

Presbyterian Support Otago Incorporated - Elmslie House

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:	Presbyterian Support Otago Incorporated
Premises audited:	Elmslie House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 August 2023 End date: 22 August 2023
Proposed changes to current services (if any):	The service wishes to remove Hospital services- Geriatric and Medical from their certificate.
Total beds occupied across all premises included in the audit on the first day of the audit:	20

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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

Presbyterian Support Otago Elmslie House provides rest home level of care for up to 31 residents. There were 20 residents at rest home level only, on the days of audit.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

There have been changes in management since the last audit. The service is managed by a suitably qualified facility manager. Residents and family/whānau spoke positively about the care provided.

There are quality systems and processes in place. There is a core of experienced healthcare assistants and non-clinical staff to support the facility manager and registered nurses. Hazards are identified and appropriately managed. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

There were no shortfalls identified at the previous certification audit.

This surveillance audit has identified improvements required around implementation of the quality system; care plan reviews; and implementation of the infection control programme.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and strategic plan.

A Pacific plan is in development.

The service follows relevant best practice tikanga guidelines in relation to consent. A complaints management policy includes information on access to advocacy and complaint support systems.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The service has a quality and risk management systems in place that take a risk-based approach.

Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a documented rationale for determining staffing levels and skill mix for safe service delivery. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service demonstrates the training programme supports staff to provide a culturally safe care. Cultural training includes health equity training.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration.

The activity programme offers a diverse range of activities and provides activities suitable for rest home residents. The programme incorporates the cultural requirements of the residents.

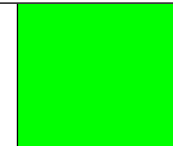
Medicines are safely managed and administered by staff who are competent to do so. Residents and their family/whānau are supported to understand their medications when required.

Food services are prepared off-site at the nearby sister facility. Resident's individual cultural and dietary needs were identified and accommodated.

Transfers, exits and discharges occur in a coordinated and planned manner.

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

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



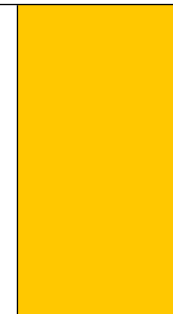
Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

Fire and emergency procedures are documented, and related staff training has been carried out. There is an implemented policy around resident, staff, and the building security.

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

The infection control programme and antimicrobial stewardship programme is appropriate for the size and complexity of the service. There is a pandemic and outbreak management plan. There are appropriate number of protective personal equipment to manage outbreaks.

The infection control coordinator is a registered nurse and shared the role with an experienced healthcare assistant. Education includes cultural appropriate practices related to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been three outbreaks recorded and reported on since the last 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.		Subsections applicable to this service fully attained.
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There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit, the facility was restraint free. Restraint minimisation practice is part of the annual education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions when restraint is considered. Restraint use is part of the reporting process within the quality programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	2	1	0	0
Criteria	0	54	0	2	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>A Presbyterian Support Otago (PSO) Māori health plan and associated cultural policies are documented for the service. Te Tiriti o Waitangi is central to the identity of PSO and their commitment to partnership. PSO committed to a diverse workforce and development of the Māori workforce.</p> <p>PSO processes are regularly reviewed by human resources to support engagement and retention of a Māori workforce. At the time of the audit, there were no Māori staff. Ethnicity data is gathered when staff are employed.</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>	Not applicable	<p>Plans are underway for the PSO organisation to develop a Pacific health plan that will focus on achieving equity and efficient provision of care for Pasifika. This will include working collaboratively with Pacific communities for guidance.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Interviews with the six staff (two HCAs, one RN, one activities coordinator, one maintenance person, one kitchen assistant), the quality advisor and the facility manager confirmed that Māori mana motuhake is recognised through the Enliven Philosophy principles and Valuing Lives model of care.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Annual satisfaction surveys are examples of ways that tāngata whaikaha participate in te ao Māori and that their needs are responded to. The new training package around Te Tiriti o Waitangi and tikanga Māori has been completed by staff in June 2023. Cultural awareness training is included in orientation packages and continues to be held annually as part of the education plan. The orientation package has been updated to include a cultural competency which all new staff have completed. There were Māori residents at PSO Elmslie. A Māori health plan and a cultural services response policy are documented for the service. As a key element of organisational cultural awareness, safety, and competency, PSO acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi, with reference to Te Pātikitiki o Kōtahitanga. The organisation is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected, and maintained. This was confirmed in interviews with two relatives and six residents.</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 through collaboration and participation of family/whānau.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>PSO policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities and employs a diverse workforce. Cultural days are held to celebrate diversity. The Enliven Philosophy of care in practice education include the code of conduct and is discussed with staff during their induction to the service and addresses harassment, racism, bullying, health equity and understanding institutional and systemic racism. Staff acknowledge that they accept the PSO code of conduct during initial employment processes. Staff survey of 2023 evidence a supportive workplace environment.</p> <p>A strengths-based and holistic model is prioritised through the Enliven philosophy, Valuing Lives model of care, and is reinforced in the Māori health plan to ensure wellbeing outcomes for Māori residents.</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</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p>

