

Akaroa Health Limited - Akaroa Residential Care Centre

Introduction

This report records the results of a Certification 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Akaroa Health Limited
Premises audited:	Akaroa Residential Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 November 2023 End date: 22 November 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:	9

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 tātou 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

Te Hauora o Rākaihautū (Akaroa Health) provides rest home and hospital level geriatric and medical services for up to eight age-related residential care residents and four primary care patients.

This certification audit process included review of policies and procedures, review of residents', patients' and staff files, observations and interviews with residents, family members, members of the governance group, managers, staff, and a general practitioner.

A strength of Akaroa Health is the strong links it has to the community that it provides services for. Considerable work has been undertaken to work in partnership with iwi and Māori organisations to ensure equitable outcomes for Māori, which in recognition has been identified as an area of continuous improvement.

Four areas requiring improvement have been identified, in relation to partnering with Pacific communities and organisations, having a Pacific plan approved by the Pacific community, the provision and signing of staff position descriptions, and training for the infection prevention coordinator.

Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
--	--	--

Te Hauora o Rākaihautū (Akaroa Health) works collaboratively to support and encourage a Māori world view of health in its role as a prominent local community service. Systems are in place, including staff education, to enable Māori to be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Systems are progressively being implemented that will ensure that any Pacific people entering the service will be provided with services that recognise their worldviews and are culturally safe.

Residents, patients and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents and patients are safe from abuse.

Residents, patients and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints made have been resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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.
---	--	---

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined and these have been reviewed to be inclusive of the principles of Te Tiriti o Waitangi. Performance is monitored and reviewed at planned intervals.

Quality and risk management systems are being implemented according to documented processes and these focus on improving service delivery and care. A range of opportunities are available to residents, staff and whānau to provide feedback and to be

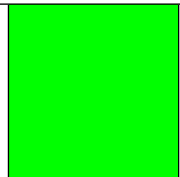
involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Remedial actions are undertaken when shortcomings are identified. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A range of mandatory and elective ongoing staff education opportunities are provided to enable safe equitable service delivery. Staff health and wellbeing is supported.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.		Subsections applicable to this service are fully attained.
---	---	--

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents and patients, with special cultural needs catered for. Food is safely managed.

Residents and patients are referred or transferred to other health services as required.

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

Includes two 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.

Akaroa Health residential and inpatient areas meet the needs of the respective occupants. All areas were clean and relevant compliance and maintenance checks were up to date. A current building warrant of fitness was on display, electrical equipment had been tested as required and biomedical equipment calibrated. External areas are accessible, safe and provide shade and seating.

An approved evacuation plan is available and emergency procedures are described in policy documentation. Staff are trained in emergency procedures, use of emergency equipment and attend regular evacuation drills. Adequate emergency supplies are available, and these are checked regularly. Residents and whānau reported a timely staff response to call bells. Security is maintained and residents and whānau understood security arrangements.

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

Includes five 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 are partially attained and of low risk.

The governing body ensures the safety of residents, patients and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced registered nurse is the infection control coordinator (IPC) for the facility, and they are responsible for leading the IP and AMS programmes.

Reporting on infection prevention and antimicrobial stewardship issues occurs according to documented pathways. These involve health care assistants, registered nurses, the clinical nurse lead, the clinical governance group, general manager and ultimately the governance board. A pandemic plan that has been trialled is in place. Sufficient personal protective equipment is available.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices. The service promotes responsible prescribing of antimicrobials. Staff demonstrated good principles and practice around infection control.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four 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 are fully attained.
---	--	--

The service is maintaining a restraint-free environment, as per the commitment of the board and staff at all levels of the service. Written policies and procedures meet the requirements of the standard and describe assessment, approval, monitoring and review processes for any restraint used. Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions.

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	24	0	3	0	0	0
Criteria	1	162	0	4	0	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.

