

# Ryman Healthcare Limited - Margaret Stoddart Retirement Village

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## Introduction

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

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

**Legal entity:** Ryman Healthcare Limited

**Premises audited:** Margaret Stoddart Retirement Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 8 November 2022      End date: 9 November 2022

**Proposed changes to current services (if any):** Room 41 has been permanently converted to a communication and information technology room. The total number of beds has decreased to from 66 beds to 65.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

| Indicator                                                                           | Description                                                                                                                         | Definition                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|   | Includes commendable elements above the required levels of performance                                                              | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls                                                                                                                      | Subsections applicable to this service fully attained                                    |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk           |

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

## General overview of the audit

Margaret Stoddard is a Ryman healthcare retirement village. They are certified to provide rest home level care for up to 45 residents in the care centre and up to 20 residents in the serviced apartments. On the day of the audit there were 44 residents, including nine residents receiving rest home level of care in the serviced apartments. One room has been decommissioned and is now used as an information technology room. Overall certified bed numbers have decreased from 66 beds to 65 beds.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora - Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and the general practitioner.

The service is managed by an interim village manager who is supported by an experienced clinical manager. The service continues to make environmental improvements, room refurbishments and recently installed a new call bell system. Residents and family/whānau spoke positively about the care provided.

There are quality systems and processes implemented. There is a stable team of experienced caregivers and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed.

An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

This surveillance audit has met the intent of the sub-section of the relevant standard.

## Ō tatou motika | Our rights

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

Ryman Margaret Stoddart provides an environment that supports resident rights and reflects culturally safe care. There is a Māori health plan. Tiriti O Waitangi is incorporated across policies and procedures and into delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining qualified Māori staff. The service has strengthened the capacity for recognition of Māori mana motuhake and this is reflected in the business plan. The service is working towards partnering with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service are fully attained.

The business plan reflects a holistic model to service delivery and ensures wellbeing outcomes for Māori and tāngata whaikaha are achieved. The executive team, village manager and clinical manager are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.

There is a policy to ensure safe staffing levels. Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff.

An education and training plan is implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service are fully attained.

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the resident group. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. Cultural, traditional, and religious appreciating related to food and food practices are respected.

Transfer, exit, and discharges occur in a coordinated manner.

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

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| Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service are fully attained. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|

The building has a current warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

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 executive and Board level.

The infection control coordinator is a registered nurse. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources, including Te Whatu Ora- Waitaha Canterbury resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal and external benchmarking occurs.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service are fully attained.

The restraint coordinator is the clinical manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|----------------------------------------------------|--------------------------------------|------------------------------------------------|----------------------------------------|------------------------------------------------|
| Subsection        | 0                           | 21                  | 0                                                  | 0                                    | 0                                              | 0                                      | 0                                              |
| Criteria          | 0                           | 54                  | 0                                                  | 0                                    | 0                                              | 0                                      | 0                                              |

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <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>Ryman Healthcare recognises the importance of tāngata Māori and the possibility of unspoken and unconscious fears that can occur in kaumātua and their whānau. The Hauora Māori Plan Partnership &amp; Te Tiriti O Waitangi Policy is documented to guide practice and service provided to kaumātua residing at Margaret Stoddart Retirement Village.</p> <p>There are currently a number of residents who identify as Māori. The service is linked with Kaumatua Kaitautoko at Te Whatu Ora- Health NZ Waitaha Canterbury. This is an established relationship. The appointment of the Taha Māori navigator recognises the importance Ryman place on Tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The operations quality manager stated that Ryman supports increasing Māori capacity within the workforce and will be employing more Māori staff members when they do apply, through equal opportunities at Margaret Stoddart. Ryman evidences their commitment to ensure equal employment opportunities for Māori in</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | <p>their business plan.</p> <p>At the time of the audit, there were no Māori staff.</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> | Not Applicable | <p>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific health plan. The operations quality manager described how they would encourage and support any staff that identified as Pasifika through the employment process. At the time of the audit, there were no staff who identified as Pasifika. The clinical manager (CM) interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected.</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>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Five residents and two family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The service strengthens the capacity for recognition of Māori mana motuhake through shared decision making, involvement in care planning and resident focussed goals. This was evidenced through a specific Māori health care plan utilised for residents who identify as Māori.</p> <p>Two managers (operations quality manager [OQM] and clinical manager [CM]) and eight staff interviewed (five caregivers [including service apartment coordinator], one registered nurse [RN], one activities and lifestyle coordinator [DT] and one chef) described their understanding how residents' rights translate into all areas of service delivery. The interim village manager was not on site and could not</p> |

