the Health and Disability Commissioner since the previous audit.</p> <p>The facility manager stated that they address concerns as they arise. Staff are informed of any complaints received in staff meetings.</p> <p>Discussions with families/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through survey. The 2022 resident and families/whānau surveys confirmed 92% of residents, and 91%</p>

		<p>of families/whānau were satisfied with the complaints process and communication.</p> <p>Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>St Joseph’s Home of Compassion is owned and operated by The Sisters of Compassion and overseen by a Board of Directors. The facility is certified to provide rest home, hospital level (geriatric and medical) and dementia care for up to 87 residents. On the days of audit there were 45 residents. All 71-rest home and hospital beds are dual-purpose beds. On the day of audit there were 14 rest home residents and 19 hospital residents, including one hospital resident on ACC. There are 16 dementia beds in St Vianney unit and there were 12 residents.</p> <p>St Joseph’s is a subsidiary company to the holding or parent company of The Sisters of Compassion Group Ltd. Up until 30 November 2022, the Board of St Joseph’s comprised a chair and directors. In recognition of the winding-up phase of St Joseph’s as a subsidiary company, those directors were replaced by the Chair and directors of the holding or parent company.</p> <p>For each new director, a comprehensive induction is given with regular training provided in the principles and application of good governance protocols and procedures. The terms of reference for the committee/role are set out in the appointment material and comprises the company constitution, a copy of the constitution of the Mother Aubert Home of Compassion Trust and significant background on the history of St Joseph’s and the founder (Meri Hohepa – Suzanne Aubert) of The Sisters of Compassion religious order.</p> <p>The Board works closely with the management team to ensure compliance and adherence to the charitable goals of the company and The Sisters of Compassion. This occurs through bimonthly Board meetings at which the centre manager, quality assurance officer, Chief Executive of The Sisters of Compassion Group and Chair of the Trust Board, are all in attendance. Significant work is</p>

