

Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Cargill Care Home & Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 5 April 2022 End date: 6 April 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 35

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Cargill Lifecare and Village provides rest home services for up to 40 residents.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a contracted allied health provider.

Strengths of the service included a well-maintained environment, treating the residents with respect, quality initiatives and workplace culture. A continuous improvement rating is assigned for improvements made to the meal planning process for residents.

Improvements are required in relation to ensuring all policies are current and the hot water temperature is safe.

Ō tatou motika | Our rights

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

Cargill Lifecare & Village are working on a strategy which will support and encourage a Māori worldview of health in service delivery to ensure Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples will also be provided with services that recognise their world views and are culturally safe.

Currently residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

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

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori representation in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and staff are involved in quality activities. Families reported there was every opportunity to engage with the staff. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

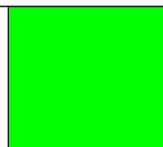
Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

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

The service aims to work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of the residents and whānau and is evaluated on a regular and timely basis.

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

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

The food service meets the nutritional needs of the residents, specific cultural needs are not currently catered for as there are no residents with any specific cultural food requirements. Food is safely managed.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff understood emergency and security arrangements. Residents had no complaints with staff response to call bells. Security is maintained.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Some subsections applicable to this service partially attained and of low risk</p>
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control co-ordinator leads the programme.

The infection control co-ordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principals and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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The service aims to be a restraint free environment. This is supported by the governing body and policies and procedures. No residents were using restraints at the time of audit. A comprehensive assessment, approval, monitoring, and review process is in place should there be any need for restraint. Staff attend de-escalation training.

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	21	0	1	4	0	0
Criteria	1	137	0	1	4	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Cargill Lifecare and Village has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work and have plans to further enhance this strategy. Manu motuhake is respected.</p> <p>A Māori health plan has been developed with input from cultural advisers. It provides examples and guides staff to provide culturally safe care for residents who identify as Māori. Staff reported they have attended Treaty of Waitangi and cultural safety training.</p> <p>There are no residents currently who identify as Māori. The provider is not actively recruiting and retaining a Māori Health workforce across all organisational roles. The service has plans to develop a recruitment policy.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	Not Applicable	The provider has plans to develop the Culturally Safe Policy, a Health and Wellbeing Policy, and training requirements.

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>The provider has not ensured cultural safety for Pacific peoples so their worldviews, cultural, and spiritual beliefs are embraced.</p> <p>The provider has not focused on achieving equity and efficient provision of health and disability services for Pacific peoples.</p> <p>There are no residents currently who identify as Pacific peoples. The provider has not designed a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p> <p>The provider has not actively recruited, trained, and retained a holistic Pacific health and wellbeing workforce that is responsive to the Pacific population's health and disability needs, including Pacific peoples in leadership and training roles.</p> <p>The provider has not worked in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual</p>

<p>respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room with private facilities and several rooms have complete ensuite facilities</p> <p>Te reo Māori and tikanga Māori form part of the organisations extensive strategy which will endeavour to demonstrate the relevance and importance of both in the resident’s care.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to relatives/whānau in a timely manner. Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of</p>

<p>choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>The complaints register reviewed showed that four complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible.</p> <p>The care home manager is responsible for complaints management and follow up. If the complaint is minor it is written in the concerns book in either the nurses' station or the residents' lounge. The care home manager talks to the complainant. The one entry was observed to be signed off by the care home manager.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit. One HDC complaint is being investigated by senior management and is yet to be closed.</p> <p>The Complaints Policy is current and requires the provider to</p>

		acknowledge the complaint within five working days, and every 20 days unless it has been resolved.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the service • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management • being focused on developing plans to improve outcomes and achieve equity for Māori and tāngata whaikaha <p>The national quality and risk manager reported that the senior leadership team and regional managers provide meaningful inclusion of Māori representation to governance groups and honouring Te Tiriti o Waitangi.</p> <p>A sample of reports to the regional manager showed adequate information to monitor performance is reported. Including financial performance, emerging risks and issues.</p> <p>The care home manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. When the care home manager is absent, the clinical services manager carries out all the required duties under delegated authority</p>

