

Marne Street Hospital Limited - Marne Street Hospital

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:	Marne Street Hospital Limited
Premises audited:	Marne Street Hospital
Services audited:	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 11 April 2023 End date: 12 April 2023
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:	54



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

Marne Street Hospital provides hospital (geriatric and medical), rest home and residential disability (intellectual and physical) levels of care for up to 55 residents. There were 55 residents during the audit.

This unannounced 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 New Zealand – Southern and Whaikaha- Ministry of Disabled People. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, general practitioner, and management.

The service is managed by a facility manager (non-clinical) with many years experience in healthcare management, supported by a clinical manager and quality coordinator. Residents and family/whānau interviewed spoke positively about the service provided.

The service continues with environmental upgrades, including purchasing of new equipment.

The two previous certification shortfalls relating to completion of interRAI and care plans, and restraint monitoring documentation continue to require improvement.

This surveillance audit identified further improvements required around the transfer and manual handling policy and ethnicity data in surveillance.

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.

The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The Board and senior management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health plan is documented.

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 medium or high risk and/or unattained and of low risk.

The business plan is supported by quality and risk management processes that take a risk-based approach. Internal audits are documented. Systems are in place for monitoring the services and regular reports are provided to the three directors. Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is coordinated and planned for new staff. An education and training plan is implemented. Policies and risk management plans are implemented to ensure safe measures related to roster cover.

Ngā huarahi ki te oranga | 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 care plans reviewed evidenced assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Self-administration of medication is supported and facilitated through a documented process.

An activities programme is implemented that meets the needs of the residents. Opportunities are created to facilitate te ao Māori. Residents are supported to maintain links with the community.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked off site.

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. Electrical equipment has been tested and tagged. There is an approved evacuation scheme and regular fire drills. An evacuation list records resident's mobility needs.

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.		Some subsections applicable to this service partially attained and of low risk.
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A pandemic plan and outbreak management plan is in place. There are sufficient infection prevention resources, including personal protective equipment available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been one Covid-19 outbreak and one gastroenteritis outbreak in 2022 since the previous audit and all were well managed.

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.		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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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had five residents using restraint.

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	1	3	0	0
Criteria	0	55	0	1	3	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>On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Marne Street Hospital.</p> <p>At the time of the audit, there were staff members who identify as Māori at Marne Street Hospital. Healthcare assistants interviewed confirmed that the organisation welcomes the appointment of suitably qualified Māori staff. There is a Māori health plan that documents a commitment to a diverse workforce. Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality care. The service and organisation have established links with Pacific organisations to assist in the</p>

<p>tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>implementation of their Pacific health plan.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. Staff have completed cultural training which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility as much as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives, as evidenced in care plans which is supported by the Māori health plan.</p> <p>Interviews with eight staff (five healthcare assistants [HCAs], one registered nurse [RN], one diversional therapist [DT], one kitchen assistant) and three managers (facility manager [FM], clinical manager [CM] and clinical quality manager [CQM]) and review of care plans identified that the service's care philosophy is resident and family/whānau centred and all interviewees confirmed their understanding of Māori rights.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Marne Street Hospital annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided in 2022 to support the provision of culturally inclusive care. The organisation's orientation booklet has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi. Māori cultural days are celebrated (including Matariki and Waitangi Day).</p> <p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken.</p>

		<p>The service responds to residents' needs. Four residents (four hospital, including two younger persons with disabilities [YPD] and one long term support- chronic health care (LTS-CHC) contract) interviewed, and two family/whānau, confirmed their rights are respected.</p> <p>One younger person with disability interviewed stated they are supported and encouraged to maintain links within the community and to participate in te ao Māori. The younger residents (YPD and LTS-CHC) have individualised activity plans that take account of their age, culture, and abilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori Health Strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised.</p> <p>Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care by using a strengths-based and holistic model of care. The holistic framework of Te Whare Tapa Whā is used in the Māori care plan and is central to Māori model of wellbeing.</p> <p>The Māori health plan documents a goal to understand the impact of institutional, interpersonal, and internalised racism on a patient/resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions.</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. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	FA	<p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy links to tikanga guidelines. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health. The clinical manager and registered nurse interviewed demonstrated a good understanding of informed consent processes. Cultural training includes best tikanga guidelines.</p>

