

Lister Home Incorporated - Lister Home

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: Lister Home Incorporated

Premises audited: Lister Home

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

Dates of audit: Start date: 31 August 2022 End date: 1 September 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 60

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

Lister Home located in Waimate is governed by a Charitable Trust Board who provide support and oversight to the facility manager. The facility manager has been in the role for four years and is supported by an experienced clinical manager. The service provides rest home and hospital level care for up to 63 residents. There were 60 residents on the day of audit.

This surveillance audit was conducted against a subset of the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora South Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

There are implemented quality and risk systems and processes. Feedback from residents and family was very positive about the care and the services provided.

This audit identified an improvement required around aspects of medication management.

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.

Lister Home provides an environment that supports resident rights and safe care. 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. A Pacific health plan is in place. There is a Māori health plan, and the service is working towards consolidating links with local iwi. Staff respond and support the values and beliefs of all residents.

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 fully attained.

The business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions documented as required.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme is in place.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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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. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident electronic files included medical notes by the general practitioner and visiting allied health professionals.

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

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities and meets the needs of individual residents. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site.

Te aro ki te tangata me te taiao haumarū | 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.

The building has a current building warrant of fitness and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place.

Staff have planned and implemented strategies for emergency management including Covid-19. There are civil defence procedures and stock in place.

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.

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

The infection control coordinator is a designated registered nurse. The infection control committee is supported by representation from all areas of the service.

Surveillance data is gathered. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions.

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.

The restraint coordinator is the clinical manager. There are three residents using bedrail restraints at Lister Home. Restraint minimisation is included as part of the education and training plan. The service considers least restrictive restraint practices, implementing de-escalation 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	19	0	0	1	0	0
Criteria	0	49	0	0	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>Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. Staff receive training on cultural safety and registered nurses and activities staff have completed an eight-hour course on Māori health and awareness. Cultural safety is included in orientation.</p> <p>The Board and senior management team is committed to supporting the Māori health strategies by implementing policies and procedures to identify and analyse variances in Māori health (i.e. infection control and adverse events). The facility manager (FM) and a board member reported actively seeking the services of a Māori advisor. The service supports increasing Māori capacity by employing more Māori staff members. On interview, management advised they are planning to include English and te reo Māori in the next recruitment advertisement.</p> <p>Caregivers interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and management are planning to provide data analysis to the Board.</p>

		<p>The clinical manager identifies as Māori and is implementing initiatives that support the use of te reo and tikanga into everyday practice. Initiatives documented included (but not limited to): culturally appropriate menu choices; welcoming processes for new residents and staff; promotion of te reo; recruitment of Māori staff; and through education, embedding a culture of acceptance.</p>
<p>Subsection 1.2: Ola manuia of Pacific people 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>Lister Home implements a Pacific Peoples Culture and General Ethnicity Awareness policy based on the Ola Manuia Pacific Health and Wellbeing Action Plan. On admission, all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pasifika at the time of audit. There are staff who identify as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service and organisation are working on establishing links with Pacific organisations to assist in the development and implementation of their Pacific health plan. Staff undergo cultural training which has been reviewed to include training in relation to Pacific Peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Māori health and awareness policy and procedures identified how the service support Māori mana motuhake. Staff have completed cultural training which includes Māori current issues and rights in relation to health equity. A review of care plans, including a resident that identified as Māori, included resident-centred approach and input into their care and choice/independence.</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>	FA	<p>All staff receive training in Māori health awareness during orientation. Te Tiriti o Waitangi in-service was completed in November 2021 for all staff. Training also covered Tikanga practices. There were residents living at Lister Home who identified as Māori.</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>Residents interviewed confirmed they are being treated with dignity and respect with staff adhering to their cultural values and beliefs.</p> <p>Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Māori cultural days are celebrated (eg, Matariki). The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori. On interview, the employment advocacy representative who is associated with the local Arowhenui Marae described assisting to embed and strengthen Māori values in staff to ensure a culturally safe environment is provided for all.</p> <p>Lister Home delivers training that is responsive to the diverse needs of people accessing services and training provided over the last two years included, (but not limited to): workplace sensitivity; confidentiality and gossip in the workplace; resilience and solution focused conversations; sexuality/intimacy; loss, grief and spirituality; abuse and neglect advocacy; and cultural safety. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff receive education on tikanga Māori. The service provided examples where they incorporate te reo in everyday activities.</p> <p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Care staff and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through regular in-services. Residents choose whether they would like family/whānau to be involved.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A human rights and non-harassment policy is in place. The aim of this policy is to ensure that Lister Home complies with the provision of the Human Rights Act 1993 and treats each individual in a manner that respects their right to individual choice. The policy explains that no person will be subjected to exclusion, ridicule or be prejudiced as a result of their race or ethnic background, skin colour, sexual orientation, disability, gender, age, or religion. This policy is reinforced</p>