	<p>undertaken to ensure the St Joseph's governance team is integrated into the operation of governance across the wider Sisters of Compassion Group.</p> <p>Directors are appointed on the basis of their expertise in elder care, business acumen and commitment to the charitable objects of The Sisters of Compassion. The Chair, in particular, has a close working relationship with centre management and meets weekly with the manager to discuss governance and operational issues.</p> <p>There are key business goals including (but not limited to): To facilitate employee relations consistent with their commitment to manaakitanga, whanaungatanga, and kaitiakitanga, which also aligns with the Enduring Values of Meri Hohepa – Suzanne Aubert.</p> <p>The governance body regard the quality and risk management system a key component to their good governance responsibilities. Quality and risk assessment are standing items within the bimonthly reporting to the Board.</p> <p>Of the five enduring values of The Sisters of Compassion, one is partnership under Te Tiriti o Waitangi. The Board have jointly appointed a Tumu Whakarae (Chief Executive) and have a well-developed tikanga. Many of the Sisters (some residents and others habitually involved in the operation of the Home) are of Māori and Pacific descent. Prayer, the starting of all meetings with a karakia, regular Te Tiriti training, encouragement to attend unconscious bias training and developing support for te reo Māori training, are all integral to their operation.</p> <p>There has been a comprehensive feedback system and complaints process that is focused on continual service improvement within the Home. The governance and management team have an open and transparent decision-making process that includes regular staff and resident meetings. The chief executive (Tumu Whakarae) regularly provides updates and discussion points for staff and residents and their family/whānau. Within the last six months, regular meetings have been held by the Tumu Whakarae and newsletters are distributed inviting feedback and discussion as well as providing important information on the governance and management of the Home. Satisfaction surveys and resident/relative meetings provide a</p>
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	<p>forum to provide feedback around all aspects of the service and provides an opportunity to identify barriers to care to improve outcomes for all residents, including Māori, and those with disabilities.</p> <p>Due to the Covid restrictions and severe staffing shortages, St Joseph's Home of Compassion Board announced to close the home, with some residents relocated in August 2022. A number of staff resigned immediately at that time. Te Whatu Ora - Capital, Coast and Hutt Valley stepped in to provide an interim clinical manager and two registered nurses (August- September 2022). A new partnership with Heritage Lifecare took place in September 2022, and the interim facility manager was appointed at the same time. St Joseph's Home of Compassion remains open with the extra support provided and the prospective new purchaser (Heritage Lifecare) has signed a sale and purchase agreement for St Joseph's in December 2022.</p> <p>There is a quality improvement plan documented for 2022 and a strategic plan based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori.</p> <p>The service is managed by the interim facility manager who is a RN and has significant experience in elderly care management within New Zealand. The interim facility manager is being supported by the regional manager of Heritage Lifecare and the interim clinical manager. The interim facility manager and interim clinical manager have both maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training, specific to Te Whare Tapa Whā and te ao Māori.</p> <p>Heritage Lifecare, the prospective purchaser is an experienced aged care provider. The organisation owns 43 care facilities across New Zealand. There is an overall Board which includes members from across Australia and New Zealand. There is a documented transition plan with timeframes to implement the Heritage policies and procedures, quality systems and electronic client management</p>
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		<p>system. Transition includes roles and responsibilities by the Heritage regional manager, quality team, HR team, and clinical team. A relationship has been built between Heritage and Sisters of Compassion and the sales and purchase agreement provides for three-month vendor support. Heritage will be advertising for a care home manager, and the current interim manager will be available initially to support the new manager to transition into the role. The interim clinical manager is planning to become permanent in the CM role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>St Joseph's has a documented quality and risk management programme, including a 2023 quality plan. The quality and risk management system includes performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits have been completed as per the internal audit schedule prior to July 2022. These have been intermittently completed following July 2022 due to Covid and staff changes. Clinical indicator data (eg, falls, skin tears, infections, pressure injuries, restraint) is collected with evidence of data shared in bimonthly staff meetings; however, not all quality data has been documented as shared with staff after July 2022. Three-monthly benchmarking of data was being documented and analysed prior to July 2022. The current management team have recently re-established the quality committee (18 Jan 23). The committee had not met since July 2022.</p> <p>Corrective actions are documented to address service improvements in meeting minutes and internal audits. However, progress to meeting corrective actions identified at meetings did not evidence being completed. Resident meetings were documented as last occurring June 2022; however, advised by management that further meetings have occurred, but minutes were not all available due to a recent cyber-attack (November 2022) on their electronic system. Resident and family/whānau satisfaction surveys are completed annually and were last completed February 2022. Surveys completed reflect high levels of resident and family/whānau satisfaction. Overall satisfaction for residents 89% and family/whānau 85%. Both surveys included an analysis and action</p>



	<p>plan.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place, and policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Services Standard.</p> <p>A health and safety system is documented; however, there is currently no active health and safety committee (last met May 2022) or committee responsible for health and safety. There is currently no health and safety representative responsible for health and safety. Hazards are identified through the incident reporting form and an up-to-date hazard register was sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually (link 2.4.4).</p> <p>Adverse events are monitored by the management team. Each incident/accident is documented in hard copy. Seventeen accident/incident forms reviewed between December/January 2022 indicated that the forms overall had been completed and were signed off by the clinical manager. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager. The two managers have been focusing on reducing falls over the last two months and have been working with staff around falls prevention.</p> <p>Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. A benchmarking table of incidents/accidents was being completed monthly; however, has not been maintained since July 2022.</p> <p>Discussions with the interim facility manager and relief clinical manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 reports have been completed to notify HealthCERT around issues relating to RN cover, the appointment of the interim managers, and a sudden death which was also referred to the coroner. Te Whatu Ora, the GPs and Public Health have been informed during Covid outbreaks and subsequent lockdown.</p> <p>The service has completed critical analysis of practice which</p>
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		<p>includes improving health equity. A summary report and analysis of clinical indicators, education provided, and internal audit outcomes has been completed annually (last completed for 2021). The service provides education opportunities and resources to staff to deliver high quality health care to Māori. The current management team have recently re-established the implementation of the quality programme which includes an analysis of their support workers' competencies.</p> <p>The prospective buyer has established and implemented quality and risk management programmes that they plan to implement at St Josephs. It is anticipated this will have minimal impact on St Josephs, as Heritage has a quality team available to support implementation of the quality programme, benchmarking, and analysis. Heritage policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across at St Josephs.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  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.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The interim facility manager and clinical manager and all registered nurses hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers, nurses, and casual staff. The senior registered nurse performs the clinical manager's role in her absence, and the interim clinical manager performs the interim facility manager's role in her absence. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. The service has managed to maintain 24/7 RN cover since the last audit.</p> <p>There is an annual education and training schedule. The education and training schedule lists compulsory training, which includes cultural awareness and Treaty of Waitangi training. There is a specific educator role, which has recently become vacant. Training has been regularly provided prior to May 2022. A half day training</p>