to exercise independence, choice, and control.		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of complaints, both verbal and written. There have been three complaints lodged since the previous audit. The facility manager has the documentation in place, including follow-up letters, to manage complaints within the guidelines set by the Health and Disability Commissioner (HDC). The facility manager described the complaint process which aligned with policy and HDC guidelines. Interviews with residents and family/whānau confirmed the manager and RN are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori.</p> <p>There has been one complaint received in February 2022 that has been acknowledged and investigated by the PSO clinical nurse advisor. Manatū Hauora has received this complaint from the Office of the Health and Disability Commissioner (HDC). The complaint was escalated to HDC in June 2022. During interview with the quality advisor, PSO were not informed that the complaint escalated to an external agency; however, an internal investigation was completed at the time and recommendations were discussed at the Clinical Governance Advisory group. Recommendations included for PSO Elmslie House to only have rest home level of care until the workforce issues are resolved.</p> <p>Manatū Hauora requested (letter dated October 2022) to follow up against aspects of this complaint that included service management related to staffing levels and skill levels (standard 2.3); Medication policy of supporting end of life residents with palliative care medicines (standard 3.4); and the facility (related to upkeep of facility premise, monitoring of room temperature and maintenance of equipment (standard 4.1). There were no issues identified in this audit in relation to the complaint.</p> <p>One complaint dated June 2023 has been acknowledged and</p>

		investigated by the clinical nurse advisor; however, remains open until further discussions at the Clinical Governance Advisory group.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Presbyterian Support Otago (PSO) Elmslie House is in Wanaka. Elmslie House is one of nine aged care facilities under the PSO Enliven Aged Care Service. The director and management group of PSO (eg, quality advisor, clinical nurse advisor) provide governance and support to the Elmslie facility manager.</p> <p>Elmslie House are certified to provide care for up to 31 rest home residents. The facility had 20 rest home residents at the time of the audit; four residents were on respite care; two privately funded and two funded by Accident Compensation Corporation (ACC). All other residents were on the aged related residential care contract (ARRC). The organisation made the decision in September 2022 PSO Elmslie House will provide rest home level only due to RN workforce shortage. Te Whatu Ora- Southern was informed of the decision; consultation occurred with residents and family/whānau and hospital level residents were transferred to PSO Aspiring. The service has notified HealthCERT to relinquish the hospital level care on their certificate.</p> <p>PSO has a well-established organisational structure. The organisation is governed by a Board of representatives who meet monthly. There is Māori representation in the Board; current members have a wide range of experience and can demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation's vision, mission, and values. The organisation philosophy and strategic plan reflects a resident and family/whānau-centred approach to all services. One of the aims of this plan is to implement a bi-cultural strategy to ensure alignment with Te Tiriti o Waitangi. The strategic plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. The Māori health plan confirms health equity is a standing agenda item on clinical governance group meetings. Presbyterian Support Otago are working through the process of appointing a Cultural Advisor and increasing Tāngata Whenua connection and further representation on the Board. The Director of the Family works service is currently investigating with Te</p>

		<p>Rūanga Ngāi Tahu around how they can work together to achieve equity, identify, and minimise barriers and improve outcomes for all residents within the organisation.</p> <p>The facility manager (non- clinical) oversees the daily operations of PSO Elmslie House and the adjacent village. They have been in the role since May 2023 and has a background in village management. They are supported by a full time and a part time registered nurse (RN), the PSO quality advisor, PSO clinical nurse advisor, PSO clinical nurse lead, and the clinical manager at Aspiring Enliven care centre. The facility manager interviewed confirmed they had a comprehensive orientation to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	PA Low	<p>PSO Elmslie House has an established quality and risk management programme that includes performance monitoring and benchmarking. The programmes are led by the PSO quality advisor. Staff interviewed confirmed their involvement in quality and risk management systems. Data is benchmarked with other PSO facilities and against other aged care facilities in New Zealand.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Internal audits, satisfaction survey results and the collation of data are completed as scheduled.</p> <p>There was no meeting schedule in place for 2023 for PSO Elmslie House. The staff meetings (including health and safety and infection control) have not occurred with their planned frequency; however, the facility manager and RN report they meet daily with the shift staff at morning and afternoon handovers and ensure staff are updated on current activities and happenings (eg, number of falls, new policy, health and safety, and any other important points including outbreak management); however, these meetings are not documented.</p> <p>The benchmarking results as well as the specific to PSO Elmslie House information is available at the nurses' station for staff to review.</p> <p>The resident and family satisfaction survey process were completed in</p>

