Lister Home Incorporated - Lister Home

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 BSI Group New Zealand Ltd, 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:	Lister Home Incorporated
Premises audited:	Lister Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 January 2024 End date: 25 January 2024

Proposed changes to current services (if any): The service has applied to Manatū Hauora Ministry of Health to reconfigure 39 beds to dual purpose. These include 23 rest home beds, eight beds in Pitts wing (currently hospital only) and eight in Shakleton wing (currently hospital only). The total number of dual-purpose beds is now 61. The two palliative care/ respite beds remain dedicated hospital level care beds. These rooms were verified as suitable to provide both rest home and hospital level care during the audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 57

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 haumaru │ 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

Lister Home and Hospital provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. On the day of the audit, there were 57 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – South Canterbury. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, general practitioner, and management.

This audit verified 23 beds in the rest home wing, eight beds each in Pitts and Shackleton wings (dedicated hospital beds) as suitable for providing rest home and hospital level care. The total number of dual purpose beds is now 61.

The facility manager is experienced and is supported by the board of trustees, a clinical manager, and a team of experienced clinical and non- clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit identified shortfalls around implementation of the quality system, incident reports, staff orientation and annual appraisals, assessment and care plan timeframes, care plan interventions and monitoring, medication management, aspects of food services, calibration of equipment, and documentation of outbreaks.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.

Lister Home provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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

The service is governed by a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. Lister Home has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The facility manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative

requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

Te aro ki te tangata me te taiao haumaru | 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.		Some subsections applicable to this service are partially attained and of low risk.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Lister Home and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained and restraints are reviewed on a regular basis.

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	22	0	3	4	0	0
Criteria	0	165	0	5	7	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori Health Plan policy is documented for the service and was developed by an external consultant. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit there were no residents that identified as Māori. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board who has linkages with local iwi and marae. The Board representative is working alongside the facility and staff to ensure meaningful implementation of the Māori Health plan. The Board member is available to residents as required. Lister Home is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit. The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pasifika community through staff linkages and are strengthening relationships within the local community. Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Lister Home policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed (three registered nurses, six caregivers, one admin/ receptionist, two diversional therapists, one activities coordinator, one housekeeper, one laundry assistant, one maintenance and one head cook) confirmed their understanding of the Code and its application to their specific job role and responsibilities.

		Staff have received education in relation to the Code at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2023. The residents (four hospital and two rest home) and relatives (two hospital and two rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Residents and relatives stated Māori mana motuhake is recognised as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Caregivers and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Health and Disability Services Consumers' Rights at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori Health Plan. Lister Home delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The chairman of the Board stated the service has a charitable view and a strong Christian ethos, which was evident throughout the audit. There are a range of church representatives (where able) on the Board from all the

		denominations within the community. The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori as documented in the Māori Health Plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	The abuse and neglect policy is implemented. Lister Home policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2023. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.

Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the code of resident rights, advocacy services, complaints and information around service provision and Lister Home. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and GP consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Te Whatu Ora- South Canterbury specialist services. The delivery of care includes a multidisciplinary team. The management team and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages	FA	There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.

so that individuals and whānau can effectively manage their own health, keep well, and live well. 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.		Consent forms for Covid-19 and flu vaccinations were also on file where appropriately signed. Residents and family/whanau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaint/ compliment register and documents all verbal and written complaints. There were 15 complaints received in 2022 and four complaints made in 2023. The complaints reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. The facility manager advised that complaints are discussed at Board level; however, complaints and learnings/ corrective actions resulting from complaints were not evidenced in meeting minutes as being discussed with staff (link 2.2.2). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and relatives making a complaint can involve an independent support person in the process if they choose; this is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that due to the nature of the facility, any issues residents and relatives have