	<p>session was held October 2022 to catch up on training missed in 2022. The management team are in the process of completing the 2023 training schedule.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities. The service is working on developing systems to ensure the competencies of staff support meeting the needs of people equitably.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 11 caregivers working in the dementia unit and 10 have achieved the dementia unit standards qualification. All caregivers have obtained either level 1, 2, 3 or 4.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, hand hygiene/IC, correct use of personal protective equipment, medication administration/1-Chart, and moving and handling. A record of completion is maintained. Medication competencies were up to date. Other competencies reviewed in seven staff files were not up to date. Advised that training records are also kept electronically; however, with the recent cyber-attack these are now not accessible. The current management team are re-establishing a training register to monitor competencies and staff attendance at training.</p> <p>Additional RN specific competencies are completed which include syringe driver and interRAI assessments. Of the six RNs, two are interRAI trained.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Policies supporting the Employee Assistance Programme (EAP) are in place.</p> <p>Heritage Lifecare (National Clinical Assurance Lead) was present at the time of the audit and reviewed the staff roster. They stated there are no immediate plans to do any staff changes other than employ a facility manager. They plan to provide all staff with education and training consistent with the Heritage Lifecare education and training</p>
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<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Nine staff files reviewed (three RN, six caregivers) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year are required to have an annual appraisal completed. In the nine files reviewed, appraisals were not completed in 2022.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Orientation includes how to implement activities and therapies. Competencies are completed at orientation.</p> <p>Advised by the facility manager that ethnicity data is identified, and an employee ethnicity database is maintained. However, due to a recent cyber-attack, the service is unable to access any documents stored on their computer system. The management team have re-established gathering ethnicity data in hard copy.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	PA Low	Resident files and the information associated with residents and staff are retained as paper-files. There is an electronic medication system. The service recently had a cyber-attack on their electronic

<p>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.</p>		<p>system and many documents are currently inaccessible.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents archived files are securely stored in a locked room.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. The service is not responsible for National Health Index registration. The hospital nurses’ station is open plan. Resident files are stored in a filing cabinet which is currently not lockable. Resident files were observed to be on the desk and not private.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. 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.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The relief clinical manager screens the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>A record of residents who entry and decline are maintained. There is an enquiry form at reception, and the form asks for ethnicity to be identified. The management team state the service had been collating ethnicity data; however, this was lost in the recent cyber-attack. The clinical manager has been maintaining ethnicity data in relation to entry and decline since January 2023.</p> <p>The service has an information pack relating to the services provided at St Joseph’s Home of Compassion, which is available for families/whānau prior to admission or on entry to the service.</p>

		<p>Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility has a person and whānau-centred approach to services provided. Interviews with residents and family members all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. There were residents and staff who identified as Māori. Staff are available to residents and whānau to provide supports as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed: two rest home, three hospital level of care, including one resident funded by ACC, and two residents from the dementia unit. The registered nurses are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed. This was documented in progress notes and family/whānau contact forms. The service provides equitable opportunities for all residents and will support Māori and whānau to identify their own pae ora outcomes in their care or support plan in the same way they do for their current residents.</p> <p>The service uses a range of assessment tools. The initial support plan is completed within 24 hours of admission. The assessments include a cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments formulate the long-term care plan. Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes for all residents. Routine care plan evaluations were completed six-monthly and included progress towards meeting care goals. InterRAI assessments sampled had been reviewed six-monthly; however, not all care plan interventions were current and met all residents care needs. Short-term care plans were well</p>

