**Introduction**

This form is a document review report, completed in preparation for your certification audit. This report should be used by your service in preparing for the up-coming on-site audit and should provide you with sufficient time to make minor changes to the documents reviewed, should this be necessary to meet the requirements of NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard (Ngā Paerewa) and the relevant Aged-Related Residential Care (ARRC) Services Agreement.

Amended documents should be provided to your designated auditing agency either prior to or at the on-site audit.

**Provider Details**

The provider and premises this report relates to:

|  |  |
| --- | --- |
| **Legal Entity Name** | Please enter your organisation’s name. |
| **Premises Name(s)** | Please enter the name(s) of the relevant premises. |

**Summary of Findings: Policies & Procedures**

|  |  |
| --- | --- |
| All reviewed policies and procedures comply with Ngā Paerewa and contractual requirements – no corrective actions are required | Choose an item. |

**Our rights**

| **Policy / Procedure (HDSS / ARRC)** | | **Compliant[[1]](#footnote-1)** | **Comments where non-compliant[[2]](#footnote-2)** |
| --- | --- | --- | --- |
| 1.3  1.4  1.5 | Abuse & neglect | Choose an item. | Click here to enter text. |
| Sexuality & intimacy | Choose an item. | Click here to enter text. |
| Spirituality | Choose an item. | Click here to enter text. |
| Privacy and dignity | Choose an item. | Click here to enter text. |
| 1.1 | Maori plan (or equivalent) | Choose an item. | Click here to enter text. |
| 1.1  1.2 | Culturally safe care | Choose an item. | Click here to enter text. |
| 1.7 | Informed consent including resuscitation / advanced directives | Choose an item. | Click here to enter text. |
| 1.6 | Open disclosure | Choose an item. | Click here to enter text. |

**Workforce and structure**

| **Policy / Procedure (HDSS / ARRC)** | | **Compliant** | **Comments where non-compliant** |
| --- | --- | --- | --- |
| 2.1 | Strategic or business plan (includes values & goals of the organization and philosophy) | Choose an item. | Click here to enter text. |
| 2.2  2.4 | Quality & risk system / plan | Choose an item. | Click here to enter text. |
| Occupational health & safety | Choose an item. | Click here to enter text. |
| 2.2 | Incident reporting policy | Choose an item. | Click here to enter text. |
| 2.3 | Staffing rationale | Choose an item. | Click here to enter text. |
| 2.5 | Information management | Choose an item. | Click here to enter text. |

**Pathways to wellbeing**

| **Policy / Procedure (HDSS / ARRC)** | | **Compliant** | **Comments where non-compliant** |
| --- | --- | --- | --- |
| 3.2 | Continence Management | Choose an item. | Click here to enter text. |
| Behavioural Problems | Choose an item. | Click here to enter text. |
| Pain Management | Choose an item. | Click here to enter text. |
| Personal Grooming | Choose an item. | Click here to enter text. |
| Personal Hygiene | Choose an item. | Click here to enter text. |
| Skin Management | Choose an item. | Click here to enter text. |
| Wound Care | Choose an item. | Click here to enter text. |
| Clinical Management (other) | Choose an item. | Click here to enter text. |
| Death of a Resident | Choose an item. | Click here to enter text. |
| Falls Prevention | Choose an item. | Click here to enter text. |
| 3.4 | Medication Management | Choose an item. | Click here to enter text. |
| 3.5 | Safe Food Handling | Choose an item. | Click here to enter text. |

**Person-centred and safe environment | Infection prevention and antimicrobial stewardship**

| **Policy / Procedure (HDSS / ARRC)** | | **Compliant** | **Comments where non-compliant** |
| --- | --- | --- | --- |
| 5.5 | Management of Waste | Choose an item. | Click here to enter text. |
| 5.5 | Storage & Use of Chemicals | Choose an item. | Click here to enter text. |
| 4.1 | Transportation of residents | Choose an item. | Click here to enter text. |
| 5.5 | Cleaning and Laundry | Choose an item. | Click here to enter text. |
| 5.2 | Suite of IC Policies | Choose an item. | Click here to enter text. |

**Restraint and seclusion**

| **Policy / Procedure (HDSS / ARRC)** | | **Compliant** | **Comments where non-compliant** |
| --- | --- | --- | --- |
| 6.1  6.2  6.3 | Restraint Minimisation | Choose an item. | Click here to enter text. |
| Challenging Behaviour | Choose an item. | Click here to enter text. |

**Other Policies and Procedures**

| **Policy / Procedure** | | **Compliant** | **Comments** |
| --- | --- | --- | --- |
| Code. | Name. | Choose an item. | Click here to enter text. |
| Code. | Name. | Choose an item. | Click here to enter text. |
| Code. | Name. | Choose an item. | Click here to enter text. |
| Code. | Name. | Choose an item. | Click here to enter text. |
| Code. | Name. | Choose an item. | Click here to enter text. |

**Other documents**

|  |  |
| --- | --- |
| A copy of the current building warrant of fitness has been provided / or Code of Compliance Certificate/ Certificate of Public Use. | Choose an item. |
| A copy of the approved fire evacuation plan has been provided (where required). | Choose an item. |

If ‘no’, ensure these documents are available at the on-site audit.

1. Not reviewed this audit means that there has been no change to document previously reviewed at a certification audit and the provider has not changed DAA [↑](#footnote-ref-1)
2. For example, the content does not meet current accepted practice; the content does not meet contractual requirements, the policy or procedure was not provided for document review [↑](#footnote-ref-2)