

Claud Switzer Memorial Trust Board - Switzer Residential Care

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: Claud Switzer Memorial Trust Board

Premises audited: Switzer Residential Care

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 27 April 2023 End date: 28 April 2023

Proposed changes to current services (if any): This audit included verifying the service as suitable to provide residential disability – physical services as they have eight residents under younger people with a disability contracts. On interview the Chief Executive Officer reported they are in the process of applying for residential disability – physical services certification.

Total beds occupied across all premises included in the audit on the first day of the audit: 87



Executive summary of the audit

Introduction

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

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

General overview of the audit

Switzer Residential Care is an independent facility, governed by a Trust. The facility provides rest home, hospital, and dementia level care for up to 92 residents. At the time of the audit there were 87 residents in total.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – Te Tai Tokerau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

The chief executive officer who is a registered nurse has been in the role for three years and is supported by a clinical nurse lead, registered nurses, experienced healthcare assistants and experienced administration staff. The chief executive officer is supported by a Board of three Trustees. The residents and relatives interviewed spoke very positively about the care and support provided.

This audit included verifying the service as suitable to provide residential disability – physical services, as they have residents under the younger people with a disability contract.

The service has addressed the previous certification audit findings relating to performance appraisals, and interRAI assessment timeframes. An ongoing shortfall remains around medication management.

This audit identified areas requiring improvement around registered nurse shortages, care plan interventions, and neurological observations documentation.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Switzer Residential Care provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. 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.		Some subsections applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the operational and clinical objectives which are reviewed on a regular basis. Switzer Residential Care has a well-established quality and risk management system that is directed by the chief executive officer with support from the Board members. Quality and risk performance is reported across staff meetings and to the Board. Switzer Residential Care provides clinical indicator data for the

three services levels being provided (rest home, hospital, and dementia level care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has 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 aligned with contractual requirements and included skill mixes.

Ngā huarahi ki te orange | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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. Resident files included medical notes by the contracted general practitioners and 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 practitioners.

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 consumer group.

Food preferences and dietary requirements of residents are identified at admission and the kitchen staff provided meals that support cultural values and beliefs. There are nutritious snacks available 24 hours per day.

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

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 fully attained.
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The building holds a current warrant of fitness. The dementia unit is secure and provides for a safe and appropriate environment. There is a maintenance programme in place that includes monitoring of hot water temperatures, calibration of medical equipment, and tagging and testing of electrical and equipment.

There is an approved evacuation scheme. Staff complete six-monthly fire drills. Security checks are performed at night.

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 fully attained.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon and discussed with staff. The

service has robust pandemic and Covid-19 response plans in place and the service has access to personal protective equipment supplies. There have been three Covid-19 outbreaks since the previous audit, and these have been well documented.

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 fully attained.

There are policies documented around restraint. At the time of the audit, the facility had residents with restraints. The restraint coordinator is the clinical nurse lead. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

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	2	1	0	0
Criteria	0	60	0	3	1	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>	FA	<p>The chief executive officer (CEO) confirmed that the service supports a Māori workforce, with a proportion of staff identifying as Māori (or having whānau connections) at the time of the audit. The facility has a key relationship and support with a local iwi representative from Te Runanga o Te Rarawa. Any barriers identified are communicated by the CEO to the iwi representative and reported to the Board to ensure these can be addressed.</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</p>	FA	<p>The service partners with Pacific organisations to provide guidance. The Pacific health plan is implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with seven relatives (two rest home, three hospital and two dementia), and nine residents (five rest home and four hospital).</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>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with staff (three healthcare assistants, three registered nurses (including the acting clinical lead), one diversional therapist, and the CEO who is a registered nurse) confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation 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</p>	FA	<p>Staff policies on conduct is discussed during the new employee's induction to the service and through annual training. The policies and training address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents</p>

