

CHT Healthcare Trust - CHT Bernadette

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:	CHT Healthcare Trust
Premises audited:	CHT Bernadette
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 July 2023 End date: 28 July 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:	89

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

CHT Bernadette is certified to provide hospital (medical and geriatric) and rest home level of care for up to 92 residents. There were 89 residents on the days of audit.

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

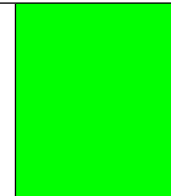
The unit manager is a registered nurse and has been in the role since January 2022 and was the previous clinical coordinator. They are supported by a clinical coordinator, registered nurses, experienced healthcare assistants and experienced administration staff. The unit manager is supported by an area manager and head office management. The residents and relatives interviewed spoke very positively about the care and support provided.

The areas for improvement identified at the previous audit related to complaints management, corrective actions, chemical labelling, storage, and call bells have been addressed.

This audit identified areas requiring improvement relating to registered nurse staffing, care plans interventions, and 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.

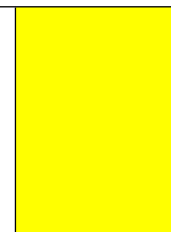


Subsections applicable to this service are fully attained.

CHT Bernadette provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. 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 are partially attained and of low risk.

CHT has an overarching strategy map with clear business goals to support organisational values. The CHT Bernadette business plan aligns with the CHT strategy map and includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

A health and safety programme is implemented. Hazards are managed. Incident forms are documented, and results are analysed.

There is a staffing and rostering policy. The organisational staffing policy aligns with contractual requirements and includes skill mixes; however, at the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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 are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses assess, plan, review, and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. Resident files are partly electronic and partly paper based and included medical notes by the general practitioner and nurse practitioner, and allied health professionals.

The activities team provides and implements a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site by an external company. Residents' food preferences, dietary and cultural requirements are identified and catered for.

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

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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There as an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed; analysis and benchmarking occur. The report is communicated to staff via staff meetings and to the area manager and head office. A six-monthly comparative summary is completed. Covid-19 response plans

are in place and the service has access to personal protective equipment. There have been two outbreaks (Covid-19) reported since the previous audit.

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 are partially attained and of low risk.
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There is a governance commitment to eliminate restraints. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered.

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	20	0	3	1	0	0
Criteria	0	57	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Health Plan includes details on the active recruitment of Māori staff and processes to do this. The unit manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at CHT Bernadette. At the time of the audit, there were staff members identifying as Māori. The service has links with the local Māori community and health service providers.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The Pacific health plan is implemented. The service partners with Pacific organisations to provide guidance, including local Pacific church contacts facilitated by staff members from the local Pacific community. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support. At the time of the audit, there were staff who identified as Pasifika.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. There were Māori residents at the time of the audit. The Māori health plan determines that Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with five relatives (one rest home and four hospital) and five residents (three rest home and two hospital residents).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand the language. The staff noticeboards contain information on Māori tikanga practice. Interviews with care staff (three healthcare assistants (HCA), three registered nurses (RN), one physiotherapist and one activities coordinator), one unit manager (RN) and one clinical coordinator confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning, policies, the Māori health plan, and the Pacific health plan. At the time of the audit, there were residents who identified as Pasifika and Māori. Staff interviewed stated the workplace had a positive culture supported by management.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The unit manager, clinical coordinator, HCAs, and the RNs interviewed were knowledgeable around tikanga practices in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The unit manager maintains a record of all complaints, both verbal and written, in a complaints' register. There have been three internal complaints received in 2022 and three internal complaints in 2023. There were no complaints received from external agencies. Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. No trends have been identified. The area for improvement identified at the previous audit relating to HDSS:2008 #1.1.13.3 has been addressed. Discussions with relatives and residents confirmed they are</p>