		are discussed with the facility manager directly and dealt with promptly. The facility manager and clinical manager implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Lister Home and Hospital is governed by a community trust board, comprised of representatives from all local churches and the community in Waimate. The service provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. There are two bedrooms, one designated for respite care, the other a palliative care suite. This audit verified 23 beds in the rest home wing, eight beds each in Pitts and Shackleton wings (dedicated hospital beds) as suitable for providing rest home and hospital level care. The total number of dual purpose beds is now 61. On the day of the audit, there were 57 residents; 26 rest home level residents including two residents on a mental health contract, and two residents funded by ACC. There were 31 hospital residents including one resident on a younger person with a disability (YPD) contract, one resident on a mental health contract and three residents were on a 90-day funding (palliative care) contract. Lister Home has a Board of 10 volunteers with a range of backgrounds and experience including church representatives and Māori representation. The chairman of the board and facility manager were knowledgeable around contractual and legislative requirements. The Board meet monthly, and the chairman of the board meets with the facility manager 2 weekly at the facility. There is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Clinical governance is provided by a member of the board (retired RN), the facility manager and clinical manager. The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include (but are not limited to) a commitment to providing and assisting in the provision of good quality

		care to all people and to improving the health status of ethnic groups including Māori and Pacific people who do not currently enjoy the same outcomes as other New Zealanders; a belief in equity of access for all members of the community as a fundamental right in our society, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve better health care. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes (but is not limited to) occupancy, finances, health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a board member and staff employed who identify as Māori. The board member is working alongside the facility manager to offer expert support in te reo Māori and tikanga Māori. The general manager and management team have completed Mauri Ora training to ensure cultural competency. The facility manager is a registered nurse and has been in the position for a year and was the previous clinical manager. The clinical manager (RN) has been in the position for a year and has previous experience in age care. They are supported by an administrator/HR officer, receptionist, a senior RN (infection control coordinator) and a team of clinical and non-clinical staff.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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	PA Moderate	Lister Home has an established quality and risk management system which has been developed by an external consultant. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the board in the monthly clinical manager report and the RN/ clinical meetings held; however, there was no documented evidence in the staff meetings of discussions held around quality data. Information including graphs and

meet the needs of people using the services and our health care and support workers.		meeting minutes were not evidenced as being shared with staff who were unable to attend the meeting. Facility meetings have been held according to schedule; however, residents' meetings have not been held as scheduled. Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training including Te Tiriti o Waitangi to ensure all residents are care for in a culturally sensitive way. Annual resident and relative satisfaction surveys are conducted. The 2022 results have been collated; however, these have not been analysed or results shared at meetings. The 2023 resident and relative satisfaction survey was conducted in September. A review of 'raw' data evidenced positive results and comments relating to the care and services provided at Lister Home; however, these results have not yet been collated, analysed and results shared with residents, family/whānau and staff. Health and safety policies are implemented and monitored through the three-monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. Health and safety representatives (administrator/HR and the facility manager) were interviewed about the health and safety programme. Service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data (and in the Board report); however incident data was not always evidenced as discussed at all facility meetings. The service currently utilises two electronic systems: one for quality including incident reports and one for resident files. The service is working towards transferring all systems to one electronic system. Discussions with the area/facility manager and clinical manager

		evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the last audit in relation to the change in management, an unexpected death, pressure injuries, and RN shortages. There has been outbreaks of Covid-19 since the last audit which were notified to Public Health in a timely manner.
Subsection 2.3: Service management 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.	FA	There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The area/facility manager and clinical manager work full time from Monday to Friday. There are 53 staff who hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels. An education programme is in place for 2023. Study days are held on alternate months for four hours at a time to provide staff with opportunities to complete all required education. External speakers or staff provide an extra training session on the months between the study days. Education in 2023 included (but not limited to) manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. Training is also provided to staff through toolbox talks. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Te Whatu Ora – South Canterbury. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen caregivers have completed their level four qualifications, 11 have completed level three, and nine have completed their level two

		qualification. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety and manual handling. The 10 RNs, including the facility manager and the clinical manager, six are interRAI trained, and a further three are enrolled. Support systems promote health care and support worker wellbeing and a positive work environment.
Subsection 2.4: Health care and support workers 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. 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. 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.	PA Low	Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely in the facility manager's office. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position; however, not all files evidenced completed orientation documentation or annual appraisals. A copy of practising certificates is 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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided; however, this was not evidenced following Covid-19 outbreaks (link 5.4.3). Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	The service utilises an electronic format for resident information, documentation, and data. Electronic information (eg, policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents,