<p>safe and protected from abuse.</p>		<p>including Māori, as evidenced in care planning, policies, the Māori health plan, and the Pacific health plans. At the time of the audit, there were residents who identified as Māori or Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.</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 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>FA</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 relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The CEO, acting clinical nurse lead, registered nurses (RN) and healthcare assistants (HCA), interviewed were knowledgeable around tikanga practices in relation to consent.</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>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The CEO maintains a record of all complaints, both verbal and written in a complaints' register. There have been no internal complaints in 2022 and two internal complaints received in 2023. Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved by the CEO and closed. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information on the complaints process.</p> <p>There have been two complaints received from the Health and Disability Commissioner; one received on January 2021 and closed by HDC in May 2022, and one in December 2022 which was closed</p>

		<p>by HDC and transferred to HealthCERT. The HDC complaint referred to HealthCERT was around human resource issues and training issues. This audit found the areas in the complaint have been addressed by the facility. The facility answered all HDC requests for information. The Ministry of Health requested follow up against aspects of these complaints. There were no identified issues in relation to these complaints.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meetings which are held annually. Interviews with the CEO confirmed their understanding of the complaints process.</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>Switzer Residential Care provides care for up to 92 residents at rest home, hospital, and dementia level care. On the day of audit there were 87 residents in total.</p> <p>The facility has 21 dual purpose beds (including one double room), 25 rest home beds, 30 hospital beds and 15 dementia beds. On the day of audit there were 13 residents in the dementia unit, 26 rest home level residents, including one young physically disability (YPD), and 39 hospital residents, including seven YPD residents and one under ACC. All other residents were on the age-related residential care contract (ARRC).</p> <p>This audit included verifying the service as suitable to provide residential disability – physical services as they have eight residents under younger people with a disability contracts. On interview, the CEO reported they are in the process of applying for residential disability – physical services certification.</p> <p>Switzer Residential Care is an independent facility operated by a charitable Trust. There are three Board Trustees from the local community, including one general practitioner. The Trust also has a local community advisory group that the Board consults with. The Board has a Māori advisor who is a member of the Switzer Trust committee advisory group and they are a member of the local iwi. The</p>

		<p>advisor trains Board members in cultural safe practices and supports them on health equity implementation. The CEO reports to the Board. The facility has a key relationship with a local iwi representative from Te Runanga o Te Rarawa who advises on policy development to ensure policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The CEO reports on any barriers to the Board and consults with the local iwi representative to ensure these can be addressed. The clinical nurse lead, and registered nurses work in consultation with resident and whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The CEO developed the business plan with the Board. The plan includes operational and clinical objectives. Progress on goal achievement is assessed monthly by the CEO and Board.</p> <p>The CEO has been in the role for three years. They are supported by a clinical nurse lead (who was not present at the audit), a non-clinical facility manager, a business manager, and registered nurses. There is a stable team of healthcare assistants and administration staff. The CEO reports a turnover of registered nurses.</p> <p>The CEO and clinical nurse lead have attended training over eight hours over the past year appropriate to their 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>FA</p>	<p>Switzer Residential Care is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the CEO and the Board. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the CEO and the clinical nurse lead. Results are shared in three-monthly staff meetings and with the Board. Staff meetings 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</p>

