

Portwell Care Limited - Cook St Nursing Care Centre

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Portwell Care Limited
Premises audited:	Cook St Nursing Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 September 2022 End date: 7 September 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:	29

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

Cook Street Nursing Care Centre provides services for up to 30 residents. The service is privately owned and operated by Portwell Care Limited. There have been no significant changes to the service since the last certification audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Te Pae Hauora o Ruahine o Tararua MidCentral. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, the owners/directors of the company, staff, and a general practitioner. A registered nurse who is the clinical nurse leader manages clinical oversight of the facility. Residents and family/whānau were complementary about the care provided.

No areas were identified as requiring improvement.

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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Cook Street Nursing Care Centre provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates individualised care specifically directed at Māori, and other ethnicities. Cook Street works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake, and this was confirmed by Māori staff and residents/whanau interviewed.

Residents of Cook Street receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept well informed.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse.

Residents and family/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/family 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.		Subsections applicable to this service fully attained.
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The owners of the service assume accountability for delivering a high-quality service.

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 families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifying trends to make 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 not accessible to unauthorised people.

Ngā huarahi ki te orange | 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.
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When residents require services and are admitted to Cook Street, a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/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 residents and their family/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.

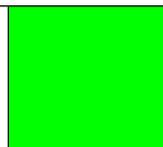
Medicines are safely managed and administered by staff who are competent to do so.

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

Residents are transitioned 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.



Subsections applicable to this service fully attained.

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, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The facility manager/owner and senior care team at Cook St ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The facility manager and senior care team have approved the infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/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 cleaning and 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.

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the owners/directors of the service and policies and procedures. One resident was using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	175	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	<p>FA</p>	<p>Cook Street Nursing Care Centre (Cook Street) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Residents and family/whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and residents identifying as Māori reported feeling culturally safe. The te whare tapa whā care model is used across the organisation.</p> <p>A Māori health plan has been developed with input from cultural advisers and this can be used for residents who identify as Māori. There were Māori residents in the facility during the audit. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in policy documentation. Ethnicity data is gathered</p>

		<p>when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links with a Māori liaison person who is mana whenua and can access support through Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora) as required.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve 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>	FA	<p>Cook Street has a Pacific Health Plan in place to support equity, and cultural and spiritual safe practice for Pacific peoples using the service. During the audit, there were no residents who identified as Pasifika. There is access to external Pacific communities through staff, chaplains, and through Te Whatu Ora should this be required in the future.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of Cook Street in accordance with their wishes.</p> <p>Residents and family/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. The Code is on display and accessible in English, te reo Māori and in New Zealand sign language (NZSL).</p> <p>Cook Street has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, Te Whatu Ora, and local Māori Health providers. Cook Street recognises Māori mana motuhake.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Cook Street 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 orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>CCTV is operating at entrances to the facility and signage verified this.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have their own private room.</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>	<p>FA</p>	<p>Employment practices at Cook Street include police vetting. Policies and procedures outline safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Education to support cultural safety has been delivered. The provider promotes an environment that is safe. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Cook Street is promoted. The model encompasses an individualised approach that ensures best outcomes for all.</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>FA</p>	<p>Residents and family/whānau at Cook Street reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English, NZSL and te reo Māori. Te reo Māori was incorporated in day-to-day greetings. A resident with English as a second language has</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>		<p>processes in place to ensure effective communication occurs.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact has occurred.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Cook Street 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 informed consent.</p> <p>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>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A Māori advisor is available at Cook Street to assist if required.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and their family/whānau understood their right to make a complaint and knew how to do so. Culturally appropriate processes are in place to include whānau if the complainant is Māori and wishes that involvement. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There has been one complaint received from an external source since</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>the previous audit via the Health and Disability Commissioner (HDC). The complaint has been investigated, addressed, and closed by the HDC with no further action required to be taken by the facility in respect of the complaint.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owners/directors assume accountability for delivering a high-quality service. They have access to a Māori liaison person to assist should this be required and one of the directors has expertise in Te Tiriti, health equity, and cultural safety as a core competency. Equity for Māori Pasifika tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over their supports and the removal of barriers that prevent access to information. The Vision for Cook Street Plan identifies the purpose, values, direction, and goals for the organisation, with monitoring and review of performance at planned intervals.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. One of the owners of the service, who is a registered nurse, acts as the facility manager (FM) with the support of a clinical nurse leader (CNL) who is responsible for clinical services.</p> <p>Governance documentation sighted demonstrated commitment to quality and risk management. A sample of reports showed adequate information to monitor performance is recorded.</p> <p>The FM and the CNL maintain currency within the field. Both have been employed within the aged care sector for several years, and confirmed knowledge of the sector, regulatory and reporting requirements. Monthly reporting outlines an overview of adverse events, health and safety, restraint, complaints, staffing, and infection control. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed. A sample of documentation reviewed showed adequate information to monitor performance is reported.</p> <p>The service holds contracts with Te Whatu Ora for the provision of age-related residential care (rest home and hospital), short-term</p>