		and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with a member of the board who provides cultural advice and training for staff. A resident chaplain and the facility manager have links available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. Lister Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Eight files were reviewed for this audit: five hospital residents (including one resident on a 90-day end-of-life contract, one resident under ACC, and one resident on younger persons with a disability (YPD) contract) and three rest home residents (including one resident under a mental health contract). The clinical manager and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except for two recent admissions who had not been at the service for three weeks) had interRAI assessments completed; however, initial interRAI assessments and initial long term care plans were not always completed in a timely manner. The long-term care plan includes interventions to guide care delivery; however, interventions were not always reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan

		evaluations were completed; however, were not always evidenced as needs changed or within the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised; however, interventions were not always transferred to the long-term care plan in a timely manner. General practitioners (GP's) from two practices ensure residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The facility manager and/or clinical manager are always available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Lister Home. The GP was complimentary of the clinical assessment skills as well as quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for eight hours a week. A podiatrist visits six to eight -weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required. Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status. Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.

		A wound register is maintained. There were five residents with wounds including two pressure injuries (one facility acquired stage 3 and one non facility acquired stage 3) on the day of audit. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression. The wound care specialist had input to chronic wounds and the pressure injuries. The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring; however, not all monitoring was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.
Subsection 3.3: Individualised activities 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.	FA	There are two diversional therapists and four activities coordinators (one of who is completing NZQA diversional therapy qualifications) who provide activities across seven days. They have current first aid certificates. The programme is supported by the caregivers, minister for pastoral care and various church groups. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which includes the weekly programme and weekly menu which is delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-

		based activities are offered. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings planned six monthly; however, these have not occurred as scheduled (link 2.2). Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
Subsection 3.4: My medication 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.	PA Moderate	Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Lister Home uses blister packs for regular use and 'as required' medications in blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the hospital and rest home. Medication trolleys were always locked when not in use. The

		medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges; however, hospital room temperatures records evidenced occasions when the temperature was outside acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart. Controlled drugs are stored appropriately; however, weekly stock checks have not occurred as scheduled. The six-monthly controlled drug physical check and reconciliation has not been completed over the last 14 months. Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The RNs and clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whanau are supported to understand their medications when required. The clinical manager described how they work in partnership with residents to understand and access medications when required.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Moderate	All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in July 2024. Dry ingredients were decanted into containers for ease of access; however, not all dry goods evidenced a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The cook/head of department is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling, and the cook is currently completing NZQA Level 4 training. There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook/head of department (interviewed) is aware of resident likes, dislikes, and special dietary requirements; however, some residents profiles had not been reviewed for several years. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with the menu in advance to select their preferences and submit to the kitchen. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident

		surveys.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The building holds a current warrant of fitness, which expires 1 June 2024. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in September 2023). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required; however, calibration of medical equipment has not occurred as planned. The building is a single level building with easy access to the garden. A part time gardener is employed to maintain gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed

		stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. Ceiling hoists have been installed in several rooms since previous audits. There are adequate number of toilet and showering facilities. The rest home area has three wings with 29 rooms – all with full ensuite bathrooms. The hospital area has four wings with 34 rooms. Rooms in the hospital wings have handbasin facilities and shared shower and toilet facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares. There was a visual verification at the time of this audit to confirm that the 23 rest home rooms and 16 rooms in the hospital are suitable for hospital level of care, including sufficient room for the use of hospital equipment (i.e. hoists), hospital beds and wheelchairs. Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by large heat pumps and there is underfloor heating throughout the facility. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. The facility manager and clinical manager reported that when there is a planned development for the building, the Board (which includes Māori representation) are involved in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe.	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The

Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. An update is currently in progress. Fire evacuation drills are held six-monthly and was last one was completed on 19 September 2023. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back- up generator available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of seven days. There are adequate supplies in the event of a civil defence emergency, including water supplies (header tanks and bottled water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance and throughout the facility.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and	FA	Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Lister Home quality programme which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Public Health and Te Whatu Ora – South Canterbury. Infection prevention, control and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection control team, the GP, and the Public Health

respond to relevant issues of national and regional concern.		team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (RN), facility manager, clinical manager and chairman of the board confirmed any outbreaks are reported immediately. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.
Subsection 5.2: The infection prevention programme and implementation 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.	FA	The infection control programme has been developed by an external consultant and has been approved by the management team, infection control coordinator and Board. The infection control programme is reviewed three monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports which are discussed at Board level. The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora- South Canterbury. The infection prevention and control coordinator (RN) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed external infection control training including attending the infection control conference, and training provided through online sources and Te Whatu Ora- South Canterbury. The infection prevention and control coordinator has access to support from the infection control specialist at Te Whatu Ora- South Canterbury, Bug Control, the microbiologist, GP and public health team. The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to

		be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitors the effectiveness of education and infection control practices. The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings (link 2.2.2). The management team described a clear process of involvement should there be plans for development and ongoing refurbishments of the building. The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection control policies. Infection prevention and control is part of staff orientation and included in the study days held. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily

		cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings (link 2.2.2). Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical manager provide oversight on antimicrobial use within the facility.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	PA Low	Infection surveillance is an integral part of the infection prevention control programme and is described in the Lister Home infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical manager and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings as confirmed by staff interviewed; however, there was little evidence of this in meeting minutes reviewed (link 2.2.2). The clinical manager and infection control coordinator described developing action plans where required for any infection rates of concern. Short term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and

		family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Te Whatu Ora- South Canterbury services for any community concerns. There have been Covid-19 outbreaks since the last audit. These have been appropriately reported; however, there were no infection outbreak logs or documentation maintained throughout the outbreaks, and there was no documented evidence of debrief meetings held to discuss what went well and what improvements will be implemented on the next occasion. The management team and infection control coordinator reports the individual infections were recorded on the infection logs (sighted); however staff data was not collated, and there was no overall review of data reviewed monitoring the length of the outbreak and residents and staff affected.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The housekeeper interviewed was knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks. There is a laundry on site with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked

		and serviced regularly. The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is an RN (hospital). There are two hospital level care residents listed on the restraint register as using a restraint. Both residents use a bed rail to provide assistance with bed mobility and repositioning. The use of restraint is reviewed monthly by the restraint coordinator and reported at the three-monthly clinical, staff and quality meetings (link 2.2.2) and to the governance board via the clinical manager report. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Lister Home.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices,	FA	A restraint register is maintained by the restraint coordinator. The files of the two residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Both residents were using restraint as a last resort and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed annually. No emergency restraints

implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		have been required.; however the use of emergency restraint is included in the restraint policy. Monitoring forms are completed for each resident using restraint; however, not all have been completed as scheduled (link 3.2.4). Restraints are scheduled to be monitored two to three-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place six-monthly.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed meetings (link 2.2.2) and is reported to the Board. The restraint coordinator meets RN's monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data including any incidents are reported as part of the restraint coordinator reporting to the facility manager. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.

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)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Moderate	A range of meetings are held within the facility including separate hospital and rest home staff meetings, quality, RN. A range of information is shared; however, there is no evidence documented of the discussions held around quality data, complaints, internal audits, or corrective actions. Graphs of benchmarking and quality data collated for the month are reported to the board meeting; however, while there is evidence of data being discussed at the RN meetings, there was no evidence of meeting minutes or data information being available to staff who were unable to attend the meeting. Staff interviewed confirmed they were informed of current infections, falls at	i). There was no documented evidence in the staff meeting minutes of quality data collated (KPIs), internal audits or corrective actions, complaints, or satisfaction survey results. ii). There was no evidence of analysis of data around infection control and incident reports being available to staff who have not attended meetings. iii). There were two resident meetings held in 2022 and one resident meeting held in 2023. iv). Satisfaction survey results have not been analysed and shared with residents,	i). & ii). Ensure meeting minutes are reflective of the discussions held around quality data and information is available for staff who were unable to attend the meeting. iii). Ensure residents meetings are held on a regular basis. iv). Ensure satisfaction survey results are collated, analysed and results are shared with residents, family/whānau and staff.