		<p>July 2023. Responses about family involvement, meaningful activities, meals, and laundry had a 100% - totally agree response. There were no corrective actions required following the surveys.</p> <p>Health and safety policies are implemented and monitored by health and safety representatives which are part of the quality committee. There are regular manual handling training sessions for staff with the most recent happening in May 2023. Staff noticeboards keep staff informed on health and safety. There was an up-to-date hazard register (sighted). Staff, volunteers, and external contractors are orientated to the health and safety programme.</p> <p>Critical analysis of practice is undertaken to improve health equity through the inclusion of ethnicity in quality data which is benchmarked. Results are used to identify areas to improve health outcomes for residents within the organisation.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. Electronic reports are completed for each incident/accident. Immediate action is noted along with any follow-up action(s) required, as evidenced in the ten accident/incident forms reviewed. Incident and accident data is collated and analysed using the electronic resident management system.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, there have been one fracture following a fall (November 2021); a number of weekly Section 31 notifications made for RN shortages between April 2022-September 2022; and three pressure injuries were notified in 2022 (April, June, December). No Section 31 notifications were required to be completed for 2023.</p> <p>The change in key staff were notified to HealthCERT in May 2023, as advised by the quality advisor (not sighted).</p> <p>There have been two Covid-19 outbreaks; with the most recent outbreak in August 2023 and one confirmed Norovirus outbreak in December 2022. Te Whatu Ora – Southern, and public health authorities were notified for Covid-19; however, the notification to the public protection team and HealthCERT of the Norovirus outbreak</p>
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		<p>could not be located and sighted due to the change in key personnel.</p> <p>The service provides sufficient training to ensure their nurses and care staff can deliver high-quality health care for Māori through their 'Enliven Philosophy of care in practice' training. Staff completed Māori cultural competencies as part of their training in 2023.</p> <p>As part of the overall annual review of the quality programme, the service reviews annual education and competence programme. Staff are supported to learn te reo Māori and e-learning material and resources are available.</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>	FA	<p>There is a staffing policy that describes rostering requirements. The service has only rest home level residents since September 2022. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for rest home residents. Due to the 'transient workforce' in the region, turnover of HCAs has been very high (over 65%) in 2022 and approximately 48% for 2023.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the current cohort of residents. Casual staff and agency staff are available to help fill gaps in the roster. Good teamwork amongst staff was highlighted during the healthcare assistant (HCAs) interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager is on site Monday to Friday. There are two RNs that share Monday – Friday from 6.45am-3.30pm. The manager lives on site within the same facility and provide after-hours support when required. Staff use emergency consult services for after-hours emergencies between 7pm-7am or the on-call clinical manager at Aspiring Enliven care centre. There is a senior HCA on each shift, which is medication competent that leads and oversee all other shifts. There are adequate numbers of HCAs on each shift to meet the rest home level residents care requirements.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists all mandatory topics and competencies and includes a</p>

		<p>wide range of topics relevant to the aging process. Staff are provided with opportunities to attend in-services. Education records are maintained to evidence attendance. Staff records reviewed that not all staff have completed infection control training (link 5.2.4).</p> <p>The RN, activities staff and seven HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Educational outcomes and objectives include an understanding of health equity. Training includes a focus on supporting Māori and improved health outcomes. Staff interviewed stated how they are supported to learn te reo Māori.</p> <p>The service supports and encourages their 14 employed healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification; ten HCAs have a level two certificate, and four have a level three or a level four Certificate in Health and Wellbeing.</p> <p>Competencies are completed by staff, which are linked to the orientation, education, and training programme. Competencies cover manual handling and transfer; restraint minimisation; hand hygiene; skin management; completion of neurological observations; and medication management.</p> <p>One RN is interRAI trained. PSO sent another RN from Dunedin to regularly assist with the completion of interRAI requirements. Both RNs complete competencies, including (but not limited to) medications; manual handling; restraint; and syringe driver training in March 2023.</p> <p>External training opportunities include training through Te Whatu Ora - Southern and Otago Community Hospice. Staff completed end of life care training in July 2023.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their</p>	FA	<p>PSO Elmslie House has human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely in the manager's office. Five staff files reviewed (one RN, two HCAs, one kitchen staff, one activity coordinator) evidenced implementation of the recruitment process. There is an appraisal schedule in place. Staff appraisals were evident</p>