<p>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>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 provided to residents and families/whānau during the resident's entry to the service. A complaints management policy includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had been addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process.</p> <p>A complaints register is being maintained. There were no complaints lodged in 2021 since the last audit. There were two complaints in 2022 and none for 2023. No trends have been identified. All complaints are documented as resolved to the satisfaction of the complainants. Complaints have been resolved within the guidelines provided by the Health and Disability Commissioner (HDC).</p> <p>The funder has requested ongoing monitoring of the facility's safe transfer policy, manual handling competencies and pain assessments following a closed HDC complaint (January 2021) and a recent Section 31 (January 2023) completed related to a resident sustaining a fracture following failure of a hoist. The audit identified a finding related to the manual handling and transfer policy (link 2.2.2).</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</p>	<p>FA</p>	<p>Marne Street Hospital is certified to provide care for up to 55 residents at rest home, hospital (geriatric and medical) and residential disability (physical and intellectual) levels of care. Ten</p>

<p>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>rooms are certified for dual-purpose, with the remaining 45 rooms hospital only. On the day of the audit, there were 55 hospital-level residents and no rest home level residents. Four residents were on the young persons with a disability (YPD) contract and one on long term support- chronic health care (LTS-CHC) contract. The facility manager reported that they rarely (if ever) admit a rest home level resident and would do so under special circumstances only. All other residents were on the aged residential care contract (ARRC).</p> <p>The facility is owned by three directors who regularly meet with the facility manager. An annual business plan has been developed that includes a mission, vision, values, and measurable goals. The facility manager oversees the day-to-day operations of the facility and is supported by an experienced clinical manager that oversee clinical governance of the facility. The facility manager completes a monthly report to the directors and includes (but not limited to): health and safety; staffing; infection; quality trend and analysis; and restraint minimisation.</p> <p>The clinical manager has been with Marne Street Hospital for the last 10 years. They are supported by a part-time clinical quality manager that supports the implementation of the quality programme.</p> <p>The Māori health plan, and cultural awareness and cultural responsiveness policy reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>Tāngata whaikaha have meaningful representation through monthly resident meetings and an annual satisfaction survey. Cultural safety is embedded within the documented quality programme and staff training. The management team review the results and feedback to identify barriers to care, to improve outcomes for all residents. The management team have an open and transparent decision management process that includes regular staff and residents' meetings.</p> <p>The facility manager (non-clinical) has been in the role since March 2022; and has a social work background and experience in the health</p>
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		<p>sector. The facility manager stated they received a comprehensive handover and training from the previous manager.</p> <p>The facility manager and clinical nurse manager have completed at least eight hours of professional development activities related to managing an aged care facility. Other training completed includes: New Zealand Aged Care Association (NZACA) manager forums and workshops; advocacy; complaint management; infection control; health and safety; fire safety; emergency procedures; and COVID-19 preparedness.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Marne Street Hospital has procedures to guide staff in managing clinical and non-clinical emergencies. The transfer policy and orientation policy were reviewed for this audit. The content of the transfer policy requires improvement.</p> <p>Marne Street Hospital has a documented quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings are scheduled and include staff, quality, health and safety, and infection control meetings. In addition, there is regular clinical review meetings where quality data is discussed and opportunities to minimise risk are identified.</p> <p>When meetings occur, there is a comprehensive review and discussion around all areas including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Meetings are being held as scheduled.</p> <p>The internal audit schedule has been implemented for 2022 and in place for 2023. Corrective actions are documented where indicated, to address service improvements with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard. A quality improvement register is maintained that keeps a record of quality initiatives. Examples include (but are</p>