		<p>with support from the Retirement Village Co-ordinator.</p> <p>The document, The Heritage Way given to new employees, includes the purpose, values, scope, and direction of the organisation. The 2021 business plan, which is reviewed quarterly, describes annual and longer-term objectives. The end of year review of the 2021 Business Plan was due to be reviewed at the time of audit.</p> <p>The service holds contracts with the Accident Compensation Corporation (ACC), the Southern District Health Board (DHB), Ministry of Health (MoH) and complex medical conditions. Thirty-three residents were receiving rest home level care at the time of audit; one resident was in hospital level care, and one person was receiving care under the complex medical conditions contract.</p> <p>The service plans to have a process to ensure cultural safety as core competencies for the governing body.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement.</p> <p>It has executive commitment and includes management of incidents and complaints, audit activities, health and safety, a regular resident satisfaction survey, policies and procedures, monitoring of outcomes, restraint, and clinical incidents, including infections.</p> <p>Residents, and staff contribute to quality improvement through meetings. The recent satisfaction survey of residents was benchmarked with a good result.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Changes made to the evening meal resulted in the residents reporting increased satisfaction, resulting in a continuous improvement.</p> <p>The care home manager described the processes for the identification, documentation, monitoring, review and reporting of</p>

		<p>risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner and signed off by the clinical services manager. The provider is not required to follow the National Adverse Event Reporting Policy.</p> <p>Ten percent of the policies and procedures were out of date. The service has plans to review the Activities Policy programme and the Culturally Safe Policy to enable health care and support workers to deliver high quality health care for Māori.</p> <p>The service has plans to develop a health equity policy and training for all employees and to use the Health Equity Assessment Tool (HEAT).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The 'Safe Rostering tool' is implemented for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). This is supported by policy. The care home manager and the retirement village co-ordinator reported that the facility adjusts staffing levels to meet the changing needs of residents.</p> <p>The facility employs an extra caregiver 4.30pm to 7.30pm 7 days a week if the resident number reaches more than 36. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>The care home manager reported there was a full complement of staff on the roster. Advertising is underway to replace three casuals who had resigned as they had completed their tertiary training. One registered nurse has been recruited and is yet to sign the employment contract. At least one staff member on duty has a current first aid certificate and fire warden training.</p>

	<p>A review of six weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>The care home manager described the recruitment process includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</p> <p>The 2022 annual education plan was sighted. It lists the education sessions each role must attend, and the month. Education requiring competency assessments are listed. The care home manager reported that all training is up to date. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB or have up to 26 years' experience.</p> <p>Residents' meetings are held monthly to discuss, remind and inform people of changes to procedures, for example, wearing a mask when out in the community.</p> <p>Where health equity expertise is not available, external agencies are contacted. For example, the clinical nurse manager recently had training with a DHB specialist.</p> <p>An afterhours on call roster is in place. Staff reported that good access to advice is available when needed.</p> <p>Staff reported feeling well supported and safe in the workplace. The care home manager reported that the organisation had recently given each employee a gift in appreciation of their dedication.</p> <p>The service has plans to develop policy and procedures to collect and share high-quality Māori health information, training resources and</p>
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		competencies.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Moderate	<p>A range of human resources management policies and processes based on good employment practice were sighted. The provider does not have an employment policy based on relevant legislation. The care home manager uses a flowchart when employing staff, and this was sighted. New employee documents are forwarded to the national support office for processing into the payroll database. The care home manager, and the retirement village co-ordinator reported that all documents must be processed before an employee begins their employment.</p> <p>A sample of six staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were sighted in all files. The registered nurse was employed 14th February 2022 and is completing the interRAI training. The enrolled nurse completes the interRAI assessments, with sign off from an external interRAI trained registered nurse. The care home registered nurse holds a current practicing certificate. Current annual practising certificates were sighted for the physiotherapist, a pharmacist, dietitian, a general practitioner and all were within the expiry date.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New care staff described their orientation and are buddied with an experienced staff member for up to one week.</p> <p>Staff records reviewed show documentation of completed orientation and performance appraisals. Staff files are kept secure and confidential.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>The provider has plans to implement a process to collect, record, and use the ethnicity data by June 2022.</p> <p>Staff reported at interview that they receive support following incidents through debriefing. The care home manager reported staff have</p>

		access to the employee assistance programme.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Policies and procedures guide staff in the management of information. Data is collected and entered into an electronic database. Staff have their own logins. Backup database systems are held by the national support office. The provider is not responsible for registering residents' national health index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, there are currently no residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented but not yet being analysed including decline rates for Māori. Processes are in place to develop relationships with Māori communities and organisations inclusive of traditional Māori health practitioners.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including</p>