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|                                                                                                                                                                                                                                                                                                                                                                  |    | be interviewed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <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>        | FA | <p>Staff were observed to use person-centred and respectful language with residents.</p> <p>The service responds to Tāngata Whaikaha needs and enables opportunities to participate in te ao Māori. Matariki and Māori language week are celebrated throughout the village. The service promotes care and support that is holistic and collective in nature through educating staff about te ao Māori, Te Tiriti o Waitangi and discussion with Tāngata Whaikaha, when planning or changing services.</p> <p>Caregivers interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents and relatives interviewed were positive about the service in relation to their own decision making and choice.</p> <p>Residents' values, beliefs and identity are captured in initial assessments. The assessments include resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed.</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> | FA | <p>The Abuse and Neglect of the Elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. During interviews with care staff, a culture of teamwork and inclusiveness was identified.</p> <p>Staff are encouraged to address issues of racism and bias; however, if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Relatives interviewed confirmed that the care provided to their family members is good.</p>                                                                                                                                                                                                                                                                                                                                                                                                           |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | The service's electronic care plan reflects a holistic model of care that reflects all aspects of wellbeing and integrates achievable goals as and when healthcare needs change, for all residents, including Māori. The service provides education on cultural safety and explores opportunities to improve outcomes for Māori.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided 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> | FA | <p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. The service follows relevant best practice tikanga guidelines to ensure cultural safe care. The registered nurse and CM have a good understanding of the organisational process to ensure Māori residents and their family/whānau are involved for collective decision making. Support services to Māori are available. Residents stated they were involved in decisions related to which aged care provider they choose to live at.</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>                                                                                                                                                                                                                                                           | FA | <p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process and forms are visible, and available in te reo Māori, Korean and English to reflect the cultural diversity of the residents.</p> <p>A complaints register is being maintained. Four complaints were lodged in 2021 and two have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <p>guidelines set by the Health and Disability Commissioner. All complaints are documented as resolved and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the registered nurses, or the management team.</p> <p>The CM interviewed stated the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Margaret Stoddard is a Ryman Healthcare retirement village. They are certified to provide rest home level care for up to 45 residents in the care centre and up to 20 residents in the serviced apartments. On the day of the audit there were a total of 44 residents; 35 residents were in the care centre and 9 residents were in the serviced apartments receiving rest home level care. One resident was on respite care and all other residents were under the age-related residential care (ARRC) contract.</p> <p>The current village manager role has been vacant for the last six weeks. The interim village manager (non-clinical) was undertaking the manager role at the time of report. Recruitment to the permanent role is in process. The interim village manager is supported by an experienced clinical manager who has been in the role since 2019.</p> <p>Ryman’s strategic direction aligns with improving outcomes and equity for tāngata whaikaha, through regular feedback from residents and family meetings and an annual satisfaction survey. The Ryman business plan is based around Ryman characteristics including (but not limited to) excellence, team, and communication. These characteristics are built into the village’s objectives and business plan.</p> <p>The organisation has recently employed a Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor who have been working in partnership with Māori. The role of these staff is to ensure</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <p>policy and procedures within the villages and the company represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and the Board to ensure these can be addressed. The cultural navigator ensures the Board are culturally competent; this includes ensuring meaningful representation at management level and assist in adapting systems to support Māori residents and employees and tāngata whaikaha.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Ryman Margaret Stoddart is implementing a quality and risk management programme as part of the business plan. Quality goals for 2022 are documented. The quality and risk management systems include a risk-based approach and performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly teamRyman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Opportunities to minimise future risks are identified by the clinical manager and registered nurses. Benchmarking occurs on a national level against other Ryman facilities and other aged care provider groups.</p> <p>Staff undertake a wide range of culturally diverse training (including cultural sensitivity), with resources made available on the intranet to</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | <p>ensure a high-quality service is provided for Māori and residents with diverse ethnicities. Policies are regularly reviewed by Ryman Christchurch.</p> <p>The 2022 resident satisfaction surveys completed in February 2022 demonstrated an overall satisfaction of 4.23/5.0 with service delivery. Corrective actions were implemented to improve the areas of concern.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. The health and safety committee meet monthly and is representative of the facility. There are procedures to guide staff in managing clinical and non-clinical emergencies. New policies or changes to a policy are communicated to staff.</p> <p>Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities is then provided to the Governance body.</p> <p>Discussions with CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT since the last audit, related to police involvement. There have been three Covid-19 exposure events in March, May, and June 2022 and these were appropriately notified to Public Health.</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.<br/>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.<br/>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | FA | <p>There is a staffing and rostering policy and procedure policy in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family members interviewed reported that there are adequate staff numbers. There is a full complement of RNs and the service is actively recruiting for housekeepers.</p> <p>The interim village manager (non-clinical) works Monday – Friday. The clinical manager works Sunday to Thursday and a second RN will work the two days that the CM is off.</p> <p>The clinical manager is on call after hours for all clinical matters. The</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|  | <p>maintenance lead is available for maintenance and property related calls.</p> <p>The rest home and service apartments are all located on one level, the lay out is non-complex and all the residents can easily be managed under one roster. The rosters reviewed evidence that the service provides appropriate staffing numbers to meet the care needs of the residents. There are housekeepers, cleaning and laundry staff rostered seven days a week. There are separate maintenance and gardeners rostered.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record. Educational courses offered that includes in-services, competency questionnaires, online learning, and external professional development. Staff complete cultural safety on the e-learning platform and provide the learning opportunity to learn about Māori health outcomes, disparities, and health equity trends. The administrator ensures the attendance and content of the sessions are filed. The administrator interviewed stated the training module has a cultural competency questionnaire. The cultural safety training equipped staff to provide high quality care for Māori.</p> <p>All senior caregivers and registered nurses have current medication competencies. There is at least one person on each shift with a current first aid certificate. There is a range of competencies specific to the employee's role. All competencies had been completed for 2021/2022. Three of four RNs completed interRAI training.</p> <p>The majority of the staff have been employed for over ten years. Caregivers are encouraged to gain qualifications with the New Zealand Qualification Authority (NZQA). Currently there are three caregivers and the activities and lifestyle coordinator with Health and Wellbeing level 4, fifteen with level 3 equivalent, and four with level 2.</p> <p>Registered nurses are supported to maintain their professional competency. RNs attend regular journal club meetings.</p> <p>Existing staff support systems include peer support, wellbeing month, ChattR online communication application and provision of education, promotes health care and staff wellbeing. Staff</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | interviewed report a positive work environment. The staff survey for 2022 evidence staff satisfaction related to approachable management, positive work environment and great teamwork.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Subsection 2.4: Health care and support workers</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>                                                          | FA | <p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. The administrator monitors completion of the orientation programme on the online platform.</p> <p>Five staff files reviewed (two caregivers, clinical manager, one RN, chef) included evidence of completed orientation, training and competencies and professional qualifications on file where required. The service collects staff ethnicity information as part of the employment process.</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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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</p> | FA | <p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Exclusions from the service are included in the admission agreement.</p> <p>Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager (interviewed) described how the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would be if there were no beds available, the potential resident did not meet the admission criteria, or the service is managing bed numbers in order to maintain safe staffing ratios. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects</p>                                                                                                                                                                                                                                  |