	<p>utilised for issues such as (but not limited to) infections, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely once a week and provides out of hours cover. The GP (interviewed) commented positively on the quality of nursing assessments and triaging residents with acute needs appropriately. Specialist referrals including physiotherapy are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service provides a physiotherapist as required by referral and the podiatrist visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Capital, Coast and Hutt Valley.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Paper-based progress notes are written every shift and as necessary by caregivers and at least daily by the registered nurses. The nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met and family members confirmed the same regarding their whānau. When a resident's condition changes, the staff alert the registered nurse who then initiates a review with a GP. Family stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the record.</p> <p>Current wounds reviewed included one resident with two stage III pressure injuries. All wounds reviewed had comprehensive wound assessments, including photographs to show a healing progress. The wound care specialist had input to chronic wounds and the pressure injuries. A wound register and wound management plans</p>
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		<p>are available for use as required. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Incontinence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Adequate resources were sighted during the audit.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; vital signs; weight; food and fluid chart; blood sugar levels; and behaviour on the paper-based forms as required. Neurological observations are completed for unwitnessed falls, or where there is a head injury as per policy; however, these were not always completed as per policy. Incident reports sighted included appropriate RN follow up and investigation. All opportunities identified to minimise risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two diversional therapists who provide a wide range of activities between Monday and Friday. Both have current medication competencies, first aid certificates and have completed the dementia standard training.</p> <p>Activities assessments are completed within 21 days of admission. The social history is completed by residents and their families/whānau (where appropriate). These are used to form the basis of the activities care plan. Activities care plans are reviewed at least six-monthly. Progress notes and attendance records are maintained.</p> <p>The weekly activities calendar includes celebratory themes and events and a wide range of activities to include (but not limited to) art and craft, group games, and musical activities. A combined activities calendar is in use for all areas, with activities in the secure dementia unit being adapted to suit the physical and cognitive abilities of individual residents. The service facilitates opportunities for residents to participate in te ao Māori, through the use of Māori language, dual language signage, movies, arts and crafts, quizzes, and Māori celebratory events. The service encourages all staff</p>



		<p>members to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches, schools, and community coffee mornings. The service has a minibus available for twice-weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. Mass is held five days a week and reflections and prayers are held on Friday mornings. Residents and family/whānau members interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies documented around safe medicine management that meet legislative requirements. All senior staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training.</p> <p>There is an electronic management system implemented. Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication rooms. The medication fridge and medication room temperatures are monitored regularly. The medication fridge temperatures were within expected ranges; however, the medication room temperatures were evidenced to exceed the recommended temperature of 25 degrees Celsius. All eyedrops have been dated on opening.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed resident medication charts at least three-monthly, and each drug chart has photo identification and allergy status identified. However, one resident using oxygen did not have this prescribed. There is a</p>

		<p>policy in place for residents who request to self-administer medications. At the time of audit, no residents were self-administering medications. No standing orders were in use and no vaccines are kept on site. A review of the controlled drug register evidenced routine weekly checks were not evidenced as consistently occurring.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. Over-the-counter medication is considered during the prescribing process and nutritional supplements are documented on the medication chart. The registered nurses described how they work in partnership with all residents (including those who identify as Māori) to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The qualified chef oversees the on-site kitchen supported by kitchen assistants. The chefs are supported by a regional manager. All meals are cooked on site, with meals being served directly onto covered plates and delivered to each unit. The menu has been approved by a registered dietitian. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>The kitchen meets the needs of residents who require special diets. The chef interviewed works closely with the registered nurses on duty, with resident’s dietary profiles and any allergies available to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. There is a current food control plan. Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. Serving temperatures are taken on each meal. Chiller and freezer temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Resident meetings, and one-to-one interaction with care</p>

		<p>staff in the dining room allows the opportunity for feedback on the meals and food services generally. Kitchen and care staff interviewed understood Māori practices in line with tapu and noa. The kitchen provide food for the cultural themed days in line with the theme. The chefs interviewed stated they do their best to accommodate any requests from residents. A food service audit is completed six-monthly and captured observations around tapu and noa.</p> <p>Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau are involved in all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. Discharge notes are kept on residents' files and any instructions are integrated into the care plan.</p> <p>The registered nurses stated a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging,</p>	FA	<p>The current building warrant of fitness expires 28 February 2023. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and testing of hot water temperatures. All required equipment has been tagged, tested, and calibrated annually as scheduled. Hot water checks occur regularly; however, the temperatures in some resident areas exceed 45 degrees Celsius.</p> <p>The staff record any maintenance issues in the maintenance book. Not all maintenance issues have been identified. It was sited during</p>