<p>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>		<p>on the files reviewed.</p> <p>Practising certificates are maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. One new HCA has completed orientation; however, the infection control part of orientation has not been signed off (link 5.2.4). Competencies are completed as part of orientation and are updated as per the PSO schedule.</p> <p>Staff ethnicity data is collected and reported at a governance level.</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>	FA	<p>The facility manager keeps records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals, which is shared with the Director of Enliven. The service collects ethnicity information at the time of admission for individual residents and can do an analysis in the electronic system. Staff at head office are analysing the data for the purposes of identifying entry and decline rates for Māori. There is a Māori representative on the Board, and the facility manager could access Te Whatu Ora - Southern Māori health services if required. The facility manager described how they utilise whānau connections in the first instance through their Māori resident. The organisation is currently building relationships with Te Rūanga Ngāi Tahu.</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>	PA Low	<p>Five rest home resident files were reviewed, including one respite resident funded by ACC and one younger persons with disabilities (YPD). The RNs are responsible for conducting all assessments and for the development of care plans. A RN had undertaken the initial assessment “getting to know me” which is completed within the first 24 hours of admission, as evident in the files reviewed. The “getting to know me” assessment includes all risk assessments, including dietary details; emotional needs; spirituality; falls risk; pressure area risk; skin; continence; pain (verbalising and non-verbalising); activities; and cultural assessment. Nutritional requirements are completed on</p>

		<p>admission. Additional risk assessment tools include behaviour and wound assessments that are completed if required. The outcomes of risk initial assessments formulate the development of the long-term care plan. Interventions to manage the physical and medical needs are documented for the residents not on the ARRC. Te Whatu Ora-Southern does not require an interRAI to be completed for YPD residents.</p> <p>InterRAI assessments are completed for all residents on the ARRC contract; all initial assessments were completed within expected timeframes. The service received an interRAI waiver for completion of six-monthly interRAI reassessments and change in condition interRAI assessments (between March and July 2022). The files sampled have an interRAI reassessment completed (where required) at the time this was required; however, reassessments scores have not always been updated in the care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and documented the needs and supports on the electronic system under sections: getting to know me, interactive me, supporting me and, healthy me. Long-term care plans included interventions to meet the residents' assessed needs. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident family/whānau or significant others are included in the resident electronic file. Long-term care plan evaluations were completed six-monthly; however, not all care plans were reviewed when a change in health condition occurred. Evaluations have not always documented progress towards care goals.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments, and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms.</p> <p>All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP or NP visits when required to complete three-monthly reviews, and admissions and sees all residents of concern. The practice is walking distance from the facility. The NP stated they are available for any residents with health concerns, between the hours of 8 am and 6 pm. All GP and NP notes are available in the electronic system, or on</p>
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		<p>guidelines on symptom management and communication with family/whānau. Te Ara Whakapiri: Principles and guidance for the last days of life outlines the essential components and considerations required to promote quality care at the end of life. The toolkit also includes information for patient/family/whānau.</p> <p>The service supports 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.</p> <p>Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted on the day of the audit.</p> <p>A suite of monitoring charts is available on the electronic resident management system, including (but not limited to) bowel charts; vital signs; weight; blood sugar levels; behaviour; and toileting regime. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Relatives are notified following adverse events. Opportunities to minimise future risks are identified by the registered nurse who reviews every adverse event. Neurological observations are initiated for unwitnessed falls, or where there is a potential head injury; these were completed as required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>PSO Elmslie House employs one full-time activities coordinator who led and facilitate the activity programme. The service facilitates opportunities to participate in te reo Māori through Māori phrases incorporated into the activities and culturally focused food related activities as applicable.</p> <p>Community visitors include entertainers and weekly church services. Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. A monthly calendar of activities is available for residents and includes celebratory themes and events.</p> <p>Residents visit their family/whānau in the community and</p>