	<p>not limited to) the implementation of pain assessment charts for residents which records the effectiveness of 'as required' pain medications.</p> <p>The November 2022 resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report completed. Survey results were communicated to staff and residents (meeting minutes sighted).</p> <p>The facility does not currently perform benchmarking.</p> <p>A risk management plan is in place. Health and safety meetings occurred as scheduled. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current. Staff including agency staff and contractors are orientated to the facility's health and safety programme.</p> <p>Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, pressure injuries, skin tears). Data are collated, trends are identified, and residents of concern are discussed at handover, clinical review meetings and quality meetings.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Eight Section 31 notification have been completed to notify HealthCERT in 2021 since the last audit: and include three notifications of RN shortages, one resident awaiting placement after being assessed as requiring specialist hospital level of care, two pressure injuries and two for a resident wandering. Two notifications were made in 2022 and include one for the change in facility manager (March 2022) and one for a stage III pressure injury (July 2022). In 2023, there were two notifications for RN unavailability for two shifts over a long weekend in April 2023 (there was still one RN on site), a resident sustaining a fracture following failure of a hoist, and one unstageable pressure injury.</p> <p>There has been one Covid-19 outbreak in July 2022 and one</p>
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		gastroenteritis outbreak in September 2022 reported to Public Health.
<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>	FA	<p>During the absence of the facility manager (non-clinical), the clinical manager and clinical quality manager, are in charge of operations. The clinical quality manager is a registered nurse and is also responsible for the infection control programme.</p> <p>There is a staffing policy that includes staff rationale and skill mix. Sufficient staff are rostered to manage the care requirements of the residents. The facility manager and clinical manager/RN are on-site Monday – Friday and are available on call when not on site. The clinical quality manager is available three days a week.</p> <p>The facility is staffed with two RNs on the am and pm shifts and one RN on the night shift, seven days a week. At the time of the audit, there were no RN vacancies. An experienced (level four qualified) healthcare assistant covers for the (second) RN where necessary but never without an RN on site. There is a first aid trained staff member on duty 24/7.</p> <p>There are adequate numbers of healthcare assistants (HCAs): ten HCAs are rostered on the AM shift (four long (eight hour) shifts and six short shifts (to 1300 or 1330). Six HCAs are rostered on the PM shift (three long shift and three short shifts (1645 – 2200). The night shift is staffed with two HCAs. A pool of casual staff is available to help cover absences.</p> <p>There are separate domestic staff who are responsible for cleaning and laundry services, seven days a week.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p> <p>Agency staff are appropriately inducted to the site when allocated to a shift. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a</p>

		<p>timely manner.</p> <p>There were two days in 2023 documented where only one RN was on a shift instead of the rostered two RNs. The last date recorded of RN unavailability for one shift was 10 April 2023.</p> <p>Activities staff covers seven days a week.</p> <p>An education policy is documented. There is an annual education and training schedule that is being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Cultural awareness training occurred in 2022. External training opportunities for care staff includes training through Te Whatu Ora Health New Zealand.</p> <p>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. On interview, staff confirmed a knowledge of the Treaty of Waitangi and cultural practices relating to Māori. The service creates opportunities for that workforce to learn about and address inequities. Staff interviewed describe how they are supported to learn te reo Māori.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-one healthcare assistants are employed. Nineteen healthcare assistants have achieved a level three NZQA qualification or higher. Eight healthcare assistants have achieved a level 2 NZQA qualification (Certificate in Health and Wellbeing).</p> <p>All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to): restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A selection of healthcare assistants completed medication administration competencies. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include subcutaneous fluids, syringe driver and interRAI assessment competency. All 10 RNs are interRAI trained.</p> <p>All RNs are encouraged to attend in-service training and completed training in: observation and reporting of the deteriorating resident,</p>
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		wound management; pain management; communication and complaints management; medication; and training related to specific conditions medications, including medical conditions specific to their YPD residents (eg, multiple sclerosis).
<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>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Five staff files reviewed (one clinical manager, one registered nurse, three HCAs) included a signed employment contract, job description, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. There was evidence of completed orientation documentation on file.</p> <p>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. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. The service demonstrates that the orientation programme supports RNs and healthcare assistants to provide a clinically and culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process is adequate to prepare new staff for their role. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure and confidential in an electronic database and file system. Ethnicity and nationality data is identified during the employment application stage.</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</p>	FA	<p>The facility manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. The facility collects ethnicity data and a new electronic tool is in the process of being introduced and will make</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>analysis of this data easier.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. The service currently engages with their own Māori staff and local marae to further 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five resident files were reviewed (five hospital, including two young person with a disability (YPD) and one long-term chronic health care (LTS-CHC). The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. InterRAI assessments have been completed for all residents, including the resident on LTS-CHC contract. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The GP interviewed was complimentary of the communication and timely actions taken by RNs when required.</p> <p>Cultural assessments are completed and the care plan detailed Māori specific cultural requirements, such as relevant tikanga and directed staff in care protocols when required (there were no Māori residents at the time of the audit). The service completes a nursing assessment and an initial support plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, reassessments and care plan evaluations were all completed within expected timeframes for residents on ARRC. The development of the care plans for two non-ARRC residents were not completed within a timely manner. The previous audit shortfall around meeting timeframes (HDSS:2008 # 1.3.3.3) has not been addressed.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Barriers that prevent</p>