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>	<p>FA</p>	<p>Te Hauora o Rākaihautū/Akaroa Health has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values, which have been reviewed specifically for this purpose. Staff who identify as Māori who were interviewed reported that their right to Māori self-determination is acknowledged and they felt culturally safe in the workplace. There were no Māori residents present during the audit but recorded feedback from previous residents about the direction the service provider is going in relation to tikanga and te ao Māori was affirmative.</p> <p>A Māori health plan has been developed with input from representatives from local iwi, with whom the service provider now has firm relationships. This is available for use with residents who identify as Māori. Manu motuhake is respected and Akaroa Health has enabled staff to increase their knowledge and become aware of what this means in relation to service delivery. Training on a range of related topics, including te reo, waiata and Te Whare Tapa Whā model of care is ongoing. A continuous improvement rating has been allocated to criterion 1.1.5, in relation to working in partnership with iwi and Māori organisations, although the input to date has had</p>

		positive impacts for the attainment for all criteria in this subsection.
<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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	PA Low	<p>The general manager informed that according to figures supplied by the Waitaha Primary Health Organisation, there are only 14 people in the Banks Peninsula catchment area, all of whom are under 44, who identify as Pasifika. There are not currently any residents at Akaroa Health who identify as Pasifika. Likewise, there are not currently any Pasifika staff, despite proactive efforts with local social service agencies to employ them.</p> <p>A set of policies and procedures provided by the consulting quality company have been developed in consultation with the Pacific plan. These documents focus on achieving equity and efficient provision of health and disability services for Pacific peoples. A corrective action has been raised as the Pacific community has not yet been consulted about the local Pacific plan that has been developed. Similarly, a second corrective action was raised as plans to consult with, and work in partnership with, a Pacific worker through the Waitaha Primary Health Organisation have not yet come to fruition.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>As noted in subsection 1.1, systems have been established to ensure Māori mana motuhake is respected and affirmative responses from previous residents and whānau who identified as Māori confirmed this as their experience.</p>
Subsection 1.4: I am treated with respect	FA	The service supports residents and patients in a way that is inclusive

<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>and respects their identity and experiences. Residents and whānau confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. There were no tāngata whaikaha present on the day of the audit, but the registered nurse confirmed they would be supported in the same way.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room with full ensuite facilities.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the use of karakia, kupu, kai, activities and community connections. Together these elements are part of the organisation's wider strategy to incorporate te reo Māori and tikanga Māori practices. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable to raise any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of health and wellbeing.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>events and during management of any complaints or concerns. Staff knew how to access interpreter services, if required.</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>Residents and their legal representatives are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the patient, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>Policies and procedures in relation to compliments, concerns and complaints are available and meet the requirements of the Code and of the standard. The complaints system is fair, transparent, and equitable. Residents and whānau understood their right to make a complaint, which is noted in the new resident information pack, and informed they would speak to one of the managers if they needed to. A copy of the Code, including the right to make a complaint, is available in te reo and the general manager informed that the counsellor who identifies as Māori is willing to assist both residents and staff on request.</p> <p>There have been no complaints raised within the aged care services since the previous certification audit. Two were raised within the on-site primary care services and the processes used met requirements. Documentation sighted showed that complainants had been informed of the findings following investigation. The general manager informed the same processes would be used for the aged care services and</p>

		<p>that the complaint register is shared. Information obtained through feedback provided is used for improvement opportunities.</p> <p>There have been no complaints about this service made to the Health and Disability Commission, or any other external service, since the last audit.</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>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti o Waitangi • members maintaining competencies in relation to Te Tiriti o Waitangi, health equity, and cultural safety • defining a governance and leadership structure, including for a clinical governance group, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person as the general manager to manage the service, whose role is complimented by a clinical nurse lead/registered nurse • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • ensuring the values and goals of the organisation reflect the needs of Māori • demonstrating leadership and commitment to quality and risk management • ensuring equity by focusing on improving outcomes for Māori, people with disabilities and the needs of those in and from the widespread local rural area • qualified board personnel ensure compliance with legislative, contractual, and regulatory requirements <p>A sample of reports to the board of governance showed adequate</p>