<p>independence, interaction, and function.</p>		<p>the audit that the door to the kitchenette area in the rest home area has been damaged.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide with handrails throughout the facility and provide space for residents to pass easily using mobility aids. Nurses' stations are centrally located within each of the three (rest home, hospital, and dementia) areas.</p> <p>Furnishings are appropriately placed in communal areas. There is safe access to the outdoor areas. Seating and shade are provided. Communal areas within the facility include separate rest home and hospital dining rooms, main lounge and smaller lounges, conservatory, and several seating alcoves. Seating and space are arranged to allow both individual and group activities to occur. A smaller lounge provides a more intimate quiet space for residents and families to enjoy. There is an on-site chapel, library lounge, recreational room, and hairdresser room.</p> <p>Resident rooms are spacious. There is one double room being used as a single room. All other resident rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment, such as hoists in the resident bedrooms. Residents and families are encouraged to personalise their rooms as viewed on the days of audit.</p> <p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. The resident rooms in the rest home wing have ensembles. The hospital rooms have a mix of ensuite rooms and rooms with handbasins.</p> <p>The dementia care wing has secure keypad exit and entry. Residents have free access to the safe outdoor courtyard which has a walking pathway, gardens, seating, and shade. There is a separate dining room and three lounge areas in the dementia wing. The outlook from one dementia lounge provides an open view over the neighbouring school sport grounds. All resident rooms in the dementia wing are single rooms and have a toilet and hand basin ensuite with shared communal showers.</p> <p>The facility is heated by radiators. All resident areas have large</p>
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		<p>windows to allow natural light.</p> <p>The service has no plans to expand or alter the building, but is aware of the need to consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</p> <p>The prospective purchaser is not planning any immediate environmental changes to the facility other than ongoing repairs.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Documented evidence of six-monthly fire evacuation drills was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency, including food, water (15,000 litres), blankets and gas cooking. Short-term back-up power for emergency lighting and a generator is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities staff also hold first aid certificates.</p> <p>Call bells were situated in all communal areas, toilets, bathrooms, and personal bedrooms. Residents were sighted to have call bells within reach during the audit. Where appropriate, sensor mats were also observed to be in use. The service has a visitor's book at reception for all visitors including contractors to sign in and out. Appropriate security systems are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship Programme, known as the Infection Prevention Programme (IPP), is supported at the executive (governance) level. The IPP has been</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>reviewed on an annual basis (2021 was the last review with 2022 yet to be reviewed). The 2022 quality plan and 2016-2020 strategic plan includes no reference to infection prevention.</p> <p>The clinical manager could describe accessing Te Whatu Ora IPC specialist teams who provide local /regional support and advice as and when needed.</p> <p>The clinical manager collects infection data monthly on infection rates and presents these to staff meetings (link 5.4.4). Data was being benchmarked monthly and feedback/graphs provided to staff as part of their quality programme. However, this has been intermittent over the last few months (link 5.4.4).</p> <p>The infection control policy states “the IC coordinator reports to the clinical care committee and the quality management committee at their regular bimonthly meetings. Infection trends and audit results are reported to the Home of Compassion Board in the bimonthly quality reports”. However, with the IC coordinator and other management leaving in 2022, formal reporting has ceased. The new management team have re-established IC reporting in January 2023 and described reporting to the CEO.</p> <p>There is a pandemic plan and outbreak management plan which have both been implemented during Covid outbreaks in 2022.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>There is currently no IC coordinator overseeing implementation of the IC programme. Advised that a senior registered nurse will commence in the role as IPC coordinator next week. There is a job description available. The registered nurse has previous experience as an IPC coordinator at Te Whatu Ora and has completed external training around infection control.</p> <p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, staff vaccination policy, usage of personal protective equipment, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies have been updated in 2022 and</p>