		family/whānau can visit the residents in the facility. Family/whānau and residents interviewed reported overall satisfaction with the level and variety of activities provided. Residents' meetings occur monthly (sighted) where residents participate in karakia and waiata.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. The RNs and medication competent HCAs who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The RNs and HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored. The medication fridge and medication room temperatures are monitored daily, and the fridge temperatures were within acceptable ranges. The temperatures in the medication room met the requirements for temperatures under 25 degrees. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, are reviewed, and prescribed by the GP or NP.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had allergy status notified and photo identification. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication is documented in the medication system. There were no residents on 'as required' controlled medication. There were two self-medicating residents whose ability to self-medicate had been assessed appropriately, with secure medication storage available. No standing orders were in use and no vaccines are kept on site.</p>

		<p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects.</p> <p>The RNs described working in partnership with all residents (including Māori) to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen at PSO Elmslie House is a receiving kitchen for lunch and dinner meals which are prepared off site at the sister facility- Aspiring Enliven care centre. The kitchen services manager (qualified chef) oversees the off-site kitchen. The kitchen staff accommodate cultural requests. On the days of the audit, staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices. Residents and family/whānau members interviewed indicated satisfaction with the food services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</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</p>	FA	<p>The building warrant of fitness is current until 1 July 2024. The asset register was reviewed and evidence testing of equipment and calibration of medical equipment is current with annual checks last completed in October 2022. Records are maintained. Visual inspection</p>

<p>move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>during the facility tour evidence the buildings, plant, and equipment are fit for purpose at PSO Elmslie House, and comply with legislation relevant to the health and disability services being provided.</p> <p>There is an annual maintenance plan that includes electrical equipment checks, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from PSO head office and records evidenced implementation as scheduled. Room temperatures and communal areas are controlled by underfloor heating; digital temperatures are displayed. Inhouse temperatures were 21 degrees Celsius at the time of the audit. Residents interviewed confirm the ambient temperatures to be comfortable. Two rooms were under refurbishment and another five, including the carpet, were scheduled to be refurbished. Tāngata and whānau are consulted to ensure that changes to the environment reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is an approved evacuation plan dated 27 August 2001. Fire evacuations are held six-monthly. The last fire drill was completed 10 March 2023. The civil defence cupboard is well-equipped and checked regularly. There is sufficient water storage, food, and alternative cooking in the event of an emergency.</p> <p>The building is secure after hours, and staff complete security checks at night. The staff orientation includes fire and security training.</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</p>	PA Moderate	<p>A pandemic response plan was developed at head office and included site specific procedures. An outbreak kit is readily available. There is good external support from the GP, laboratory, and the PSO clinical nurse advisor. Personal protective equipment (PPE) is readily available, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in a dedicated storage area. Hazardous waste is collected by approved contractors weekly. Hand sanitiser is available in the hallways and there are handwashing</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>facilities available in resident rooms. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures; however, training records reviewed evidence that not all staff have completed annual infection control training.</p> <p>The most recent Covid-19 outbreak has been declared 'cleared' three days prior to the audit. Staff were observed to be complying with the infection control policies and procedures. Staff interviewed confirmed the practice occurred during outbreaks.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation has reviewed policies to include participation in partnership with Māori for the protection of culturally safe practice in infection prevention and acknowledge the spirit of Te Tiriti o Waitangi. On interview, the staff could describe culturally safe practices they adhere to 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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections are recorded electronically. Infection surveillance is an integral part of the infection control programme and is described in the infection control policies. 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 quality advisor completes monthly benchmarking, and this is reported locally to all staff. There was no documented evidence that these are discussed at staff meetings (link 2.2.2). The organisation is incorporating ethnicity data into surveillance methods and data captured around infections. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora – Southern for any community concerns.</p> <p>There have been two Covid-19 outbreaks since the previous audit (September 2022 and August 2023) and one confirmed Norovirus outbreak in December 2022. The outbreaks were documented with</p>