		<p>information to monitor performance is reported. The general manager attends the monthly meetings to respond to questions and further update as needed. Reports are also provided to the board of trustees of the overarching Akaroa health service.</p> <p>The general manager is primarily responsible for overall management of the facility. This person has had proven management experience in key roles, including local government, and other large organisations, and has undertaken a range of management and leadership training. A clinical nurse lead/registered nurse, who commenced in the role when the service was still operating as Pompallier House, oversees the clinical care and aspects of quality management. The two roles are complementary. Both managers confirmed knowledge of the sector, regulatory and reporting requirements and have maintained currency in their respective fields.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury) to provide rest home and hospital services, including respite care under the aged related residential care agreement. At the time of audit, four residents were receiving hospital level care services and four rest home care under the aged related residential care agreement funded under Te Whatu Ora Waitaha Canterbury. One other resident was in one of four flexi beds the night before the audit but was discharged during day one of the audit. The four flexi beds are funded via the Waitaha Primary Health Organisation and support the general practice, which operates from the same building as the care facility. These may be used for respite care, post-operative care, acute/observation and palliative care patients, for example.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This is supported by a quality consultancy who provides policies and procedures, which the service provider has adapted to reflect their needs, guidelines for implementation of the system and electronic platforms that enable collation and analysis of data and benchmarking with similar facilities. The quality and risk management system includes management of incidents and complaints, internal and external audit activities, regular</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>resident/patient/whānau satisfaction surveys, monitoring of outcomes, policies and procedures and key clinical indicators. Residents, patients, whānau and staff contribute to quality improvement through participation in residents' meetings, participation in the wider community forums at Akaroa Health several times a year, responding to satisfaction surveys and providing informal feedback. Lists of suggestions from staff and residents were sighted with evidence of actions taken documented.</p> <p>Ongoing implementation of the quality and risk management system includes the development of relevant corrective actions. These are referred to as remedial actions and the general manager and the clinical nurse lead proactively and competently address any shortfalls through this process. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A comprehensive risk management matrix is in place and time-framed reviews are ongoing. The health and safety system sits alongside quality and risk monitoring.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, remedial action plans developed and subsequently followed up. These are recorded within an electronic system, which includes follow-up and data analysis.</p> <p>The clinical nurse lead is responsible for ensuring essential notification reporting requirements are met. Records of these included an episode of resident aggression, an example of a staff person testing positive for COVID-19 at work, and three others advising the Ministry of Health of registered nurse shortages within the past 12 months. Responses to these situations were all well managed.</p> <p>The general manager explained how the quality system includes</p>
---	---

		<p>review of the overarching care for Māori residents/patients when they are at the facility. It was noted that the comprehensive processes intended to improve services for Māori (as described in subsection 1.1) are enabling higher levels of care to be provided. Critical analysis of organisational practices is inherent within the quality and risk system and is evident within the reports to the clinical governance group and to the governance board.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Registered nurses, in consultation with the clinical nurse lead and the general manager may adjust staffing levels to meet the changing needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them and that they work together and will volunteer to undertake an additional shift when required. This is monitored. Residents and whānau interviewed supported this. The rosters note the staff member on duty who has a current first aid certificate. There is 24/7 registered nurse coverage for the hospital level care residents and the patients in the flexi beds.</p> <p>Continuing education includes mandatory training requirements, which are covered in a mix of self-directed learning packages and one-on-one competency assessments. Related competencies are assessed and support equitable service delivery. The majority of health care assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitaha Canterbury. Cultural competence training is inclusive of health equity and staff interviewed were familiar with the terminology and concepts, in particular in relation to Māori health. In addition to more formal training, a range of Māori health resources are available to all staff. Although it would be advantageous if the current recording system of staff training was easier to follow, records are being kept and those reviewed demonstrated the required training and competency assessments have been completed.</p> <p>The general manager described a range of opportunities available to</p>