	<p>Māori from independently accessing information are identified and strategies to manage these documented. Interventions met the needs and the management of the residents' identified medical and physical risks and needs. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals.</p> <p>An activity plan tailored to the needs of a younger person was in place and being utilised. This was detailed, individualised, and took account of the resident's age, culture, and abilities. The plan and activities log documented one on one activities. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The service contracts with a local medical centre and a GP provides visits. The GP service also provides advice out of hours and recommends if a resident needs hospital care. The GP records their medical notes in the integrated resident file. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist available six hours per week and a podiatrist visits six weekly. Other specialist services are available by referral. A dietitian is available as required. A wound care specialist nurse is available as required through Te Whatu Ora New Zealand-Southern.</p> <p>Healthcare assistants interviewed could describe a comprehensive verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by healthcare assistants. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family/whānau interviewed reported the needs and expectations regarding their whānau were being met. When a resident's condition alters, the RN's review the resident, or there is a review initiated with the GP. Family/whānau was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments, wound management plans with body map,</p>
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		<p>photos and wound measurements were reviewed for the eight residents with wounds or pressure injuries. There is one stage I pressure injury and one resident with an unstageable pressure injury. The wound care nurse specialist is involved with the unstageable pressure injury. Wound dressings were being changed appropriately and a wound register is maintained. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>RNs and healthcare assistants complete monitoring charts, including: bowel chart; blood pressure; pain; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations were completed for unwitnessed falls, or where there was a head injury.</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>There is a range of activities available for residents including younger residents. Community visitors include entertainers, church services and pet therapy visits. There are outings such as coffees and lunches. Important days such as Matariki, Waitangi, and ANZAC day are celebrated with appropriate resources available. Residents and family/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and reviews. The service works with the local kaumātua and Māori staff to assist the staff to provide opportunities for Māori to participate in te ao Māori.</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</p>	FA	<p>There are policies documented around safe medicine management that meet legislative requirements. The RNs and medication competent healthcare assistants who administer medications have been assessed for competency on an annual basis. Education</p>

<p>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>around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The RNs and healthcare assistants interviewed could describe their role regarding medication administration. The service uses robotic packs for regular medication 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 in locked medication rooms and locked trollies. The medication fridge temperatures are monitored daily and the temperatures were within acceptable ranges. The medication room temperatures in both areas have been monitored consistently. All eyedrops in use have been dated on opening. All over the counter vitamins or alternative therapies residents choose are prescribed and reviewed by the GP. There are no standing orders.</p> <p>Ten 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. There are policies in place to facilitate a process for younger persons and other residents who wish and is competent to self-administer medications. There is a pharmacy contract in place supporting Māori and whānau to access medication. There were two residents self-administering medication. All documentation and storage meet legislative requirements.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RN's described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The registered nurses and management described how they work in partnership with all residents to ensure the appropriate support and advice is in place. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and or</p>
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		family/whānau.
<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 meals are cooked off site. The kitchen manager consults directly with management to gain feedback of the food services and adjusts the menu if any special requests are required. The facility manager advised that as part of cultural celebrations (eg, Matariki), there is choice of Māori foods. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, dislikes and any cultural considerations. Food safety training completed by kitchen assistants includes cultural concepts such as tapu and noa. The facility manager described with the support of Cibus, they would provide menu options culturally specific to te ao Māori if requested by residents. Kitchen staff and HCAs interviewed understood basic Māori practices in line with tapu and noa.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p>	FA	<p>The buildings, plant, and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 7 October 2023. All equipment has been checked for electrical compliance and calibrated annually as scheduled (link 2.2.2). Hot waters are tested</p>

<p>centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>regularly and recorded and within acceptable range. Essential services are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The facility manager stated their awareness to include Māori to ensure that the building reflects the aspirations and identity of Māori, when new building or extensions are planned.</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 (10 February 2000). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night. There is an up-to-date evacuation list that documents each resident's mobility needs.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an organisational pandemic and outbreak plan in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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</p>	<p>PA Low</p>	<p>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</p>