<p>know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the NP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The trained diversional therapist was not available for interview. An activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are not yet being facilitated. There are currently no residents who identify as Māori.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p>

<p>access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely there is currently one resident who self-medicates some of their medications. Residents, including Māori residents and their whānau of which there are none who identify as Māori, would be supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. There are currently no residents who identify as Māori, or any menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Whānau reported being kept well informed during the transfer of their relative. The facility uses a transfer folder “yellow envelope” and this is kept in the residents notes when they return from hospital for example.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>PA Moderate</p>	<p>The facility meets the needs of the residents and was clean, comfortable and well maintained.</p> <p>A current building warrant of fitness is publicly displayed. It is dated 13 December 2021 stating that the facility fully complied with the requirements for the 12 months prior to 8 December 2021.</p> <p>Tagging and testing is current as confirmed in records, interviews with the care home manager and maintenance personnel, and observation.</p> <p>The maintenance personnel described the maintenance schedule.</p> <p>Appropriate systems are in place to ensure the residents’ physical environment and facilities are fit for their purpose and maintained. Efforts are made to ensure the environment is hazard free, that residents are safe. The environment was comfortable and accessible, promoting independence and safe mobility.</p> <p>External areas are accessible, provided seating and shade. They are safe and meets the needs of people with disabilities.</p> <p>Communal areas are available for residents to engage in activities.</p>

		<p>The dining and two lounge areas are spacious and enable easy access for residents and staff. Residents can access areas such as the library or family/ whānau room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Each resident has their own toilet and hand basin. Two rooms have en-suites. There are adequate numbers of shared accessible bathrooms. The number of toilet and bathroom facilities for visitors and staff are adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom's areas, and other equipment are available to promote resident's independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Two bedrooms provide shared accommodation but are used as single rooms. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, and wheelchairs. Staff and residents reported the adequacy of bedrooms.</p> <p>Heating is provided by individually thermostatically controlled ceiling heaters in the residents' rooms and the hallways. The dining and lounges are heated by heat pumps. Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p>The provider has plans to consult and involve residents and whānau in the design of any new buildings.</p> <p>The hot water in one resident's room exceeded 45°degrees on the day of the audit.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 22 May 1997. The provider is currently updating the records in consultation with an external fire safety company. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 2nd December 2021.</p> <p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. The orientation programme includes fire and security training. Fire extinguishers, call boxes, floor plans, hose reels, sprinklers alarms, and fire action notices were sighted.</p> <p>The care home manager reported that all staff have a current first aid certificate. Call bells alert staff to residents requiring assistance.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including, water, medical supplies and gas BBQ and meet the requirements for the residents. Water is stored in each resident's room and in the garage. Emergency lighting is regularly tested. Residents are informed of the emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on regularly.</p> <p>Expertise and advice are sought following a defined process. A</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is not currently being accessed, there are plans for this to occur in the future to a line with current standards. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	FA	<p>Responsible use of anti-microbials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement</p>

to the needs, size, and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme is shared with staff.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	PA Low	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. There is a contract in place for the management of waste. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations. The portfolio manager asked for specific assurance that gloves and goggles/ face protection was available in the sluice room this was occurring, and staff are aware of how to clean and disinfectant this equipment. Hand sanitiser, gloves and N95's were situated throughout the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	PA Moderate	<p>Maintaining a restraint free environment is the aim of the service. This is supported by the governing body and policies and procedures. There were no restraints in use at the time of audit. The home care manager reported this has been the case for at least the last 14</p>