		<p>in staff employment agreements which include a code of conduct document that all staff are required to read and sign as part of the employment process.</p> <p>Cultural training for staff encourages staff to look for opportunities to support Māori. Specific cultural values and beliefs are documented in the resident's care plan, sighted in all six residents' files reviewed. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and annually on how to identify abuse and neglect as per the training plan. Staff are educated on how to value the older person showing them respect and dignity. Interviews and care plans reviewed demonstrated how the service implements a strengths-based and holistic model which focuses on wellbeing outcomes for Māori residents. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</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>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The service has a policy on Māori cultural principles. The registered nurses demonstrated a good understanding of the organisational process to ensure they are able to inform Māori residents and whānau if specific tikanga practices are requested within the clinical setting.</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</p>	FA	<p>The complaints procedure is provided to residents and families 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. A secure</p>

<p>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>complaints box is located adjacent to reception. Residents/relatives making a complaint can involve an independent support person in the process if they choose. Age Concern and Health and Disability Advocacy Services are welcomed on site and contact numbers posted on noticeboards. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>Complaints register which includes verbal concerns is being maintained. Twenty complaints were lodged in 2021 and eleven have been lodged for 2022 (year-to-date). Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints except one recent concern are documented as resolved. Complaint trends have been reviewed and trends have been identified by culture or by type of complaint.</p> <p>Discussions with five residents (two rest home, three hospital) and three families/whānau (hospital) confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</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>	FA	<p>Lister Home and Hospital is located in Waimate and is governed by a Community Trust Board, comprised of representatives from local churches and the community. The service provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. There is one bedroom designated for respite care, a palliative care suite and up to 22 dual-purpose beds.</p> <p>On the day of the audit, there were 60 residents– 31 at rest home level (28 on ARC contract, two on mental health contracts and one under an individual funding agreement (IFA) contract) and 29 hospital level (27 on ARC contracts, one mental health contract and one younger person on a disability (YPD) contract).</p> <p>The service has a documented mission statement, philosophy, business plan for 2022 and a quality and risk management programme that describes annual goals and objectives. Goals and objectives for</p>

		<p>2022 have been reviewed by the Board.</p> <p>The facility manager reports to the Board monthly, against the quality and risk plans and on a variety of operational issues. The clinical manager reports on clinical matters.</p> <p>Lister Home is managed by a non-clinical facility manager who has been in the role since April 2019. She has a background in accounting and business management and was a business lecturer. The manager is supported by a clinical manager (RN), who has worked at the facility since April 2020, and has an extensive background in aged care. They are supported by an enrolled nurse (EN) who has worked at Lister Home for 25 years and manages the rest home area. The management team are supported by registered nurses and long-standing caregivers.</p> <p>Management and the Board are committed to working in partnership with Māori by providing high quality cultural and strategic advice and support as well as facilitating Māori participation in decision-making. The Board is seeking board representation from iwi at the local Waihao marae who can provide guidance and leadership to the Board with the aim of implementing solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. Management is planning to integrate the Whakamaui Māori Health action plan into governance including business planning, quality and risk management and the clinical Meihana Model to improve Māori health through clinical assessment and organisational policy and procedures. A member of the Board (interviewed) has attended a course at the Arowhenua Marae on Treaty aspects for governance and is recommending all Board members attend.</p> <p>The service ensures tāngata whaikaha has meaningful representation and a voice through resident meetings and annual satisfaction surveys.</p> <p>The facility manager has completed a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months including attendance at the New Zealand Aged Care Association (NZACA) conference, attends the monthly DHB meetings and the compulsory education at the facility. The clinical manager attended the NZACA conference, and three</p>
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		NZACA RN study days over the last twelve months and completes in-house training sessions.
<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>	FA	<p>Lister Home has a fully implemented quality and risk management system purchased from an external consultant which is embedded into practice. Quality and risk performance is reported across facility meetings and to the Board. Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Annual 2022 quality improvement goals are described and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the facility manager, clinical manager and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures (purchased from an external consultant) align with current good practice and they are suitable to support hospital (geriatric and medical) and rest home level of care. Policies have been reviewed, modified (where appropriate) and implemented. New policies are discussed with staff.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated, analysed, and benchmarked against industry standards. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the facility manager. One quality improvement plan reviewed, reflected extensive analysis and improvements documented as a result of food satisfaction and the dining environment.</p> <p>Family and resident meetings are held and both residents and families have provided feedback via annual satisfaction surveys. November 2021 resident and family surveys results indicated that both families and resident responses were very positive and there were no trends of areas identified as requiring corrective actions. Results were shared in</p>