		<p>staff to help improve their health and wellbeing. These included a range of information and communication platforms, staff functions, free access to aspects of health care including counselling and gift vouchers to say thank you after stressful times, for example. Staff reported feeling appreciated, well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records were reviewed and although records for staff who were employed by the former Pompallier House were less complete, those employed under Akaroa Health confirmed the organisation's policies are being consistently implemented. Professional qualifications and completed training are checked prior to employment and where annual practicing certificates are required, records of their currency were on file. A corrective action has been raised as although position descriptions are available in organisational policies and procedures, there was limited evidence that staff receive, or are familiar with, these documents for the position they hold.</p> <p>New staff undertake an orientation and induction programme when they commence. This is checked off by a buddy and the applicable manager as it is progressively completed. The programme is adapted according to previous experience and includes self-directed learning processes. Staff confirmed during interview that they were satisfied with the orientation process.</p> <p>Staff performance is reviewed and discussed annually and as required. Ethnicity data of staff is recorded and used in line with health information standards. In accordance with the service provider's commitment to staff health and wellbeing, not only do managers make themselves available to staff following significant incidents, but counselling is available through a Māori cultural contact and from Workplace Support.</p>
Subsection 2.5: Information	FA	The service provider is progressively integrating all organisational,

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>staff and resident information into electronic formats. Two different key electronic systems are in use. There are variable levels of access to information depending on a person's position and whether it relates to patient, resident, staff, maintenance or organisational management issues, for example.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Akaroa Health is not responsible for National Health Index registration.</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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Due to the limited number of aged related residential care beds available a waitlist is maintained. When a placement becomes available a review of each person on the waitlist is completed by the GP, manager and clinical lead to ensure the person with the greatest need is offered the placement.</p> <p>There are four primary health beds in the facility, with two beds used for primary care patients and two beds used for respite care. Respite beds are offered on their availability, and the district nurse who is also based at Akaroa Health provides insight on who in the district may be requiring respite care.</p> <p>Residents and patients enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of patients and residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident or patient is declined entry, there are processes for communicating the decision. Related data is</p>

		<p>documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>FA</p>	<p>Akaroa Health is an integrated health practice that provides a range of health services from one building. These services include aged related residential services at rest home and hospital level care, as well as primary healthcare services. The multidisciplinary team at Akaroa Health works in partnership with the resident and whānau to support the resident's wellbeing.</p> <p>Six residents' files were reviewed as part of the audit sample. These included a mix of residents who were receiving either rest home or hospital level care. Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment. This process included consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessments are based on a range of clinical assessments and include resident and whānau input (as applicable). Timeframes for the initial assessment, GP assessment, initial care plan, long-term care plan, short-term care plans and review and evaluation timeframes meet contractual requirements. This was verified by reviewing documentation, sampling residents' records, from interviews, including with GP, and from observations. There were no residents who identify as Māori being supported on the day of the audit. When supporting residents and whānau who identify as Māori, staff support them to identify their own pae ora outcomes in their care plan, which was verified from interviews of clinical staff. There were no tāngata whaikaha being supported at the time of the audit.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome</p>

		measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and their whānau. Residents and whānau confirmed active involvement in the process.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. A weekly activities plan is in place that offers varied activities, and is coordinated by a trained diversional therapist. Residents observed were actively engaged in the activities on offer.</p> <p>Activity assessments and plans identified individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, and ordinary patterns of life. The activity programme has strong links with the local community, through attending outings and community events, and through groups visiting and being involved in the activity programme. There are established links with the local marae, and opportunities for Māori and non-Māori to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through the resident meetings. Those interviewed confirmed they find the programme meets their needs.</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>	FA	<p>The medication management policy was current and in line with current best practice. A safe paper-based system for medicine management was observed on the day of audit. Medications were blister packed and all staff who administer medicines were competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely and in an ordered manner, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p>

		<p>The review of eight residents' medication records showed that prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Processes are in place to allow residents who are able to self-administer their medication in a safe manner. There were no residents self-administering their medication on the day of the audit. All residents and patients, including Māori, and their whānau, are supported to understand their medications.</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 food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last year. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. One of the cooks identifies as Māori and when required can provide menu options that are culturally specific to te ao Māori, for Māori residents, patients and whānau.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. The cook attends the monthly resident meeting, where food is a standard agenda item. Residents and patients were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident or patient and their whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-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>FA</p>	<p>Akaroa Health is a modern facility less than five years old. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Examples include testing and tagging of electrical equipment, checks and reviews of biomedical equipment and implementation of a maintenance and compliance schedules. A current building warrant of fitness with an expiry date of 1 August 2024 was on display.</p> <p>The environment was spacious, comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There was applicable evidence of signs in te reo and artwork, including a carving at the front entrance. With each resident's room having its own ensuite, there are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. All residents' rooms and communal areas have windows that can be opened. Building temperatures are monitored from Christchurch public hospital and although some problems with extremes of temperatures</p>