<p>restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>months. Staff confirmed that restraint was not used.</p> <p>The clinical nurse manager is the restraint co-ordinator. The regional manager has recently been appointed as executive leader.</p> <p>A comprehensive assessment, approval, monitoring and quality review process is in place should there be any need for restraint.</p> <p>Staff attend annual training in behaviours that challenge and restraint minimisation and safe practice.</p> <p>The provider is developing plans to report ethnicity, type and frequency of restraints and data analysis to the governing body should they be used in future by July 2022. Responsibility has been assigned.</p> <p>The policy Restraint/ Enablers – Management of – does not meet all the required elements and has not been reviewed since October 2018. (Refer also 2.2.2).</p>
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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 standard by looking at the code. For example, a Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Ten percent of the policies and procedures are out of date. The care home manager and the organisation were aware. Plans are in place to ensure the policies and procedures are current.</p>	<p>Ten percent of the policies and procedures are out of date.</p>	<p>Provide evidence that the policies and procedures are current.</p> <p>90 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA</p> <p>Moderate</p>	<p>The provider was unable to provide an employment policy on the day of the audit.</p>	<p>The service provider has not developed and implemented an employment policy.</p>	<p>Provide evidence that an employment policy has been developed and implemented in accordance with good employment practice to meet the requirements of legislation.</p> <p>90 days</p>

<p>Criterion 4.1.1</p> <p>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.</p>	<p>PA Moderate</p>	<p>The hot water readings in some resident's room exceeded 45°degrees at a recent audit. The maintenance personnel had adjusted the tempering valve. The provider had contacted three plumbers to provide reasons was this was re-occurring and was given three different reasons. Further investigation was underway. A random sample on the day of the audit showed the hot water in one room was 56.1°degrees. The resident was informed of the high temperature. The tempering valve was in the ceiling and a plumber was contacted to adjust the valve. Evidence was sighted that the plumber had adjusted the temperature and it was within the required range.</p>	<p>The hot water reading in one room was 56.1°degrees on the day of the audit.</p>	<p>Provide evidence that the ongoing issue of the hot water temperature exceeding 45°degrees is resolved.</p> <p>30 days</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be</p>	<p>PA Low</p>	<p>There was no laundry policy available at the time of the audit.</p>	<p>Laundry policy under review at the time of audit had not been signed off.</p>	<p>Laundry policy to be signed off and put in place.</p> <p>180 days</p>

reflected in a written policy.				
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>	<p>PA Moderate</p>	<p>The policy Restraint/ Enablers – Management of – does not meet all the required elements.</p> <p>The policy has not been reviewed since October 2018. (Refer also 2.2.2).</p>	<p>The restraint policy and procedure is not current. (Refer also criterion 2.2.2)</p> <p>The policy does meet:</p> <p>a) the requirement of the process of holistic assessment of the person's care and support plan,</p> <p>b) the process of approval and review de-escalation methods, the types of restraint used.</p> <p>The policy does not meet these required elements:</p> <p>(b) and the duration of restraint used by the service provider</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant polices, including those on procurement processes, clinical trials, and use of equipment</p>	<p>Provide evidence that the policy Restraint/ Enablers – Management of - has been reviewed and that it meets the requirements of the criterion.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>The service developed a quality initiative to ‘Improve the evening meal experience for residents’ after a meal survey of four questions completed routinely in December showed the residents’ expressed dissatisfaction. Ratings ranged from 13% dissatisfaction with the meal, 27%, dissatisfaction about the quality of the food, 33%, dissatisfaction flavour of the food, 13% dissatisfaction with the temperature of the food.</p> <p>Platters were introduced as an entrée which included a variety of cheeses, fruit and salami. Meals were discussed at the February residents meeting and residents were asked to put forward some ideas they would like on the menu. Family members brought in old favourite recipes. Takeaway nights were introduced and include pizza and Chinese takeaways.</p> <p>The survey was run again in March after implementing the changes. Satisfaction rated 88% with the meal you have just had, quality of the food and the flavour of the food. The</p>	<p>Creating independence with meal planning and allowing residents to have a choice has resulted in verbal feedback from residents saying that they are a lot happier being involved with their meal planning and the taste and quality of their evening meal has improved.</p>

		<p>temperature of the food rated at 82%.</p> <p>With the success of this survey the provider plans on creating a residents committee which will include family members to gain more ideas and variety of meals which will fall within the dietary requirements for rest homes.</p> <p>This is worthy of a continuous improvement rating as the residents satisfaction has increased as a result of the review process.</p>	
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End of the report.