		<p>meetings and newsletters.</p> <p>Three-monthly quality, infection control and health and safety meetings and monthly clinical meeting minutes evidence discussion on complaints, incidents and accident, infection control, internal audits, infections, and a range of clinical outcomes such as weight management, pressure injuries and interRAI.</p> <p>Head of department management meetings held at the beginning of each month include reflection on the previous month and planning for the coming month.</p> <p>Health and safety policies are implemented and monitored through the staff meetings, quality and health and safety meetings, infection control meetings, weekly management meetings and four-monthly Board meetings. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>A risk management plan is in place. Interviews were conducted with members of the health and safety team (FM and administrator). Staff health and safety training begins during their induction to the service. Health and safety is a regular topic covered in the staff meetings. Actual and potential risks are documented on a hazard register, which identifies risk ratings and documents actions to eliminate or minimise each risk. A plan is implemented to orientate contractors to the facility's health and safety programme.</p> <p>Falls prevention strategies are in place including (but not limited to): individual and group exercise programme; meeting individual toileting needs; sensor mats; increased monitoring; identification; and meeting of individual needs.</p> <p>All incidents and accidents are recorded electronically, with incident and accident data collated monthly and analysed. Results are discussed at staff meetings and at handover. Twelve incident reports for August 2022 were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations have been conducted. Relatives are notified</p>
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		<p>following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been a total of five section 31 notification completed since the last audit in January 2021 to notify HealthCERT and Te Whatu Ora South Canterbury of multiple occurrences of RN shortages, two resident incidents, one stage III pressure injury and four Covid outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service and has commenced collecting ethnicity data during the employment process for staff. The service is planning to report this data to the Board on a monthly basis. Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity. Staff cultural competencies are being implemented to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager, clinical manager, registered nurses, and activity coordinator hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager provides on-call cover for non-clinical matters and the clinical manager provides clinical cover. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager works Monday to Friday and the clinical manager works Sunday to Thursday providing weekend manager access for visitors. Both are on call when not available on site. The clinical manager works as required as an RN in the hospital wing supported by registered nurses on all shifts.</p> <p>In the hospital areas, the morning registered nurse works from 0700 – 1530, the afternoon RN works from 1445 – 2315 and the night RN</p>