		the time of the incidents during handovers. While facility meetings have been held according to schedule; resident meetings have not been held regularly. Annual satisfaction surveys have been held; however, the results have not been evidenced of being analysed, and shared with residents, family/whānau and staff.	family/whānau and staff for 2022 and 2023 surveys and the 2023 survey results have not been collated.	90 days
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Low	There are currently two electronic systems in place to log incidents. The incident reports are documented in the electronic quality management system, then documented in the progress notes of the electronic resident management system. The service is working towards streamlining to only have one combined electronic quality and resident management system. Incident reports were completed for all adverse events and evidence initial RN assessment; however, these were not fully completed to evidence ongoing RN follow up post falls and did not identify opportunities to minimise future risks. Family/whānau notification was documented in progress notes and confirmed during family/whānau interviews.	The electronic incident reports reviewed for December 2023 and January 2024 were not fully completed did not evidence ongoing RN follow up or opportunities to minimise future risks.	Ensure incident reports are fully completed to evidence RN follow up post falls and opportunity to minimise future risks. 90 days
Criterion 2.4.4 Health care and support workers	PA Low	Staff interviewed described the orientation process and all felt the	Six of 10 staff files reviewed did not evidence completed	Ensure all staff orientation

shall receive an orientation and induction programme that covers the essential components of the service provided.		process was adequate and they felt well orientated to the facility and their position; however not all documentation was available on staff files.	orientation documentation.	documentation is held on staff files. 90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	A schedule is in place for staff appraisals; however not all staff files reviewed evidenced staff had annual appraisals.	Six files out of 10 did not evidence annual appraisals.	Ensure all staff complete annual appraisals. 90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Moderate	Initial assessments and care plans have been developed within the required timeframes for all eight files reviewed. Initial interRAI assessments have been completed within the required timeframes for five residents (one resident did not require an interRAI assessment). Three of eight resident files identified long-term cares plans had been documented with 21 days of admission (two residents had been at the facility prior to previous audits and one resident had not been at facility long enough to require a long-term care plan). Six monthly interRAI reassessments and long-term care plan reviews had been completed for two residents; however, these were not completed within expected timeframes (three residents had not been at the facility long enough to require reviews). The service was aware of documentation delays and a corrective action plan	Timeframes related to contractual requirements were not always completed for the files reviewed including: i). Two of six initial interRAI assessments (one hospital and one rest home) were not completed within three weeks of admission. ii).Two residents (one hospital and one rest home) did not have an initial long-term care plan completed within three weeks of admission. iii). One repeat interRAI assessment for a hospital resident had not been completed in required timeframes. iv). Six monthly care plan evaluations had not been completed in required timeframes for one hospital and one rest	i-iv). Ensure assessments, care planning and evaluations occur within contractual timeframes. i). Ensure short term care plans are transferred to the long-term care plan after six weeks 60 days

		had been documented and reviewed at the time of audit with confirmation of good progress.	home resident. v). Two short term care plans have been in place for over five months.	
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a	PA Moderate	The service is in the process of moving to an electronic resident management system. Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs.	i).Two hospital residents with aggressive behaviours has no interventions documented to manage associated risks. ii). Two residents (one hospital and one rest home) residents assessed as a moderate or high falls risk did not have interventions documented to manage the risk. iii). One rest home resident with a stoma did not have care interventions documented to manage stoma care. iv). One hospital resident with frequent urinary tract infections did not have risks or interventions documented in the care plan. v).Two residents (one hospital and one rest home) with diabetes did not include signs and symptoms of hyperglycaemia and hypoglycaemia, reportable ranges, frequency of blood glucose monitoring or dietary requirements documented. vi). Two residents (one hospital and one rest home) with pain did not include non-pharmaceutical interventions to manage pain or	i). - vii) Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents. 60 days