		residential care (respite), younger people with disabilities (under 65), health recovery, and mana whaikaha. During the audit, 10 residents were receiving rest home care, 16 hospital level care, and three residents were receiving services under the younger people with disabilities (under 65), health recovery, or mana whaikaha contract.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>The FM and CNL understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori.</p> <p>Residents, family/whānau and staff contribute to quality improvement through the ability to give feedback at meetings, though these have been somewhat curtailed due to COVID-19 lockdowns (preventing gatherings) and then through COVID-19 infection of residents and staff. In the absence of meetings, given the size of the service, feedback has been sought and provided on a one-to-one basis with residents, their families/whānau, and staff. Residents, their families/whānau, and staff reported a very high level of satisfaction with the service during audit interviews.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a</p>

		<p>timely manner.</p> <p>The FM and CNL understood and have complied with essential notification reporting requirements. There have been two section 31 notifications completed since the last audit, these related to pressure injury.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents but normally staffs to bed capacity. Care assistants (CA) interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the facility.</p> <p>Staffing for the facility comprises of RN cover 24 hours per day, seven days per week. There is an RN on a morning shift, supported by either the FM or the CNL seven days per week and on-call, two RNs are on duty on a morning shift three days per week. Afternoon shifts have one RN rostered and there is one RN on night shift. The RNs are supported by CAs, six in the morning; three in the afternoon; and one on night shift. The service also employs a diversional therapist who works Monday-Friday. Domestic (cleaning and laundry) and food services are carried out by dedicated support staff seven days per week.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. The service supports and encourages caregivers to</p>

		<p>obtain a New Zealand Qualification Authority (NZQA) qualification and registered nurses to maintain competency with the Nursing Council of New Zealand (NCNZ).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of six staff records were reviewed (the CNL, two RNs, two CAs, one housekeeper) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (the general practitioner (GP), physiotherapist, podiatrist, pharmacists and the dietitian).</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed the opportunity for debrief and support is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any</p>

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>paper-based records are held securely and available only to authorised users.</p> <p>Residents' records are uniquely identifiable and 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. Consents are sighted for data collection. Data collected includes ethnicity data.</p> <p>Residents' files are integrated electronic and hard copy files. 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>Cook Street is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents are welcomed into Cook Street when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Cook Street provides, and have chosen Cook Street to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Cook Street collects ethnicity data on entry. This included specific data for entry rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau. A resident has only ever been declined if the facility does not have an available bed or is unable to provide the services required.</p> <p>Cook Street has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Cook</p>