	<p>address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident satisfaction surveys completed in May 2022 demonstrate high satisfaction levels with care.</p> <p>All resident incidents and accidents are recorded, and data is collated. Twelve accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse lead.</p> <p>There are 11 health and safety representatives in the facility. The health and safety /quality coordinator is the lead health and safety representative. There is a health and safety committee. Health and safety is discussed at all staff meetings. There is a hazard register that is reviewed three-monthly.</p> <p>Discussions with the CEO evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. In 2022, there were 20 Section 31 notifications submitted. Seventeen for RN shortages, one resident death following a fall with police attendance which was not submitted to the coroner (no facility contributing factors), and one involving resident's behaviour. In 2023 there have been three Section 31 notifications submitted, two for RN shortages and one stage III pressure injury. There has been three Covid-19 outbreaks in March and November 2022 and in April 2023, which have been notified appropriately to Public Health authorities.</p> <p>The CEO ensures policy and procedure within the care home that represents Te Tiriti partnership and equality are implemented. Staff have cultural training that aligns with the Māori Health plan to ensure delivery of high-quality health care for Māori.</p> <p>The facility has recently contracted an external benchmarking agency. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to</p>
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		initiate quality corrective actions. Results are used to improve health outcomes.
<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.</p> <p>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.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility covers rest home, hospital, and dementia levels of care. The CEO and the clinical nurse lead work full time from Monday to Friday. The CEO is available for non-clinical calls. The clinical nurse lead covers on call 24/7. The facility also uses a 24/7 on call virtual GP service.</p> <p>There are currently nine RNs and two enrolled nurses working at the facility. Several RNs have left Switzer Residential Care; therefore, not all night shifts currently have RN cover. Section 31 notifications have been submitted when there has been no RN to cover a shift.</p> <p>The staff roster for 87 residents (39 hospital level care) states weekdays: three RNs on morning shift, two RNs on afternoon shift, and two RNs on nights. At weekends, two RNs plus one enrolled nurse on morning shift, two RNs on afternoon shifts and two RNs at night. The current staffing has a full complement of healthcare assistants (HCA); however, an average of four night shifts a week are not covered by an RN.</p> <p>When this occurs, the facility ensures a senior HCA who is an international qualified RN awaiting competency assessment programme (CAP) completion, covers the RN shift and the GP virtual doctor service is on call. The CEO and clinical nurse lead can also be called.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that the management team provide good support. Residents and family/whānau interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual</p>

		<p>staff member record of training. Educational courses offered include in-services, competencies, and external professional development. Existing staff support systems include promotion of staff wellbeing. All RNs, senior HCAs and activities staff have first aid certificates. All RNs and senior HCAs have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There is a total of nine HCAs working in the dementia unit. Five have completed their dementia standards, three are in progress of completion and one HCA has newly started and in the process of being enrolled. There is a total of 58 HCAs working in the facility. Twenty- seven have level four NZQA, 12 have level three NZQA, and five have level two. The CEO continues to encourage the remaining HCAs to enrol for NZQAs. Staff complete training in communication, including interacting with YPD residents.</p> <p>RNs are supported to maintain their professional competency. There are implemented competencies for RNs and healthcare assistants related to specialised procedures or treatments, including (but not limited to) medication. RNs also undertake syringe driver and wound competencies. At the time of the audit there were nine RNs and two enrolled nurses employed at Switzer Residential Care. Five RNs have completed interRAI training. The facility collates quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible. Staff interviewed report a positive work environment.</p>
<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</p>	<p>FA</p>	<p>Seven staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>position. Information held about staff is kept secure, and confidential. Ethnicity data is identified.</p> <p>The previous audit shortfall (HDSS:2008 # 1.2.7.5) around staff files reviewed did not evidence completion of an annual performance appraisal, has been addressed. All files reviewed in the audit of staff who had been employed more than one year had current performance appraisals. The CEO reviews the list of staff appraisals due to ensure they are completed.</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 communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around admission and declining processes, including required documentation. Ethnicity records are collected and reported for all residents admitted to the service. The CEO and acting clinical nurse leader advised they keep records of how many prospective residents and families/whānau have viewed the service and ethnicity on residents who are declined entry is collected.</p> <p>The service identifies and implements support to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were Māori residents and staff members at the time of audit. Switzer residential care engages with Māori elders in the community in order to continue development of meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Staff who identify as Māori provide support for residents and whānau where 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</p>	<p>PA Low</p>	<p>Six resident files were reviewed: (three rest home, including YPD (intellectual); two at hospital level, including one YPD resident (physical); and one dementia level care)</p> <p>The service has had challenges with general practice (GP) services recently but now has three GP services providing face to face (on site) and virtual clinics for the medical requirements for the residents each week and on-call support. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required.</p>