		<p>reflect the spirit of Te Tiriti. The organisation has approved the infection control programme.</p> <p>There is a pandemic plan in place. Support and physical and learning resources are made available through Te Whatu Ora when required. PPE is available and a comprehensive stock balance is maintained to support any outbreak.</p> <p>Training is part of induction and ongoing training is led by the educator and/or IPC coordinator (link 3.4.4). The clinical care committee included input into clinical procedures. Staff provide feedback on new and updated policies/procedures.</p> <p>Policies include single use items. Cleaning procedures are in place around sharing medical devices such as stethoscopes.</p> <p>The service is working towards incorporating te reo information around infection control for Māori residents. Staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti.</p> <p>The managers interviewed described IC input into environmental upgrades to the facility.</p> <p>The prospective purchaser will implement the Heritage IP and AMS programmes at St Joseph's.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is documented in a suite of policies. The AMS programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data was being monitored and analysed for trends, monthly, quarterly, and annually; however, data has been intermittently gathered over the last three months and monthly summary reports were last fully completed in July 2022. Infection control surveillance is discussed at staff and quality meetings (link 2.2.2). The service was incorporating ethnicity data into surveillance methods and data from Jan- July 2022; however, has not been collected over the last six months.</p> <p>Internal benchmarking was being completed by the infection control coordinator monthly and benchmarked internally across three months (link 2.2.4). Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>A review of resident records include communication and reporting of infections and treatment.</p> <p>There have been no outbreaks since their last audit in November 2022.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>PA Low</p>	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>There are designated laundry and cleaning staff seven days a week. All linen and personal clothing is laundered on site. The laundry operates from 7 am to 2 pm daily. There are two doors – one entering the dirty side and the other on the clean side of the laundry.</p> <p>There are housekeepers in each wing seven days a week. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing</p>



<p>transmission of antimicrobialresistant organisms.</p>		<p>unit.</p> <p>Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical provider monitors the effectiveness of chemicals and laundry procedures. The clinical manager and/or IPC is involved in cleaning and laundry audits, last completed August 2022.</p> <p>There are sluice rooms in each area. Each sluice room has separate handwashing facilities, a sanitiser, and adequate bench space. One sluice room had no soap in the soap dispenser during the day of audit. While infection control is an induction and education topic, there were staff observed during audit to not fully demonstrate good infection prevention practices.</p> <p>All household staff and care staff attend chemical training as part of their orientation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Moderate</p>	<p>The service has a documented restraint policy. The policy has not been updated to reflect the Ngā Paerewa Health and Disability Standard 2021. The most recent strategic plan also does not include this commitment.</p> <p>The service does not currently have a designated restraint coordinator and the process is overseen by the relieving clinical manager. The relieving clinical manager evidenced a high level of knowledge around the residents with restraint; however, there was no documented formal review of the restraint log or evidence of formal reporting to the governance body.</p> <p>There were three residents using restraints at the time of audit. All were lap belts when seated to keep them safe from falling. A sample of records confirmed that alternatives have been explored and that the restraint intervention was a last resort.</p> <p>Staff interviewed demonstrated understanding about restraint procedures, risks when using restraint and monitoring requirements, but formal education could not be evidenced.</p>

<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The service has three hospital level residents listed on the register using lap belts for safety. Two files reviewed, evidenced the restraint assessment addresses alternatives to restraint use before restraint is initiated (including falls prevention strategies and managing behaviours). Restraint is used as a last resort. Written consent was obtained by the resident or resident's EPOA.</p> <p>Monitoring forms are completed for each resident using restraint and considers their individual values and beliefs. Residents with restraint are monitored two-hourly when in use and this was consistently recorded. Timeframes for monitoring are determined based on the risks of the restraint being used. No accidents or incidents have occurred because of restraint use. Whānau/enduring power of attorneys (EPOA's) were involved in decision making.</p> <p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs for all restraint in use. This was confirmed in the resident files and restraint monitoring records. Documents showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>There has been no emergency restraint used. All restraint is planned, assessed, and approved.</p> <p>The formal and documented review of restraint use takes place six-monthly.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>PA Low</p>	<p>A comprehensive assessment, approval, monitoring process, with regular reviews occurs at an individual level for all restraint in use. This was confirmed through the review of a sample of resident files and restraint monitoring records. Documents showed family/whānau involvement. Access to advocacy is facilitated but has not been identified as necessary to date.</p> <p>The restraint register is reviewed and updated at least monthly or when restraint activity changes. The register contained only the resident's name and that they had a restraint, but not the type of</p>