		Street, several residents request another provider to manage their medical needs. Residents who identify as Māori can access a local Māori Health provider if required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Cook Street works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Nine residents' files were reviewed. These files included residents receiving rest home or hospital level care, who may identify as Māori, may be receiving short term health recovery assistance, residents with a long-term disability, residents under 65 years funded by the Ministry of Health, residents with a wound, residents who smoke and residents with a pressure injury/wound.</p> <p>Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. Policies and processes are in place to ensure tāngata whaikaha and family/whānau participate in the facility's service development, deliver services that give choice and control, and remove barriers that prevent access to information. This was verified by reviewing documentation, sampling residents' records, from interviews, including with the GP, 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 family/whānau confirmed active involvement in the process, including residents with a disability.</p>

		<p>Residents were observed to be being cared for in an unhurried environment, which focused on having time to care. Residents receiving end of life care were observed to be receiving gentle care in a manner that provided residents with dignity and respect. Residents' relatives were present and enabled to assist as they desired.</p> <p>Residents were observed to have all their needs addressed and enabled to be kept comfortable. Feedback from the local hospice and a nurse practitioner (on behalf of a family) verified a high degree of satisfaction with the clinical and palliative care provide by Cook Street.</p> <p>A telephone interview with the GP, also evidenced a high degree of satisfaction with the high-quality care provided by Cook Street. The GP visits Cook Street twice weekly, however, was available at any time. The RNs were able to contact the GP when required or if concerned about a resident. The GP was complimentary of the RNs assessment skills.</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>	<p>FA</p>	<p>The diversional therapist at Cook Street provides an activities programme that supports residents to maintain and develop their interests and is suitable for their ages and stages of life. The programme also focuses on bringing the wider community into Cook Street, and residents getting into the wider community. A focus of a continuous improvement initiative identified in the last certification audit was including the involvement of the community and Cook Street in supporting raising money for breast cancer by entering the bra art competition. The community involvement continues with support from the local Lions group and volunteers, however at times this has been impacted by COVID-19 restrictions. The success of this ongoing initiative, however, has not been able to be evaluated at this time.</p> <p>Activity assessments and plans identified individual interests and considered 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 family/whānau to participate in te ao Māori are facilitated. Matariki and Waitangi was celebrated at Cook Street. Prior to COVID-19 restrictions being in place, the local pre-school group visited Cook</p>

		<p>Street, however this has not occurred during COVID-19 restrictions. The present programme includes weekly visits to the local shopping mall for lunch. The volunteers that assist (who have been vaccinated and rapid antigen tested (RAT) prior to entry), have developed a rapport with several residents, and often they go off and do what they need to do, then meet the van at the time agreed. Volunteers from the local Lions group come in and run some activities and the weekly church service. Visitors are required to be vaccinated and have negative RAT's prior to entering the facility.</p> <p>There are no regular residents' meetings at Cook St, due to the restrictions imposed by Covid-19. Family/whānau have the FM/owners telephone number and email address and can access the owner at any time to discuss any aspects of services provided. Any items discussed or attended to regarding residents are incorporated in the comments section of the residents file, with actions taken. The FM meets weekly one on one with residents to enable residents to chat, and comment on any aspects of Cook Street services. Family/whānau are advised of the facility's subscription to a website that allows them to post comments and review performance. A review of the site's comments, in addition to residents and family/whānau interviews evidence a high degree of satisfaction regarding all aspects of care at Cook Street.</p> <p>Residents and family/whānau are involved in evaluating and improving the activities 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 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</p>	<p>FA</p>	<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 or check the accuracy of the medications to be administered are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Administration of controlled drugs is consistent with best practice guidelines. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Cook Street.</p> <p>Self-administration of medication is facilitated and managed safely. There were no residents self-administering medications on the days of audit. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</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 provided is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in June 2020. Recommendations made at that time have been implemented. An updated review of the menu is in the process of being undertaken by the dietitian, however the required onsite visit to review processes and meal preparation has been delayed due to COVID-19 restrictions and illness. Evidence was sighted that contact with the dietitian has been made.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 9 June 2022. Two areas requiring corrective action were identified. One was addressed on the day of audit and the second, regarding cooling temperatures of freshly cooked foods, for use later was addressed by July 2022, as requested by the verifier.</p> <p>Each resident has a nutritional assessment on admission to the</p>