<p>whānau to support wellbeing.</p>		<p>More frequent GP reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed commented positively on the service, the competence and clinical knowledge of the clinical staff and confirmed appropriate and timely referrals were done.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented in the progress notes. A physiotherapist is available eight hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, Te Whatu Ora- Te Tai Tokerau wound care nurse and hospice are all available as required.</p> <p>Registered nurses are responsible for all resident assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system. Initial care plans are developed with the resident and the residents' enduring power of attorney (EPOA) consent, within the required timeframe. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. Outcomes of the assessments formulate the basis of the long-term care plan. Initial interRAI assessments had been completed within the required timescales of 21 days for resident files reviewed (including residents not in the ARRC contract). InterRAI assessments had been reassessed six-monthly. The previous audit shortfall (HDSS:2008 # 1.3.3.3) around initial interRAI assessments completed within 21days has been addressed.</p> <p>Long-term care plans were developed within 21 days; however, care plans were not always evaluated in a timely manner for residents with significant changes in health status, and not all care plan interventions were documented, such as behaviour management, breast cancer management, diabetes, pain management, pressure injury prevention and management. Cultural assessments are completed for residents, and values, beliefs, and spiritual needs are documented in the care plan. The resident's activity needs are assessed on admission and reviewed six-monthly or sooner as residents needs change. Care plan evaluations reviewed evidenced progression towards meeting goals.</p> <p>Short-term care plans are developed for management of short-term needs, including (but not limited to) infections, falls, wounds, weight management and behaviours. Incident reports were completed for</p>
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		<p>accidents and incidents that occurred. Although incidents were investigated or signed off in a timely manner, one resident had three separate unwitnessed falls from February 2023 to April 2023, where there is no documented evidence of neurological observations being completed.</p> <p>Progress notes and daily forms are maintained on every shift and for all significant events. Healthcare assistants complete monitoring charts, including: observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; blood glucose levels; and toileting regime. Healthcare assistants and RNs described a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery; this was sighted on the day of audit.</p> <p>Family/whānau were notified of changes related to the resident's care, including infections, accidents/incidents, GP visits or reviews, medication changes and any changes to health status. Family/whānau notifications and discussions were evident in the files reviewed. Residents interviewed reported their needs were being met. Staff described being aware and supporting Māori residents and their whānau to identify their own pae ora outcomes in their care and support plan. There were no barriers identified which prevent tāngata whaikaha and whānau accessing information or health services.</p> <p>The wound register is maintained electronically. There were 18 wounds being treated at the time of the audit. These included one pressure injury (stage I). The service has access to foot clinic nurse specialist, wound nurse specialist and GP for advice on wound management, as evidenced in the clinical records. The registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Wound assessments, management plans evaluations and photographs were evident for wounds reviewed. Wound dressings were being changed appropriately in line with the documented management plans. Continence products are available and care plans reflect the required health monitoring interventions for individual residents.</p>
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<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>The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities, signage, artwork displayed on the walls and culturally focused food related activities as applicable. The service actively works with staff to support community initiatives that meet the health needs and aspirations of Māori, including, ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. Themed days such as Waitangi Day, Matariki, ANZAC and Māori language week are celebrated with appropriate resources available. A monthly calendar of activities is available for residents.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service also works with local Māori elders from the community who visit residents, join activities, and share kai with them.</p> <p>Separate van outings are arranged for YPD residents, with activities lined up that are appropriate for their needs, such as speedway races and shopping days to promote independence and choice. Activities accommodate YPD, including internet and Wi-Fi access, one on one activities, and access to appropriate age-related community links.</p> <p>Residents and families/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All medications are stored safely. All registered nurses, enrolled nurses and healthcare assistants who administer medications have been assessed for competency in the last twelve months. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. The previous audit shortfall (HDSS:2008 # 1.3.12.3) around completion of medication administration competencies by healthcare assistants has been addressed; however, the shortfall remains open as two of four medication room temperatures are not monitored. The medication fridge temperatures are monitored daily and were within acceptable ranges.</p>