		<p>had arisen, the general manager described how these were managed to ensure residents' comfort was met.</p> <p>The entire local community was involved in the design of the Akaroa Health Centre. Ongoing consultations are occurring, as verified in a document on the proposed cultural design and arts components for the building. This is coordinated by the Ōnuku Rūnanga.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Records confirmed all staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service (9 August 2019) and Fire Emergency New Zealand (FENZ) support regular evacuation drills. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. The contents of an emergency kit and the functions of an on-site generator are checked monthly.</p> <p>An electronic call bell system is installed and alerts staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells and there was no evidence in records viewed of delays. Appropriate security arrangements are in place and the service provider has very good relationships with the local fire and police personnel. Staff are educated to remove themselves from threatening situations and seek immediate assistance. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service.</p> <p>Infection related reports are linked to the quality improvement system and are reviewed and reported on monthly and yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>to the governing body. The infection prevention and control coordinator/registered nurse reports related information to the clinical nurse leader who takes it to the clinical governance group. It is the role of the general manager, who also attends this group's meetings to ensure it is reported on to the board. The chairperson of the board noted that the board supports the IP and AMS programmes and signs off related documentation according to the recommendations of the clinical governance group. Board members receive a copy of clinical governance meeting minutes prior to their meetings.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff informed they were well supported through the COVID-19 pandemic.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>The infection prevention coordinator (IPC) is responsible for overseeing and implementing the infection prevention programme with reporting lines to the general manager and onto the governance group. The IPC is a registered nurse and has appropriate skills, and knowledge of infection prevention processes, but has not completed training specific to the IPC role, which is identified as an area of improvement. The IPC has established links and confirmed access to specialist infection prevention advice, resources and support. The IPC's advice has been sought when making decisions around procurement relevant to care delivery, design of any building changes, procedure and policy changes.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available</p>

		<p>in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff at staff meetings and reported through to the governance group. A summary report of infection data was reviewed, along with meeting minutes, which demonstrated a thorough process for investigation and follow-up. Learnings from infection data are incorporated into practice.</p> <p>Communication between service providers, and residents experiencing a health care-associated infection (HAI) is culturally safe.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. The infection prevention coordinator has oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Verbal and documented reports confirmed the service provider, from the board and clinical governance group through to all levels of service delivery is committed to maintaining a restraint-free environment. No residents were using a restraint at the time of audit and staff informed no restraint had ever been used in this service even before it became Akaroa Health.</p> <p>Restraint-related policies and procedures are available, describe clear lines of accountability and meet the requirements of the standards. The clinical nurse lead is the person responsible for ensuring staff receive the required training and to provide support and oversight for any restraint management that might be required.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Training material viewed is comprehensive.</p> <p>The general manager provides a report on the nil use of restraint each month to the clinical governance board and to the board members. Copies of these were sighted.</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 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p>	PA Low	A Pacific plan has been developed by the general manager and includes a Pacific model of care. Resources used to develop the plan are referenced and are from reputable sources that reflect the Pacific voice. Plans in place to consult with the Pacific worker at Waitaha Primary Health Organisation to ensure it reflects the needs and preferences of the local Pacific community have not yet been implemented.	A Pacific plan is based on reputable resources. The Pacific community has not yet been consulted to ensure the Pacific plan accurately reflects the needs and preferences of their people.	<p>The Pacific plan shall be designed in partnership with the Pacific communities to ensure it is underpinned by local Pacific voices.</p> <p>180 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and</p>	PA Low	Policies and Procedures have been developed in consultation available through a quality consultancy have been developed with input from a Pacific community. The general	Akaroa Health are not currently working in partnership with Pacific communities and organisations to enable	Akaroa Health shall work in partnership with Pacific communities to enable better planning for the health and wellbeing of Pacific peoples