		<p>works from 2300 – 0730. An enrolled nurse works Monday to Thursday in the rest home wings 0730- 1600. The clinical manager provides additional support two to three hours a day in the rest home. The facility has been advertising for additional RNs for over six months.</p> <p>Hospital wings (35 hospital and 5 rest home residents):</p> <p>Caregivers: Two 0645-1515, one 0730-1430, one for medication shift 0700 to 1030, two 0730 to 1300, two 0830 to 1300 and one flexi shift 0900 to 1430 cover the AM shift; one 1445-2315, one 1500 to 2200, one 1530 to 2230, one 1600 to 2000, two 1700 to 2100 and one flexi-shift from 1730 to 2030 cover the PM shift; and two cover the night shift 2300-0700.</p> <p>Rest Home wings (21 rest home and one hospital resident):</p> <p>Caregivers: One 0700 – 1530, two 0700 – 1300, one 0730-1300 cover the AM shift; one 1500-2315, one 1630-2030, one 1700-2000 cover the PM shift, and covers the night shift 2300-0730.</p> <p>Other staff include a daily cook, morning and afternoon kitchenhands, an evening cook, two cleaners each day and one laundry person from seven days per week. The activities team provide activities from 10am to 5pm Monday to Friday and a second person works Monday to Friday from 10am to 4pm. Activities are provided from 9am-4pm on both days over the weekend.</p> <p>An education programme is in place for 2022. Education in 2022 has been provided around: manual handling; infection control; Covid management; aging process; health and safety; hazards; complaints; wound care; continence; challenging behaviour; pressure injury prevention; privacy, death and grief; sexuality and intimacy; restraint; pain management and medication; fire drills; and documentation and reporting. The education programme for 2021 was completed. Training is also available to staff in person and via zoom meetings. The education and training schedule lists all mandatory topics. Staff have been provided with cultural training specific to Māori and the Treaty of Waitangi. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through Te Whatu Ora</p>
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		<p>South Canterbury and hospice.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 46 caregivers, and activities staff, 10 staff members have level two, 11 staff have completed their level three qualifications and 9 staff have completed their level four qualification. Twenty-seven staff have first aid qualifications.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual Inservice schedule. Additional (annual) competencies completed include medication, restraint, hand hygiene, use of personal protective equipment (PPE), fire and emergency training, and manual handling. Twenty-seven staff have completed cultural competencies</p> <p>The clinical manager, two registered nurses and one enrolled nurse are interRAI trained.</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 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 to 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.</p> <p>Six staff files reviewed (three caregivers, one clinical manager, one activities coordinator and a housekeeper) included evidence of the recruitment process, including reference checking, police checks, signed employment contracts and job descriptions. All files identified all components of the workbook including clinical competencies and evidenced signatures of completion within 90 days.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Nationality data is identified during the</p>

		employment application stage. The service has commenced gathering ethnicity data.
<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>	FA	<p>The entry to service policy/ decline to entry policy and procedure guide staff around admission and declining processes including required documentation on routine demographic data. The waiting list and enquiries include ethnicity data to improve information on the decline process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process in place to complete the analysis of the same for the purposes of identifying entry and decline rates for Māori. The Māori health plan states that the service has relationships with local Māori providers.</p> <p>The service includes information about other support services, such as community support groups, when communicating with the person and their whānau. The service identifies and implement supports to benefit Māori and whānau. A resident advocate/Māori liaison is available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit 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</p>	FA	<p>Six resident files were reviewed: two rest home (including one on an individual funding agreement) and three hospital (including one YPD). The sample was extended to include a resident on a mental health contract (MH). All long-term care plans identified that a registered nurse (RN) has undertaken an initial assessment, interRAI assessment (excluding YPD and MH) and developed long-term care plans within the required timeframes. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans and complete the</p>