		<p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and pottles or boxes for short course and 'as required' medications. 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. All medications are checked weekly and signed in the book as received. Eyedrops, creams and sprays have been dated on opening. All over the counter vitamins or alternative therapies in use, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress notes. Records demonstrated that regular medications were administered as prescribed. There was one resident self-administering medications with appropriate competency assessments and processes in place. The service has a medication policy and staff training that facilitates self-medication for YPD if they are able to. No standing orders and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with the Māori whānau to ensure the appropriate support is in place for their relatives, 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>FA</p>	<p>The food service is overseen by an external corporate catering management company but with all cooking undertaken on site and overseen by the lead cook. There is a current food control plan</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>expiring 30 January 2024. The kitchen was observed to be clean and well organised.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The cook advised that they had planned celebrations for Matariki, including choice of Māori foods. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes. The cook interviewed on the day advised that they receive resident dietary profiles and are notified of any dietary changes for residents from the nursing staff. Special diets and likes and dislikes are noted on the kitchen whiteboard and laminated resident cards on the meal trays.</p> <p>Dining areas are large enough to accommodate powered chairs if required.</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>	<p>FA</p>	<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 family/whānau and other service providers to ensure continuity of care.</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</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose throughout the facility and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness</p>

<p>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>expires 30 June 2023. There is a part-time maintenance person employed to address the planned and reactive maintenance programme. Essential contractors such as plumbers and electricians are available as required. All medical and electrical equipment was recently tested and tagged, including ceiling hoists. Hot water temperatures are monitored and managed within the acceptable limits.</p> <p>The service has sufficient space and wide corridors for residents to mobilise safely using mobility aids. Residents' rooms have sufficient room for a powered chair to manoeuvre if required. YPD residents can be placed near each other or together in lounge areas. There is good lighting in hallways and communal areas. External areas and pathways are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares, as outlined in the resident's care plans.</p> <p>The environment is inclusive of people's cultures and supports cultural practice. There are call bells in resident's rooms and communal areas. LCD panels in the hallways and pagers are available for staff to identify where the bells are ringing from and respond timely. Switzer Residential Care is not currently engaged in construction or improvements to the building. On interview, the CEO advised that the service has close engagement with local Māori elders for involvement in any future construction work that may be required.</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. A recent fire evacuation drill has been completed and this is repeated six-monthly in accordance with the facility's building warrant of fitness. Residents' mobility plans document needs of each resident that can be used for emergency evacuation purposes.</p> <p>The dementia unit is secure. All keypads are functional. There is CCTV within the dementia wing communal areas, outdoors and hallways that is functional. There is CCTV in the rest home and</p>

		<p>hospital hallways and communal areas.</p> <p>The building is secure after hours and staff complete security checks at night.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is a comprehensive pandemic plan as part of the infection control programme. The pandemic plan describes responsibilities at each stage of an outbreak with clear communication pathways. The pandemic plan is part of the education provided at orientation and regularly for staff. There are plenty of resources available, including personal protective equipment (PPE) stock, outbreak kits and posters that are checked at regular intervals.</p> <p>Resources reviewed evidence the organisation is incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices related to infection control for Māori. The cultural assessment in the residents' files reviewed evidence cultural considerations related to care is acknowledged. Staff interviewed explain how they obtained information from whānau related to the care for Māori residents in the service.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. The infection prevention and control programme links with the quality programme. There is close liaison with the GPs that advise and provide feedback/information to the service. Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, at monthly clinical and quality meetings and three-monthly staff meetings. The acting clinical nurse lead reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or</p>