		<p>facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to this. Māori and whānau are able to request menu options specific to te ao Māori</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, and the aged care review website. 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>	FA	<p>Transfer or discharge from the service is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during the recent transfer of their relative. Family/whānau are advised of their options to access other health and disability services, social support or Kaupapa Māori services if the need is identified.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas, these were sighted and were all within normal limits. Tempering valves are in place to manage deviations should these occur. The building has a building warrant of fitness which expires on 29 February 2023. There are currently no plans for further building projects requiring consultation, but the directors/owners were aware of</p>

<p>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>the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. Residents were observed moving freely around the areas with mobility aids during the audit. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities.</p> <p>Residents’ rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the resident’s preference. All rooms have a window with safety catches for security. The facility has ducted heating in corridor areas, heat pumps in communal areas, and an individual heater in the resident’s rooms that can be controlled to their preference.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service (14 September 2006) and this is reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is usually held six-monthly. The most recent drill was on 9 August 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p>

		<p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place including close-circuit television (CCTV) at the entrance to the facility with appropriate signage. Residents and their family/whānau were familiar with emergency and security arrangements, including visitor RAT prior to entry to the building. There is always a staff member on duty with current first aid certification, and RNs are on site 24/7.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring 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>	FA	<p>The owners/directors have identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. The IP and AMS programmes are appropriate to the size and complexity of the service. Documentation reflected the reporting of IP and AMS information. They provide information on planned IP and AMS programmes (e.g., COVID-19 and respiratory infections) and any corrective actions arising from deficits identified. Expertise and advice are sought as required following a defined process and includes escalation of significant events, most notably to regional public health and Te Whatu Ora. Events and trends are reported and managed at increasingly senior levels; through the care team, the clinical team, and to the FM (who is an owner/director) as required.</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) at Cook Street is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the FM. The IP and AMS programme is linked to the quality improvement programme and is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard, are provided by an external advisory company, and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies</p>

		<p>through education during orientation and ongoing education and were observed following these correctly. Policies, processes, and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Single use items are not reused. Educational resources are available for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff have been trained accordingly. Residents and their family/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 to the needs, size, and scope of our services.</p>	FA	<p>Cook Street is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. No evidence was sighted of a downward trend in the use of antibiotics over the past six months.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</p>	FA	<p>Cook Street undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. The facility uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data includes ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>documented. Cook Street has recently started benchmarking its results with other aged care facilities. Initial data verifies infection rates are low.</p> <p>There was an outbreak of COVID-19 at the facility from 23 April 2022 to 21 May 2022. The outbreak affected 23 residents. Residents affected were isolated in their 'pods' (a group of rooms) and visiting was restricted. The Regional Public Health Unit (RPH) and MidCentral were informed of the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Cook Street. Suitable PPE is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>An interview with the cleaner/laundry staff member verified staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Residents' personal laundry is laundered on site, while sheets, towels and flannels are laundered offsite. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The service aims for a restraint free environment. The owners/directors are aware of their responsibilities in respect of</p>

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>restraint elimination. One resident (hospital level) was using a bedrail restraint at the time of the audit.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a senior RN and has a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>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.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Restraint is used as a last resort for safety when all other strategies have been ineffective. Family/whānau confirmed their involvement. Access to advocacy is facilitated as necessary. The GP is involved in the assessment process.</p> <p>A restraint register is maintained and reviewed. The register and resident records contained enough information to provide an auditable record.</p> <p>Requirements for emergency restraint are documented in restraint policies and procedures and include debrief following episodes of emergency restraint. Emergency restraint was not in use during the audit, for this reason 6.2.5 and 6.2.6 were not audited.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	FA	<p>Six-monthly review of restraint use includes all the requirements of the Standard. The outcome of the review is reported to the FM who is an owner/director of the service. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</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 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.

No data to display

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

No data to display

End of the report.