<p>surveillance programme.</p> <p>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>		<p>surveillance data are shared with all staff. The CM 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 experience a HAI are practiced. Residents and family/whānau interviewed stated they are informed of any progress on infections, prescribed medication and treatment provided.</p> <p>There has been one COVID-19 outbreak (July 2022), and one gastroenteritis outbreak in September 2022 since the previous audit. This was managed effectively with support and advice from Te Whatu Ora New Zealand-Southern and Public Health. The implementation of the outbreak plan was confirmed to be successful.</p> <p>The service currently does not include ethnicity data in the surveillance of healthcare-associated infections.</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. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint, as documented in the business plan. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>The designated restraint coordinator is the clinical manager. There were five residents listed on the restraint register as using a restraint, and includes a low bed, lap belt, and bedrails. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The use of restraint is reported in the monthly facility quality/staff meetings and to the directors via the facility manager. The service is working towards including a resident or family/whānau advocate on their restraint oversight group at the time and when restraint is used.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my</p>	<p>PA Moderate</p>	<p>There is an up-to-date register to reflect the restraint use in the facility. Monitoring charts are not always completed as required. The previous audit shortfall (HDSS 2008; # 2.2.3.4) remains an area</p>

<p>care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>requiring improvement.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Quality and risk management programmes are being implemented. There was a significant incident related to the use of a sling hoist recorded in January 2023 and reported on under a Section 31 to HealthCERT. Following this incident in relation to a ceiling hoist and as a result of a previously resolved HDC complaint; the funder requested ongoing monitoring of the transfer policy.</p> <p>There are nine rooms with ceiling hoists. The transfer policy documentation includes a suite of policies that include the requirements of safe transfer training, and completion of annual competencies related to the use of transfer equipment, including ceiling hoist use. The content of the transfer policy includes the maintenance required for transfer equipment; however,</p>	<p>The transfer policy did not fully document the requirements on maintaining the ceiling hoists.</p>	<p>Ensure to review transfer policy to include different transfer equipment/ceiling hoists/risks/requirements for annual maintenance of ceiling hoists.</p> <p>60 days</p>

		the ceiling hoist beam has not been included as part of the maintenance requirements. All other parts of the ceiling hoist have been included in the maintenance schedule of medical equipment and has been checked to be in working condition in July 2022. Following the incident, the facility's own investigation evidence the last recorded beam maintenance was in 2017. On the day of the audit, there was a scheduled meeting with the ceiling hoist service provider.		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Five files reviewed evidence the initial care plan and initial assessments were completed within 24 hours of admission. Two residents on the ARRC contract and one YPD residents had a long-term care plan completed within the required timeframes and the care plan identified key assessed risks, including medical risks. Ongoing assessments and reassessments were completed. Two recently admitted non-ARRC residents were still managed on an initial care plan more than 21 days (less than 35 days) after their admission. The interventions in the initial care plan were documented and adequate to meet the needs of the residents. The residents' progress notes reviewed and interviewed both evidence they were well cared for and that the finding relates to documentation only.</p>	<p>Two residents (YPD and LTC-CHC) did not have a current long-term care plan in place. These have not been completed in a timely manner.</p>	<p>Ensure long-term care plans are developed within a timely manner for non-ARRC residents.</p> <p>90 days</p>
<p>Criterion 5.4.3</p>	<p>PA Low</p>	<p>Surveillance and analysis of HAIs and</p>	<p>Ethnicity data is not</p>	<p>Ensure ethnicity data is</p>

<p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>		<p>assignment of responsibilities was documented; however, surveillance has not been including ethnicity data. The service is working towards achieving this.</p>	<p>collected as part of surveillance data.</p>	<p>included as part of surveillance. 180 days</p>
<p>Criterion 6.2.4 Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include: (a) The type of restraint used; (b) Details of the reasons for initiating the restraint; (c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint; (d) If required, details of any advocacy and support offered, provided, or facilitated; NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate. (e) The outcome of the restraint; (f) Any impact, injury, and trauma on the person as a result</p>	<p>PA Moderate</p>	<p>There is a current restraint register. Monitoring charts are available for each resident on restraint; however, monitoring charts were not consistently completed to reflect the risks, type of restraint and frequency of monitoring.</p>	<p>(i). One YPD resident had multiple restraints recorded on one form; however, the form only reflects risks related to when they are seated and not when in bed. (ii). One hospital resident's monitoring chart did not state the frequency required on the chart. (iii). Monitoring charts for the two residents related to a lap belt and bedrail use has not occurred within the timeframe stated in the care plan.</p>	<p>(i)-(ii). Ensure each episode of type of restraint shall be recorded/ monitored in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of restraint. (iii). Ensure monitoring charts are fully completed to guide staff in the frequency required. 60 days</p>

<p>of the use of restraint; (g) Observations and monitoring of the person during the restraint; (h) Comments resulting from the evaluation of the restraint; (i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).</p>				
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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.