		<p>provided with information on the complaints process.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held regularly. Interviews with the unit manager confirmed their understanding of the complaints process. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The unit manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>CHT Bernadette provides care for up to 92 residents at rest home and hospital level care. On the day of audit there were 89 residents in total.</p> <p>All 92 beds in CHT Bernadette are dual purpose. Rest home and hospital beds are located across two levels. On the day of audit, there were 89 residents: 36 rest home residents, including one on a long-term support chronic health contract (LTS-CHC); and 53 hospital residents, including one LTS CHC, two residents were funded by ACC, and four younger residents on a younger person with a disability (YPD) contract. All remaining residents were on the age-related residential care contract (ARRC).</p> <p>CHT Bernadette is located in Tauranga and is part of Christian Healthcare Trust (CHT). CHT oversee sixteen aged care facilities in the North Island: three in the Bay of Plenty, one in Waikato, and twelve in Auckland. The governance body of CHT consists of six trustees. Each of the trustees contributes their own areas of expertise to the Board, including legal, accounting, medical, human resources, marketing, and business management. The Chairperson of the Board is also an experienced director and Chairs other organisational Boards. The chief executive of CHT reports to the Board. Area managers' report to the chief executive. The area managers and the chief executive are based at head office in</p>

		<p>Auckland. The area manager interviewed explained the strategic plan, its reflection and collaboration with Te Pūtahitanga o Te Waipounamu agency to address Māori barriers to equitable service delivery, which aligns with the Ministry of Health strategies. The Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>CHT policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The unit manager reports on any barriers to the area manager, who reports them to the chief executive, who reports them to the Board to ensure these can be addressed. The clinical coordinator and RNs work in consultation with resident and family/whānau, on input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The chief executive and the Board approve the annual business plan. The plan includes operational and clinical objectives. Progress on goal achievement is assessed monthly by the Board. The CHT Bernadette business plan aligns with the CHT business plan and is approved by the area manager and the chief executive.</p> <p>The unit manager has been in the role permanently since January 2022, and was the previous clinical coordinator in the facility. They are supported by a clinical coordinator who has been in the role since November 2021 and a stable team of care and administration staff. The unit manager is also supported by the area manager, who has their office within the facility. The unit manager reports a turnover of registered nurses. Recruitment of registered nurses has occurred, with one RN vacancy outstanding.</p> <p>The unit manager and clinical coordinator have attended training over eight hours over the past year, appropriate to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>CHT Bernadette is implementing a quality and risk management programme. Quality goals 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the unit manager and the area manager. The</p>

<p>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>quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the unit manager and clinical coordinator. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Benchmarking also occurs against other CHT facilities and externally against other New Zealand aged care providers. Results are shared in monthly staff meetings and with head office. Monthly staff meetings include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. The area for improvement identified at the previous audit relating to HDSS:2008 # 1.2.3.8 has been addressed. The role of the unit manager is to ensure policy and procedure implementation within the facility represents Te Tiriti partnership and equality. Staff have cultural training that aligns with the Māori health plan, to ensure delivery of high-quality health care for Māori.</p> <p>Resident/family satisfaction surveys are completed monthly, with residents/family invited on the month of their yearly anniversary of admission date, with the aim of covering all residents and families/whānau over the year. Surveys completed in 2023 reflect high levels of resident/family satisfaction of care in the categories surveyed.</p> <p>All resident incidents and accidents are recorded, and data is collated. Twelve accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the unit manager evidenced awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There have been monthly Section 31 notifications submitted in 2022 for RN shortages and one for a stage IV pressure injury. Change of manager notifications were made as required. There have been two Covid-19 outbreaks in 2022 and 2023, which were notified appropriately to Public Health authorities.</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.</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>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (night shifts between June 2022 and April 2023) for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The unit manager and the clinical coordinator work full time from Monday to Friday. The unit manager and the clinical coordinator both cover on call 24/7.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>Laundry, cleaning, and kitchen staff are employed by an external company. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule being implemented that exceeds eight hours annually. The education and training schedule lists compulsory training. There is an attendance register for each training session and an individual staff member</p>