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| <p>communicated to the person and whānau.</p>                                                                                                                                                                                                                                                                                                                                                                                                            |           | <p>ethnicity information at the time of admission from individual residents; however, they do not currently perform routine analysis of same for the purposes of identifying entry and decline rates for Māori. This is a work in progress.</p> <p>The service has established relationships with Kaumatua Kaitautoko at Te Whatu Ora Waitaha and developed meaningful partnerships with Māori communities through this established link. This relationship benefits Māori individuals and whānau. The facility receives all referrals for Māori residents from Kaumatua Kaitautoko at Te Whatu Ora Waitaha. Kaumatua Kaitautoko at Te Whatu Ora Waitaha assist with access to Māori health practitioners, traditional Māori healers, and organisations to benefit their Māori individuals and whānau.</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>Five resident files were reviewed including one on respite care.</p> <p>Registered nurses (RN) are responsible for conducting all assessments and developing the care plans.</p> <p>All outcomes and scores of the reassessments are addressed and incorporated in the care plans.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and review of long-term care plans; this was documented in a form to acknowledge their input and in the progress notes. Care plans are holistic in nature and reflect a person-centred care plan that give tāngata whaikaha and other residents choice and control over their supports.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. This was evident in the respite resident's file. Assessments on the myRyman electronic care planning system form the basis of the care plans as well as the initial interRAI assessment. All resident files (except the resident on respite) had initial interRAI assessments completed in a timely manner. Initial Ryman assessments, interRAI assessment, re-assessments and care plans are completed within the required timeframes.</p> |