		<p>experience a HAI are practiced.</p> <p>The service has commenced capturing ethnicity data in infection control reports. The service receives email notifications and alerts from Te Whatu Ora Te Tai Tokerau for any community concerns.</p> <p>At the time of the audit, there was a Covid-19 outbreak which was being well managed. Outbreak is documented on an outbreak log and reported to Public Health. Families/whānau are kept informed by phone or email. Staff are debriefed on current outbreak during handovers. The service also had two Covid-19 outbreaks in the last twelve months (April 2022 and November 2022). There is a clear communication pathway to notify the CEO and Te Whatu Ora-Te Tai Tokerau portfolio manager.</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>FA</p>	<p>Restraint policy, including acute and emergency restraint policy, confirm 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, and works in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse lead is the restraint coordinator and 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 acting clinical lead (as the clinical nurse lead was not present during the audit), described the organisation's commitment to restraint minimisation and implementation in the facility.</p> <p>On the day of the audit, there were two restraints with bed rail restraints.</p> <p>The reporting process includes restraint data that is gathered and analysed monthly. A review of the files for the residents requiring restraint, included assessment, consent, monitoring, and evaluation.</p> <p>The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval was gained as the resident was unable to consent and any impact on family/whānau is</p>

		<p>also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. The acting clinical lead reported that staff have an excellent understanding of restraint minimisation.</p> <p>The service is currently working towards having a restraint advocate on the restraint committee (family member), as the CEO is in the process of applying for residential disability – physical services certification.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>As per the ARRC contract, an aged care facility providing hospital level care is required to have at least one registered nurse on duty at all times. The service on occasion has been unable to provide a registered nurse on site at times. It was noted that the service has worked to reduce this risk by utilising a virtual on call doctor service process. The service currently employs internationally qualified RN awaiting New Zealand registration to cover the night shifts not covered by an RN. The service has submitted Section 31 notifications when this situation has occurred.</p>	<p>The service currently does not have sufficient numbers of registered nurses to have an RN on duty on some shifts as per the ARRC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARRC contract D17.4 a. i.</p> <p>90 days</p>

		At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p>	PA Low	As per policy, the registered nurse is responsible for assessments and documentation of care plans. All care plans had been developed within expected timeframes. Care plans were holistic and resident centred. Resident (where appropriate), enduring power of attorney and family/whānau were involved in care planning and reflected pae ora outcomes. Cultural and spiritual preferences were documented; however, not all resident care plans provided sufficient resident specific interventions for assessed needs to provide guidance to care staff for delivery of care services.	<p>i). Four of six care plans did not contain sufficient interventions to adequately guide HCAs in the delivery of care related to pain management (non-pharmacological and pharmacological interventions), diabetes (signs and symptoms and what to do for hypo or hyperglycaemia, normal blood glucose range and what to do if the blood sugar is out of range), management of symptom management for a resident with breast cancer (under active treatment according to assessment) and pressure injury prevention and management.</p> <p>ii) Triggers and strategies to manage behaviours for one resident with assessed behaviours of concern were not documented.</p>	<p>i). & ii). Ensure care plan documentation reflects the residents' needs and interventions to provide adequate guidance for caregivers related to pain, challenging behaviours, diabetes and pressure injury prevention and management.</p> <p>90 days</p>

<p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>There are a suite of monitoring charts available for RNs to utilise. Overall, monitoring charts were maintained as per policy. There is a policy for neurological observations being undertaken for unwitnessed falls; however, not all unwitnessed falls reviewed had neurological observations completed according to policy.</p>	<p>One resident had three separate unwitnessed falls from February 2023 to April 2023. There is no documented evidence of neurological observations being completed as per policy.</p>	<p>Ensure all neurological observations following unwitnessed falls, or head injuries are carried out as per policy requirements.</p> <p>90 days</p>

<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are medication policies and procedures documented which are in line with current medication guidelines and legislation. All staff who administer medications are competent to do so. All medications are administered as prescribed. Medications are stored securely; however, medication room temperature are not always monitored and recorded as per policy.</p>	<p>There was no evidence of medication room temperatures for two of four medication room.</p>	<p>Ensure that medication room temperature monitoring is completed. 60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.