		<p>record of training.</p> <p>External training opportunities for care staff include training through Te Whatu Ora- Hauora a Toi Bay of Plenty, hospice, and the organisation's online training portal, which can be accessed on personal devices.</p> <p>Existing staff support systems include peer support, and promotion of staff wellbeing. Senior HCAs, RNs and activities staff have first aid certificates. All senior HCAs, and RNs have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There is a total of 48 HCAs in the facility; 38 of whom have achieved a level three or higher NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies, including (but not limited to): restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Five RNs (including the clinical coordinator) are interRAI trained. All RNs also attend external training, through webinars and zoom training where available. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible.</p> <p>The facility collates quality data, which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff.</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</p>	<p>FA</p>	<p>Five staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>		<p>retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice and is tailored specifically to each position. Information held about staff is kept secure, and confidential. Ethnicity data is identified. The Māori health plan determines that staff files included iwi affiliation when there are Māori staff. At the time of the audit, there were Māori staff.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy/decline to entry policy and procedure guides staff around admission and declining processes, including required documentation. The unit manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions, and declined referrals, which goes to head office and is discussed at the monthly unit review meetings. The report includes ethnicity and iwi details. 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 whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five resident clinical files were reviewed: two rest home and three hospital level care (including one young person with disability (YPD) and one resident on an ACC contract).</p> <p>A registered nurse completes an initial assessment and care plan on admission. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident electronic and hard copy care plans. The completed interRAI assessment (excluding YPD residents) links to the long-term care plan. Interventions recorded in the long-</p>

	<p>term care plan to address medical and non-medical needs were not consistently comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans reviewed on the electronic management system and hard copy documents, were resident focused and individualised; however, not all were updated ongoing as resident needs changed. Care plans include allied health and external service provider involvement. Short-term needs such as current infections, wounds and weight loss are not consistently recorded on short-term care plans as per policy. Care plans had been evaluated at least six-monthly. Residents and family/whānau interviewed confirmed that they participate in the care planning process and review.</p> <p>The service has systems and processes to support all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making. The clinical coordinator and registered nurses (interviewed) explained the cultural supports and assessments undertaken for residents who identify as Māori and how resident specific goals (pae ora outcomes) would get interwoven into care planning and delivery of care.</p> <p>The service contracts with the local medical service and the general practitioner (GP) or nurse practitioner (NP) visit twice a week. The GP or NP completes three-monthly reviews, admissions, see residents of concern and provide on-call service during work hours. Out of hours on-call service is provided by a team of NPs and GPs from a local medical service. The NP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. There is a contracted physiotherapist who visits eight hours a week, and also sees ACC clients outside these hours and a podiatrist who visits six-weekly. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling. The physiotherapist (interviewed on the day) was complimentary of the service provided by CHT Bernadette staff to the residents.</p> <p>Family/whānau interviewed stated their relative's needs were being</p>
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	<p>appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review and if required a GP or NP visit. Family/whānau are invited to attend GP and NP reviews, and if they are unable to attend, they are updated of any changes.</p> <p>Wound management policies and procedures are in place. Wound assessments, and wound management plans with photos and wound measurements were reviewed, and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records were reviewed for residents with current wounds. Chronic wound care plans did not demonstrate that evaluations were completed and that documentation of progress towards healing in the evaluation section was completed. The wound clinical nurse specialist and the GP or NP have input into chronic wound management. On the day of the audit, there were ten wounds from six residents. Registered nurses and healthcare assistants receive training on wound management and pressure injury management.</p> <p>Registered nurses and healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts included (but not limited to) weights, neurological observations, vital signs, turning schedules, and fluid balance recordings. Incident reports reviewed evidenced timely registered nurse follow-up of all incidents. Neurological observations were completed as per policy for all unwitnessed falls.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. Healthcare assistants advised that a verbal handover occurs at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system, entered by the healthcare assistants, and registered nurses after each duty. The registered</p>
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		<p>nurse further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Care plans include the physical, spiritual, whānau, and mental health of the residents. Cultural training is completed annually.</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 are three diversional therapists, and they cover seven days a week. There are monthly themes, for example, Māori Language week, Matariki, ANZAC, Easter, and Christmas. The planner has one on one activities, such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities.</p> <p>An outing is organised weekly and regular visits from community visitors such as canine friends occur. Communion church services are held weekly, and multi-denominational services are also available. The activities team integrate te reo Māori in the daily programme with the use of te reo Māori phrases, crosswords in te reo Māori and bilingual everyday words displayed as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The residents are provided with opportunities to participate in te ao Māori. The facility is developing further community links with local iwi, noting that staff who identify as Māori, have links already.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>Policies and procedures are in place for safe medicine management. Medications are stored securely. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent healthcare assistants administer medications; all have completed medication competencies annually. Registered nurses have completed syringe driver training. All robotic packs are checked on delivery against the electronic medication charts. There is a hospital stock of medications; however, these are not checked for quantity and expiry. Medications for deceased residents were not always returned to the pharmacy. Policies and procedures for residents self-administering medications are in place to ensure residents are competent and there is safe storage of the medications. There was</p>