person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.			discomfort. vii). One hospital resident with a current pressure injury did not have interventions documented to manage the associated care or risks.	
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.	PA Moderate	There are comprehensive policies around all aspects of restraint including assessments, approval, monitoring, and reviews. All residents using restraint, use lap belts in powered wheelchairs to ensure safety while mobilising. The bed rails used by one resident promote a degree of independence to assist with bed motility. The restraint coordinator determines the frequency of monitoring as documented on care plans. Residents at risk of pressure injuries and or are bed and chair bound have repositioning scheduled in their care plans. Care plans reflect the monitoring required; however, not all monitoring has been completed as directed.	i). Restraint monitoring had not been completed as scheduled for two of two residents using restraint. ii). Repositioning charts were not completed as scheduled for two of two resident files reviewed.	i-ii). Ensure monitoring occurs as per monitoring requirements. 60 days
Criterion 3.4.1	PA	Medications are stored securely and eyedrops are dated on opening and	i). Room temperatures in the hospital wing evidenced four	i). Ensure medication room temperatures are

A medication management system shall be implemented appropriate to the scope of the service.	Moderate	discarded as per manufacturer's instructions. There is a system in place for the monitoring of room temperatures; however, documented temperatures identify recent occasions where the room temperature has been above 25 degrees. Controlled drugs legislation requires weekly checks and six-monthly reconciliation; however, this was not evidenced over the previous 14 months. All medications are stored securely.	recent occasions where the temperature was above 25 degrees. ii). A six-monthly physical check and reconciliation of controlled drugs has not been implemented for over 14 months. iii) Weekly controlled drug medication's checks have not always occurred weekly as scheduled.	maintained below 25 degrees. ii). Ensure six-monthly physical checks and reconciliation of controlled drugs is completed six-monthly. iii). Ensure weekly controlled drug checks are implemented as scheduled. 60 days
Criterion 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.	PA Moderate	All residents had dietary profiles documented on a paper document. This was uploaded to the correspondence section of the residents electronic file and a copy delivered to the kitchen. When changes are required, additional documentation was sent to the kitchen and uploaded to the electronic file; however, the dietary profiles were not always evidenced as reviewed regularly.	Resident dietary profiles evidenced files which had not been reviewed for over two years.	Ensure dietary profiles are reviewed as per policy 60 days
Criterion 3.5.6 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.	PA Moderate	The service has an implemented food control plan with evidence of regular checks of fridge and freezer temperatures, cooking, and servicing temperatures and on receipt of fresh and frozen goods. Dry ingredients are stored in the pantry in bags and decanted into containers as required.	Dry ingredients had been decanted into containers which did not evidence expiry dates.	Ensure all food decanted into containers has the expiry date documented on the container

		On the day of audit not all containers were labelled with expiry dates.		60 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Testing of electrical equipment is completed as required. Electric beds and hoists are checked as part of the annual maintenance plan by the manufacturer. Medical equipment calibration is scheduled; however, due to a communication error this has not taken place since 2021. The service is aware, and a corrective action plan is documented. Email documentation was sighted confirming calibrations are booked for the first available opportunity.	Medical equipment including thermometer's and sphygmomanometer have not been calibrated since 2021.	Ensure all medical equipment is calibrated as per policy and legislation 60 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Individual infection logs are documented electronically. Monthly collation analysis of data is completed by the clinical manager and reported to the Board. The chairman of the Board confirmed that outbreaks are reported to the Board immediately. Meeting minutes reviewed documented the facility was in lockdown within 30 minutes of a positive Covid-19 test, with all relatives, residents and staff informed; there was no documented evidence of an overall review of the outbreak, or debrief meeting held to discuss successes and improvements with staff.	i). There was no documented evidence or log of outbreaks outlining the length of the outbreak, residents and staff affected. ii). There was no consistent evidence of debrief meeting held with staff to discuss successes and improvements.	i). Ensure infection logs are maintained for all infectious outbreaks. ii). Ensure there is documented evidence of debrief meetings held with staff. 90 days

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.

No data to display

End of the report.