		evidence of comprehensive management. The infection control coordinator role is shared between a registered nurse and senior healthcare assistant. Staff interviewed reported they received daily updates and debrief meetings occurred during handover, including discussions on what went well, what could have been done better and to discuss any learnings to promote system change and reduce risks; however, there were no documented evidence (link 5.2.4). Residents and their family/whānau were updated regularly. Evidence was recorded of all outbreaks (except one) that were reported accordingly (link 5.2.4).
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The aim of the service and the governing body is to eliminate restraint. There were no restraints in use at the time of the audit. The restraint policy and strategic plan include objectives for maintaining a restraint-free environment. 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. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. The facility remains restraint free.</p> <p>The designated restraint coordinator is a registered nurse. Restraint use is included in quality data and is benchmarked. Results are reported to the Board each month. The quality reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Regular staff meetings occurred in 2022. Enliven Wanaka health and safety and Enliven infection control meetings occurred in 2022 combined with PSO Aspiring; however, since October 2022, each facility have held separate health and safety and infection control meetings. PSO Elmslie did not have a documented meeting schedule in place for 2023 and meetings were not documented as having occurred. The clinical nurse lead at PSO Aspiring provide weekly support to the facility manager and meet with RNs weekly to discuss residents of concern. This was evident through interviews that it had occurred; however, there were documented meeting minutes for only one clinical meeting for 2023.</p>	<p>(i). There was no meeting schedule in place for planned meetings for 2023.</p> <p>(ii). Meetings (including full staff meetings, health and safety, infection control and clinical) have not been documented as having occurred.</p> <p>(iii). Meeting minutes available did not evidence a set agenda that included discussion of quality information.</p>	<p>(i). Ensure there is a documented annual schedule of planned meetings.</p> <p>(ii)-(iii). Ensure meetings occur as planned and meeting minutes are documented and available to staff.</p> <p>90 days</p>

		Staff interviewed confirmed they received regular communication on matters related to health and safety and infection control matters through regular emails (reviewed), handovers, memos, and time target messages. The PSO quality advisor completes a comprehensive monthly PSO quality report, including benchmarking, which is circulated to the facilities. This was available at the nurse's station for staff to view.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating</p>	PA Low	<p>Long-term care plans reviewed are scheduled to occur at least six-monthly at the time of interRAI assessments or when there has been a significant change to resident condition. Evaluations of the care plans occurred six-monthly; however, did not always occur at the same time as the interRAI assessment and therefore did not always capture a change in care needs. Goals are documented and well-defined to promote independence. Evaluations do not always identify progression (or not) towards goals.</p> <p>Progress notes are detailed and provide a daily evaluation of resident's condition. The RN and HCAs interviewed were knowledgeable around the care requirements of residents. There is a comprehensive handover process at each shift change.</p>	<p>Three of the files reviewed had the following short falls:</p> <p>(i). Evaluations have not always been completed at the time of the interRAI and therefore, the care plans did not always evidence a change in care requirements or change in identified assessment scores.</p> <p>(ii). Residents progress towards achieving goals have not been documented in the evaluations reviewed.</p>	<p>(i). Ensure care plans are evaluated at the time of interRAI completion, to reflect any changes in care requirements and risk scores; and</p> <p>(ii). Ensure progression towards meeting goals is documented.</p> <p>90 days</p>

changes to the care or support plan.				
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	<p>PA Moderate</p>	<p>Training records reviewed that not all staff completed infection control training. Infection control training was facilitated by Enliven in June 2023. Staff completed hand hygiene competencies and were observed during the days of the audit to implement hand hygiene between cares.</p> <p>There have been three outbreaks recorded. Due to changes in key personnel, the evidence of two outbreaks could be located; however, the notification of the Norovirus reported in meeting minutes could not be located.</p> <p>The staff meetings (including health and safety and infection control) have not occurred with their planned frequency; however, the facility manager and RN report they meet daily with the shift staff at morning and afternoon handovers and ensure staff are updated on current activities and happenings (eg, number of falls, new policy, health and safety and any other important points including outbreak management); these meetings are not documented.</p> <p>There was a recent Covid-19 outbreak in August 2023 and declared 'cleared' three days prior to the audit. Daily update and debrief meeting occurred during handover, as evidenced through staff interviews, including an evaluation on what went well, what could have been done better and to discuss any learnings to promote system</p>	<p>(i). Three HCAs have not completed annual infection control training in 2022/2023 and one new appointed HCA has not completed the infection control part of the orientation workbook.</p> <p>(ii). There was no documented evidence that debrief meetings occurred for all outbreaks.</p> <p>(iii). Due to changes in key staff, the Norovirus outbreak notification in December 2022 could not be located.</p>	<p>(i). Ensure that all staff complete infection control training annually and at orientation.</p> <p>(ii). Ensure debrief meetings are documented.</p> <p>(iii). Ensure outbreak notification forms are accessible.</p> <p>60 days</p>

		change and reduce risks; however, there was no documented evidence to support this.		
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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, these 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.