		<p>restraint used or frequency (link to 6.1.4).</p> <p>A formal review of the use of restraint within the facility is not currently undertaken or reported to meetings or to service governance. Benchmarking of restraint was being completed prior to August 2022.</p>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Internal audits have been completed as per the internal audit schedule prior to July 2022. These have been intermittently completed following July 2022 due to Covid and staff changes. Clinical indicator data (eg, falls, skin tears, infections, pressure injuries, restraint) is collected with evidence of data shared in bimonthly staff meetings; however, not all quality data has been documented as shared with staff over the last six months.	<p>(i). Internal audits have been intermittently completed since July 2022 due to Covid and staff changes.</p> <p>(ii). Not all quality data collected has been documented as shared with staff over the last six months. (iii). The current management team have recently re-established the quality committee (18 Jan 23); however, the committee had not met since July 2022.</p>	<p>(i). Ensure internet audits are completed as per schedule; (ii). Ensure all quality data is shared with staff; (iii) Ensure meetings are held as per schedule.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and</p>	PA Low	There is an annual education and training schedule. The education and training schedule lists compulsory training, which includes cultural awareness and Treaty of Waitangi	Annual competencies including restraint, hand hygiene/IC, correct use of personal protective equipment, and moving and handling/hoist have not been	Ensure staff competencies are maintained annually as per policy.

<p>development for health care and support workers so that they can provide high-quality safe services.</p>		<p>training. There is a specific educator role, which has recently become vacant. Training was regularly provided prior to May 2022. A half day training session was held October 2022 to catch up on training missed in 2022. The management team are in the process of completing the 2023 training schedule.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for: restraint; hand hygiene/IC; correct use of personal protective equipment; medication administration/1-Chart; and moving and handling. A record of completion is maintained. Competencies reviewed in seven staff files were not up to date. Advised that training records are also kept electronically; however, with the recent cyber-attack these are now not accessible. The current management team are re-establishing a training register to monitor competencies and staff attendance at training.</p>	<p>maintained.</p>	<p>90 days</p>
<p>Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>There is an appraisal policy. All staff who had been employed for over one year are required to have an annual appraisal completed. In the nine files reviewed, annual appraisals were last completed in 2021.</p>	<p>In the nine files reviewed annual appraisals were not completed in 2022.</p>	<p>Ensure appraisals are completed annually as per policy.</p> <p>180 days</p>

<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>	<p>PA Low</p>	<p>There is a secure nurses office in the rest home and dementia unit. The hospital nurse's station is open plan. Resident files are stored in a filing cabinet which is currently not lockable. Resident files were observed to be on the desk and not private.</p>	<p>Resident files are stored in a filing cabinet which is currently not lockable. Resident files were observed to be on the desk and not private.</p>	<p>Ensure privacy of resident information.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are a range of policies and procedures available to staff to ensure safe practices are adhered to around medication management. Staff interviewed (who administer medications) were knowledgeable around safe practices and this was observed during the audit. Temperatures of the medication fridges and rooms were recorded; however, the room temperatures sighted were not in line with recommended guidelines. Overall, all regular and 'as required' medications were prescribed appropriately and reviewed at least three-monthly; however, oxygen had not been prescribed for a resident who was using oxygen. This was rectified on the day of the audit. A review of the controlled drug register evidenced staff were administering and signing controlled drugs appropriately and six-monthly quantity stock checks were completed. However, weekly controlled drugs had not been consistently completed.</p>	<p>i). Medication room temperatures exceeded the recommended temperature of 25 degrees.</p> <p>ii). Oxygen had not been prescribed for a resident using oxygen on return from hospital.</p> <p>ii). Weekly controlled drug checks had not been consistently completed with a gap of up to 14 days.</p>	<p>i). Ensure medication rooms are maintained at temperatures of less than 25 degrees Celsius.</p> <p>ii). Ensure oxygen is appropriately prescribed for residents requiring oxygen.</p> <p>iii). Ensure weekly controlled drug checks are completed on a weekly basis.</p> <p>60 days</p>