<p>whānau to support wellbeing.</p>		<p>interRAI assessments. The previous certification audit shortfall (HDSS:2008 # 1.3.3.3) around timeframes has been addressed.</p> <p>There is evidence of whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Registered nurses interviewed had knowledge of care being delivered based on the four corner stones of Māori health 'Te Whare Tapa Whā. Cultural training is completed annually. Care plans include the physical, spiritual, whānau, and mental health of the residents. For end of life care they use Te Ara Whakapiri.</p> <p>The service uses an electronic resident management system which includes all risk assessments, social history and profiles, care plans and evaluations, monitoring forms, observations, and progress notes. Incidents are documented on the quality system. All correspondence including discharge summaries, enduring power of attorney and advanced directives are also housed electronically. Admission agreements are stored securely in the facility manager's office.</p> <p>Care plans reviewed had been evaluated at least six-monthly for long-term residents who had been in the service six months. The care plans reviewed on the electronic resident management system were resident focused and individualised, with clear and flexible goals.</p> <p>Residents interviewed confirmed that they are involved in the care planning process and review. The routine interRAI assessment is utilised as part of the six-monthly evaluation. The interRAI assessment links effectively to the long-term care plan. Interventions recorded in the long-term care plan address medical and non-medical needs sufficiently to guide staff in the care of the resident.</p> <p>The facility contracts with two general practices. One of three (GP's) from one practice routinely visits once per week and provides on-call out of hours cover. The second practice visits fortnightly. The two practices provide on call for their own residents on weekdays and rotate the weekend on call fortnightly. The resident files sampled identified that a GP had seen the resident within two to five working days of admission and had examined the residents at least three-monthly. More frequent medical review is evidenced by entry in files of residents with more complex conditions or acute changes to health</p>
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		<p>status. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs. The residents interviewed stated they were happy with the medical care. The family members interviewed stated they were kept informed of the resident's health status and have the opportunity to meet with a GP if required. The resident survey completed in November 2021 demonstrated that all residents were satisfied in matters related to care.</p> <p>The GP (interviewed) was very complimentary regarding the standard of care and stated the service provided exceptional wound care and that he would highly recommend the facility.</p> <p>The long-term care plans of the resident files sampled include input from allied health professionals including dietitian, podiatry, physiotherapy, speech and language therapist, and clinical nurse specialists (including for older persons mental health). The physiotherapist is contracted to attend eight hours per week and more when required. An occupational therapist is contracted for eight hours a week and provides music in motion sessions, wheelchair, and seating assessments.</p> <p>The RNs and caregivers complete a verbal handover between each shift. Progress notes are written each shift and as necessary by caregivers and RNs on the electronic resident management system. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Adequate dressing supplies were sighted in the treatment rooms. Wound management policies and procedures are in place. There were six current wounds. Assessments, treatment and evaluations were in place for three hospital residents (including one stage III pressure injury (facility acquired), one skin tear and one other). There were three residents with current wounds in the rest home; however, wound management plans were not documented for these. There was pressure injury prevention equipment readily available to minimise pressure injuries. The service has access to a wound nurse specialist. This was evident with input into the management of one chronic wound. Clinical staff complete biannual pressure injury management education.</p>
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		<p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Specialised continence advice is available when required.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Monitoring occurs as required for weight, vital signs, blood glucose, pain, re-positioning, neurological observations food and fluid intake, bowel monitoring and behaviours of concern.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The staff are a wide diverse team from many nationalities and part of the activities programme is to celebrate diversity, which has included and when Covid restrictions have allowed, kapa haka entertainment from visiting school children and staff speaking about their cultures at resident's activity events. The service is actively working 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. The service described how they support Māori residents to participate in te ao Māori.</p> <p>The friends of Lister are a volunteer group, many of whom are ex staff who come in and read to the residents, take them on walks and spend one on one time with residents. Volunteer services have been restricted during recent Covid outbreaks.</p> <p>Community visitors include entertainers, and church services when COVID restrictions allow. Residents are encouraged to maintain links to the community.</p> <p>The service receives feedback and suggestions for the programme through one-on-one conversations, monthly resident meetings, and resident surveys. The residents and relatives interviewed were happy with the variety of activities provided. Resident satisfaction survey results November 2021 showed very high satisfaction with the activities programme.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. Medication audits are completed twice a year. Medications are stored safely in a locked medication room in the hospital and in a locked cupboard in the rest home. Medications in the trolleys were reviewed during a medication round and it was identified that not all medications were appropriately labelled with the resident's details. Registered nurses and medication competent caregivers' complete annual competencies and education. Regular and 'as required' medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. The pharmacy is also available on call. There were no residents self-medicating on the days of audit.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described how they work in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The medication fridge temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening. There is a small stock of medications kept for use on prescription and these are routinely checked. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Two observed medication rounds identified that policy and safe practice were always adhered to.</p>
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		Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications are prescribed on the electronic medication system. The service recognises the opportunity to include traditional healing (Rongoa) that is important for the optimising of Haora (health and wellbeing) for each resident.
<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 menu is distributed to the residents weekly, allowing a choice of meals. The head cook consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests. The cook advised that they are planning celebrations for Matariki including choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The head cook on interview advised staff have been educated on tapu and noa at recent education sessions. The cook described how they would provide menu options culturally specific to te ao Māori if requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved in all transfers and referrals as evidenced in resident files reviewed. The service is proactive around referrals to appropriate health and disability services and supports residents to access social supports and Kaupapa Māori agencies as required. For transfer, clinical staff utilise the yellow envelope system. Registered nurses interviewed described access to support through the GP or specialist and allied health professionals (evidenced in referrals).</p>
Subsection 4.1: The facility	Not	There are adequate numbers of accessible bathrooms and toilets in