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|  | <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations document progression towards the goals. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment with cultural goals has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others assist with the development of the long-term care plans. The service supports Māori and whānau to identify their own pae ora outcomes through involvement into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family members are invited to attend the MDT case conference meeting.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly.</p> <p>The GP was interviewed and complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist that visits when required.</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 sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds 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. When a resident's condition alters, an RN initiates a</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | <p>review with the GP. Family had been notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for three residents with current wounds. Input from the wound nurse specialist is accessible when required. Pressure injury prevention strategies are implemented.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries.</p> <p>Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan.</p> <p>There were residents who currently identify as Māori, and they had appropriate cultural supports and interventions detailed in their electronic care plans.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>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> | FA | <p>The service employs two activity and lifestyle coordinators who lead and facilitate the activity programme for the rest home and serviced apartments Monday to Friday. There are activity resources available for residents and family/whānau to use over weekends.</p> <p>The monthly activities calendar reflects activities for a culturally diverse group of residents and includes celebratory themes and events, Māori language week and Matariki. The activities calendar is posted on noticeboards throughout the facility. Daily activities are displayed on a whiteboard and residents are also advised verbally of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <p>the activities available that day. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. The service facilitates opportunities to participate in te ao Māori through the use of Māori language flash cards, culturally focussed music, making of poi and flax weaving. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There is a Māori chaplain that visits the Māori residents and performs blessings and karakia.</p> <p>The service engages and maintain links with the local community, including volunteers, entertainers, and visitors. Various church services are held through the month. Residents can give feedback on the activities at the bi-monthly residents' meetings.</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>FA</p> | <p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication cupboards in the lockable nurses' station and two lockable medication trolleys. The medication fridge and room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication</p> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | <p>charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were four self-medicating residents at the time of the audit and assessments were documented. There is a documented process to ensure the resident takes the medication as scheduled. There are no standing orders.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with the Māori residents and whānau 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>                                                                                                                                                    | FA | <p>The food is prepared and cooked on site. The kitchen is situated within the care centre and a chef oversees the food service. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses. The food control plan is in place and expires 9 May 2023.</p> <p>The kitchen manager interviewed stated they implement menu options for their Māori residents and also consult with residents on the food. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</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</p> | FA | <p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whanau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and includes resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p>                                                                                                                                                                                                                          |

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| <p>coordinate a supported transition of care or support.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The buildings, plant, and equipment are fit for purpose at Ryman Margaret Stoddart, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 July 2023. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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 27 October 2000 (sighted). A fire evacuation drill is repeated six-monthly and last completed in October 2022, in accordance with the facility's building warrant of fitness requirements. There is a current fire register which list the assistance required for each resident in an event of an evacuation.</p> <p>The building is secure after hours, staff complete security checks at night and this is recorded in the handover book. The front door automatically closes, and visitors can press a bell. There is a security company that complete security checks twice at night.</p> <p>Staff are identifiable and wear name badges. All visitors and contractors must sign in and complete health declarations.</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.</p>                                                                                                                                                                                                                                                                                                                                                                             | <p>FA</p> | <p>A registered nurse (clinical manager) is the designated infection control (IC) coordinator. The Bug Control Infection Control manual is used as reference for best practice around infection control. Policies are available and accessible to staff.</p> <p>The service has a pandemic plan which includes preparation and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| <p>Communication about the programme is easy to access and navigate and messages are clear and relevant.<br/>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>planning for the management of lockdown, business contingency plan, screening, transfers into the facility and management of positive tests. Staff have access to an online resource on the intranet called SharePoint, with clinical pathways for different responses and communication related to stages of an outbreak. During Covid-19 lockdown, there was regular contact with Te Whatu Ora- Health NZ Waitaha Canterbury portfolio manager and Ryman clinical advisors.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. The service is planning to provide educational resources in te reo and acknowledge the spirit of Te Tiriti. The service is considering how they can encourage and incorporate Māori participation in infection prevention, in order to provide culturally safe practice and acknowledge Te Tiriti o Waitangi.</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.<br/>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br/>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | <p>FA</p> | <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary; however, ethnicity is not yet routinely collected for infections. Infection data is monitored and analysed for trends, monthly, six-monthly and annually. Infection control surveillance is discussed at infection control, management, and full facility meetings. 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. The service receives regular notifications and alerts from Te Whatu Ora Health NZ Waitaha Canterbury for any community concerns.</p> <p>There had been Covid-19 exposure outbreaks reported between March and June 2022. All were appropriately managed with Te Whatu Ora Waitaha Canterbury and Public Health was appropriately notified. Outbreak logs were completed and the service incorporated ethnicity data into the Protection Team, Community and Public</p> |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | Health Outbreak Case List at the time of the outbreaks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <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> | FA | <p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing with least restrictive practices. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. At the time of the audit, the facility was restraint free.</p> <p>The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the clinical manager described the organisation's commitment to continue to be restraint free. The reporting process to the governance body includes data gathered and analysed monthly, that supports the ongoing safety of residents and staff. A restraint-free committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs. A review of the restraint documentation available for residents should they require restraint, includes processes, resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (if competent), GP, clinical manager, registered nurse and family/whānau approval.</p> |

## Specific results for criterion where corrective actions are required

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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.

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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.