<p>Criterion 5.2.1</p> <p>There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:</p> <ul style="list-style-type: none"> <li>(a) Be responsible for overseeing and coordinating implementation of the IP programme;</li> <li>(b) Have clearly defined responsibility for IP decision making;</li> <li>(c) Have documented reporting lines to the governance body or senior management;</li> <li>(d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;</li> <li>(e) Receive continuing education in IP and AMS;</li> <li>(f) Have access to shared clinical records and diagnostic results of people.</li> </ul>	<p>PA Low</p>	<p>There is currently no IC coordinator overseeing implementation of the IC programme. Advised that a senior registered nurse will commence in the role as IPC coordinator next week. There is a job description available. The registered nurse has previous experience as an IPC coordinator at Te Whatu Ora and has completed external training around infection control.</p>	<p>There is currently no IC coordinator overseeing implementation of the IC programme.</p>	<p>Ensure there is an IC coordinator in the role.</p> <p>90 days</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body</p>	<p>PA Low</p>	<p>Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data was being monitored and analysed for trends, monthly, quarterly, and annually; however, data has been intermittently gathered over the last</p>	<p>Infection surveillance data has intermittently been gathered on the monthly infection summary report the last three months. Accurate infection data has not been analysed and provided to staff or to governance.</p>	<p>Ensure surveillance of infections is fully implemented and reported.</p> <p>90 days</p>

and shared with relevant people in a timely manner.		three months.		
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	PA Low	<p>There were sluice rooms in each area. One sluice room had no soap in the soap dispenser during the day of audit. While infection control is an induction and education topic, there were staff observed during audit to not fully demonstrate good infection prevention practices.</p>	<p>(i) .Dirty linen buckets used by staff to carry dirty linen from resident rooms to laundry trolleys were also seen to be used to transport clean linen. It was not evident that these buckets were being cleaned between residents. (ii). The clean linen trolley in the hallways also were observed on two occasions to have dirty linen and used continence products sitting on the top of clean linen. (iii) One sluice room had an empty soap dispenser at the hand basin throughout the day of audit which was never re-filled.</p>	<p>(i). &amp; ii). Ensure safe management of dirty and clean linen and products to prevent contamination. (iii). Ensure there is adequate soap for handwashing at handbasins all times.</p> <p>60 days</p>
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall</p>	PA Low	<p>The service has a documented restraint policy. The policy is due for review March 2023. This policy continues to document the use of enablers and does not include a commitment to eliminating and/or minimising the use of restraint or improving health outcomes for Māori.</p>	<p>The policy has not been updated to reflect the Ngā Paerewa Health and Disability Standard 2021 and does not include a commitment to restraint elimination/ minimisation or reducing inequity and improving outcomes for Māori.</p>	<p>Ensure the restraint policy is reviewed and updated to reflect the Ngā Paerewa Health and Disability Standard 2021.</p> <p>60 days</p>



<p>inform the delivery of services to avoid the use of restraint;  (b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;  (c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>				
<p>Criterion 6.1.6  Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.</p>	<p>PA  Moderate</p>	<p>Discussion with staff evidenced that both RNs and caregivers understand their responsibilities with regard to all aspects of restraint, including de-escalation, interventions and cultural aspects of care. Annual competencies for staff were last documented as taking place in 2019 and 2021. There was no documented recent evidence of training for staff around restraint use and de-escalation training.</p>	<p>The service was unable to evidence recent restraint minimisation training, as per the training plan for staff.</p>	<p>Ensure staff receive education around restraint use and managing behaviours that challenge.</p> <p>90 days</p>
<p>Criterion 6.3.1  Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:  (a) That a human rights-based</p>	<p>PA Low</p>	<p>The service currently has three residents who use restraint (all lap belts). Each resident has a comprehensive assessment, consent, care interventions and evaluation. Restraint monitoring was very well documented. However, there was not</p>	<p>The service does not complete comprehensive reviews at least six-monthly of all restraint practices used by the service that considers those listed (a)- (m) in this criterion.</p>	<p>Ensure that a documented comprehensive review is completed of restraint-use at least six-monthly that considers those listed (a)- (m) in this</p>

<p>approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and</p>		<p>a documented review including the criteria A to M.</p>		<p>criterion.</p> <p>90 days</p>
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analysing learnings from each event); (l) Service provider initiatives and approaches support a restraint-free environment; (m) The outcome of the review is reported to the governance body.				
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.