	applicable	<p>the hospital areas and throughout the facility near activity, dining, and lounge areas. Appropriately secured and approved handrails are provided in the toilet/shower areas and ensuites, and other equipment/accessories are available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation.</p> <p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a current warrant of fitness which expires on 1 August 2023. The service has a full-time maintenance person, who is available Monday to Friday and reports to the facility manager. The facility manager has overall responsibility for building compliance. There is a maintenance and repairs request book that is checked daily and signed as repairs are completed. The planned maintenance programme has been completed to date, including electrical testing and tagging of electrical equipment, calibration and testing of clinical equipment, regular call bell audits and monthly hot water temperature checks. Hot water temperatures in resident areas have not been maintained below 45 degrees. Essential contractors are available 24-hours.</p> <p>The service has explored initiatives for further building development and is planning to involve iwi if the plans progress.</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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 14 January 2021. Fire evacuation drills are held six-monthly (22 July 2022). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service has adequate resources including food and water to last for at least two weeks. There are emergency folders with specific information held in the nurses' stations and civil defence supplies stored in a centrally located cupboard and on each floor. All supplies including food stores are checked monthly.</p>
Subsection 5.2: The infection prevention programme and	FA	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to): outbreak management;</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>vaccinations; apron usage; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved by the Board, who receive monthly reports around infection control matters.</p> <p>The infection control coordinator is a designated registered nurse who checks all infections are entered correctly into HSCL and generates monthly reports. The IC coordinator identifies as Māori and ensures culturally safe practice. The infection control report is presented and discussed at the infection control team meeting, health and safety meetings, quality, staff, and registered nurse meetings. The organisation has close liaison with the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. During Covid-19 lockdowns there were regular zoom meetings with Te Whatu Ora South Canterbury, which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which has been implemented on four occasions this year. The plan includes preparation and planning for the management of lockdown, screening, transfers into the facility and management of positive tests. The infection control coordinator described utilising the MOH website and Te Whatu Ora South Canterbury for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p> <p>Staff follow the HSCL pandemic policy which is available for all staff. All staff and residents have been fully vaccinated. Visitors are being asked to be double vaccinated. All new residents are requested to be double vaccinated. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any possible outbreak. Weekly stocktakes are undertaken by the clinical manager. There is a large supply of PPE stocks readily accessible in each area, and available to all staff. Staff complete rapid antigen tests (RAT tests) prior to starting their rostered duty. Hand sanitiser is readily available. Rapid antigen tests (RAT) are requested to be completed on site for visiting contractors. All staff and visitors are required to wear a mask at</p>
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		all times while in the facility.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The aim of the monitoring (surveillance) of infections policy is to minimise the incidence of infections through ongoing monitoring of type, frequency and any other relevant or possible contributing factors.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are entered into the electronic database by the staff and closely monitored by the infection control coordinator. A monthly analysis of the data is completed and reported. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Benchmarking occurs internally and across other facilities using the electronic database. Outcomes are discussed at the infection control team meeting, clinical, quality/health and safety, staff, and management meetings. Education is completed to address infection trends for the month with specific goals to improve outcomes. A monthly report is prepared and included in the Board reports. The service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>The service discusses any change of resident condition with family/whānau and the resident, and these conversations are documented.</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>	FA	<p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. 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 works in partnership with family/whānau to promote and ensure the service maintains the dignity of the resident.</p> <p>Three residents were using restraints (bed rails at night only) at the time of the audit. The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that</p>

		<p>guidance is given on restraint minimisation.</p> <p>The use of restraint is reported to the Board in monthly reports. Restraint is an agenda item and discussed at all meetings.</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 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Two medication rounds were observed. Medications were administered from blister packs and dropper bottles; however, policy and procedures were not always followed.</p>	<p>(1) Two medication competent staff observed to be administering medications without completing all required checks.</p> <p>(2) Expired medications were administered to two residents (oral liquid and a topical ointment).</p> <p>(3) There were medications on the hospital level trolley which were designated for a specific resident, however these were on the trolley and in use but not labelled with the resident's name.</p>	<p>(i). Ensure medications are administered according to policy.</p> <p>(2) Ensure expired medications are discarded as per manufacturer's instructions.</p> <p>(3) Ensure medications are identified for specific resident use in the hospital level trolley.</p> <p>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.