		<p>one resident self-administering medications on the day of the audit. Competencies and safe storage were implemented as per policy. Registered nurses advised that over-the-counter medications are prescribed by the general practitioner or nurse practitioner. All medication errors are reported and collated with quality data.</p> <p>The medication room temperature monitoring and recording has not been completed. The fridge temperatures have not been consistently monitored and recorded weekly. All eye drops sighted in the medication trolleys were dated on opening. No standing orders are used. No vaccines are stored on site.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP or nurse practitioner have reviewed the medication charts three-monthly. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented on the electronic medication management system. Residents and relatives interviewed stated they are updated about medication changes, including the reason for changing medications and side effects. There was evidence of this communication with residents and relatives in the clinical records.</p> <p>The registered nurses and management described an understanding of working 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>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The interviewed residents and whānau/family expressed varying levels of satisfaction with the food portions and options. All the meals are cooked on site by a contracted company. A resident dietary profile is developed for each resident on admission which identifies dietary requirements, likes, dislikes, and any cultural considerations; and this is provided to the kitchen and updated as the resident needs change. The chef</p>

		manager also consults directly with residents to gain feedback on the food services. The chef manager (interviewed) stated they are aware of menu options for Māori residents and would consult with residents on the food and their choices. Staff interviewed understood basic Māori practices in line with tapu and noa. The chef manager and kitchen staff are trained in safe food handling.
<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	The registered nurses interviewed described exits, discharges, or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There was evidence that residents and their families/whānau were involved in all exits or discharges to and from the service and have the opportunity to ask questions. A copy of the resuscitation status, enduring power of attorney or next of kin contact numbers, latest medication chart, progress notes, and last GP or NP consultation notes are included in transfer information. A verbal handover is provided. Referrals to other health and disability services is evident in the resident files reviewed.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness which expires on 22 April 2024. There is a preventative maintenance schedule that is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment checks, calibrations of weigh scales, and clinical equipment testing, which are all current. Monthly hot water tests are completed for resident areas and are within expected ranges. The environment is inclusive of residents' cultures.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect the aspirations and identity of Māori.</p>
Subsection 4.2: Security of people and workforce	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (22 March 2021). Fire evacuation drills

<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>are held six-monthly, with the last drill completed March 2023.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. These are audible and are displayed on the visual panels in hallways to alert care staff to who requires assistance. Interviews with staff and the unit manager confirm that the calls bells have been working with no failures reported. Review of the maintenance log confirms that there have not been any call bell system failures over the last 12 months. The previous audit shortfall (NZS HDSS:2008 # 1.4.7.5) related to call bell system has been addressed.</p> <p>The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>	FA	<p>The service has an infection prevention and control manual and a pandemic plan, which includes a comprehensive Covid-19 response plan that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly.</p> <p>The service provides te reo Māori information around infection control for Māori residents. Staff members who identify as Māori provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical coordinator completes a comprehensive</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>six-monthly review, and this is reported to management, all staff and to head office. Infection control surveillance is discussed at monthly staff meetings. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infections, with information on care and prevention.</p> <p>There have been two Covid-19 outbreaks since the previous audit. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator (who is the clinical coordinator) on interview described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau were updated regularly.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. The areas for improvement identified at the previous audit relating to HDSS:2008 # 1.4.1.1 have been addressed.</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</p>	<p>FA</p>	<p>The restraint policy confirms that CHT Healthcare Trust organisation is committed and continues to work actively to minimise the use of restraint and demonstrate commitment toward eliminating restraint. Strategies implemented include working in partnership with residents and family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. CHT</p>