<p>disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>		<p>manager informed that a Pacific worker from the Waitaha Primary Health Organisation was invited and has attended a meeting at Akaroa Health. This was confirmed by other staff present during the audit. Conversations regarding the Pacific worker's willingness to specifically work in partnership with Akaroa Health to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples are planned but have yet to occur.</p>	<p>better planning for the health and wellbeing of Pacific peoples.</p>	<p>and to improve outcomes. 180 days</p>
<p>Criterion 2.4.2 Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p>	<p>PA Low</p>	<p>Position descriptions are available in policy and procedure documents. The general manager informed that new staff are provided with a copy of their position description alongside their offer of employment. As noted above, staff members employed prior to the establishment of Akaroa Health did not have initial employment documents on file and it is acknowledged these are not available. However, none of the staff files viewed included a position description and there was no evidence available to confirm that staff receive, or are familiar with, their position description.</p>	<p>Staff files did not include position descriptions that identified the skills and knowledge required of the person's position and the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p>	<p>Ensure staff files include evidence that the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented. 180 days</p>
<p>Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for</p>	<p>PA Low</p>	<p>The IPC is responsible for the development and implementation of the infection control programme at</p>	<p>The infection control coordinator has not yet undertaken infection</p>	<p>For the infection prevention co-ordinator to complete IP and AMS training relevant to</p>

<p>the size and the setting of the service provider, who shall:</p> <ul style="list-style-type: none"> (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making; (c) Have documented reporting lines to the governance body or senior management; (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people. 		<p>Akaroa Health. The current IPC has recently taken over the role from the clinical nurse lead, and has not yet completed training specific to the IPC role, as required by both their policy and the standard.</p>	<p>prevention and anti-microbial stewardship training at a level required for their role.</p>	<p>their role.</p> <p>180 days</p>
--	--	--	---	------------------------------------

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	CI	<p>Te Hauora o Rākaihautū/ Akaroa Health initially set out to plan for ways it could ensure it met the new requirements of the Ngā Paerewa standard. This developed into a comprehensive project aimed at improving the team’s culture to align with overarching principles of Te Tiriti o Waitangi and Te Whare Tapa Whā model of health. Examples of actions taken with additional options such as a visit to the local marae and extending some of the current initiatives such as te reo classes are listed below. The extent of community collaboration has enabled the provider to have a continuous improvement rating allocated for this criterion.</p> <ul style="list-style-type: none"> The Māori Health Plan was developed in consultation with the local iwi and signed off by a Māori elder. Recipients of health services have been included into upskilling the team at Akaroa Health. 	<p>Te Hauora o Rākaihautū/ Akaroa Health is being acknowledged by the local community for the way it is working collaboratively across organisations to enable better service integration, planning and support for Māori. Staff not only confirmed they are more informed about local Māori history, mythology and ancestry, but have increased awareness of the importance of a holistic approach to health and wellbeing, are initiating use of te reo and waiata around the facility and are proactively conversing with representatives of local Ngāi Tahu iwi to increase their knowledge.</p>

		<ul style="list-style-type: none"> • Tima/team meetings focused on reviewing the values to reflect Te Tiriti o Waitangi. Staff provided very positive feedback. • Te Whare Tapa Whā was introduced as a key model of health, especially for Māori residents/patients. Positive feedback is on file. • Karakia is now evident at the start and finish of team meetings (minuted). • Relevant signage and documentation are now bilingual with te reo alongside English versions. • Māori cultural competencies have been infused into everyday infection prevention and control (observed). • Kai/food is now part of all formal meetings. • Kai that is culturally aligned with Māori is provided, even when there are no Māori residents or patients present. • The principles of Te Ara Whakapiri for palliative care have been integrated into care plans, including Te Whare Tapa Whā. • Classes in te reo Māori are available, and waiata and tikanga Māori are provided by a local iwi representative, who is also a • Māori counsellor. These are reportedly well attended, and staff were heard openly practising around the facility. • Elders from the nearby Ōnuku Marae, as well as the wider Ngai Tahu iwi are involved and consulted as needed. • Acknowledgement and positive feedback from Māori and non-Māori residents, staff and community members. 	
--	--	--	--

End of the report.