<p>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>Bernadette unit has three residents using bedrail restraints due to their medical conditions.</p> <p>Monthly restraint reports are completed, discussed at staff meetings, and restraint data for all CHT units is included in management reports to the Board. The service is working towards completing a report that provides detail to identify strategies implemented at unit level related to restraint minimisation and in line with the commitment toward eliminating restraints.</p> <p>The restraint coordinator (registered nurse) interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Low</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, expected outcomes and when the restraint will end. The files reviewed for three residents using restraint evidenced assessment, and was inclusive of resident, family/whanau involvement.</p> <p>Restraint is used to maintain resident safety and only as a last resort. Restraint charting includes the restraint method approved, when it should be applied, frequency of monitoring and when it should end. Review of documentation evidenced that restraint monitoring was not completed at the frequency detailed in the assessment or care plan.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the staff meetings.</p> <p>All restraints are reviewed and evaluated as per CHT policy and requirements of the standard. Use of restraints is evaluated six-monthly or more often according to identified risk.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site for a number of night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
Criterion 3.2.3	PA Low	The service meets evaluation timeframes	(i). There were no interventions	(i). Ensure interventions

<p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service</p>		<p>according to aged residential care contract held; however, when changes occurred earlier, the care plans were not always updated to reflect the changes (for example resident was referred to a dietitian and speech and language therapist). The allied health documented detailed notes in the resident records; however, the care plan was not updated to reflect the needs and required interventions.</p> <p>The service seeks multidisciplinary input as appropriate to the needs of the resident. Care or support plan evaluations identify progress to meeting goals. Short-term care plans were used for weight loss, wounds, and medication changes. For one resident seen by the general practitioner with infected toe and rash on abdomen; a short-term care plan was not in place for either.</p> <p>InterRAI assessments were completed within three weeks of admission and reviewed six-monthly according to the aged care contract. The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. For one resident reviewed, the triggered Clinical Assessment Protocols (CAP) did not have any interventions reflected in the long-term care plan.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified the shortfalls noted relates to documentation only and the residents</p>	<p>documented for one hospital resident with infected toe and rash on abdomen.</p> <p>(ii). One hospital resident did not have detailed interventions in the management of percutaneous endoscopic gastrostomy (PEG), restraint and Methicillin-resistant Staphylococcus aureus (MRSA) infection to guide staff in safe management of the resident.</p> <p>(iii). One rest home resident did not have care plan updated following review by a dietitian (June 2023) with the interventions required going forward.</p> <p>(iv). Wound care plan evaluations have not been completed consistently for three chronic wounds care plans reviewed.</p>	<p>are documented to manage acute changes.</p> <p>(ii). – (iii). Ensure care plans have detailed interventions to provide guidance to staff on care management and are updated to reflect changes to resident needs and management plan.</p> <p>(iv). Ensure that wound care evaluations are completed.</p> <p>90 days</p>
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integration as required.		received the required care; therefore, the risk is assessed as a low risk.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent healthcare assistants are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, medication room and fridge temperature monitoring, storage and monitoring of medicines were not consistently demonstrating compliance with policy, standards, and legislative requirements.</p>	<p>(i). Medication room temperature monitoring is not monitored for two of two medication rooms.</p> <p>(ii). Medication fridge temperature monitoring has not been consistently monitored weekly for two of two fridges where medications are stored.</p> <p>(iii). On the day of the audit, one of two fridges was malfunctioning with no measures were in place to ensure safe storage of medications that require refrigeration.</p> <p>(iv). There was no system for checking and documentation of stock medication (imprest) for quantity, expiry, and availability.</p> <p>(v). There was medication for deceased residents still stored in the medication room and not returned to pharmacy.</p>	<p>(i). – (v). Ensure medicine management systems and processes are in line with policy, standards, and legislative requirements.</p> <p>60 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this</p>	<p>PA Low</p>	<p>Restraint assessment process has been completed by the restraint coordinator and frequency of monitoring is detailed in the resident's care plan. Monitoring of restraint use is mainly completed by the healthcare assistants.</p>	<p>Restraint monitoring documentation for three resident records reviewed is not occurring at the frequency expected by the policy, assessments, or care plans.</p>	<p>Ensure restraint monitoring and documentation is completed as per assessment, care plan and in line with policy.</p>

determination.				90 days
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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.