

Cambridge Life Limited - Cambridge Life

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: Cambridge Life Limited

Premises audited: Cambridge Life

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 17 November 2022 End date: 18 November 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: 48

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

Cambridge Life is a care facility in the town of Cambridge, near Hamilton in the Waikato region. It provides rest home and hospital level residential care services for up to 57 people. The facility manager commenced in the role as acting facility manager three months ago and has just become permanent.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau, managers, staff, and a general practitioner.

A continuous improvement rating has been awarded in relation to the excellence of the activity programme provided in this facility. There were no corrective actions identified in this audit.

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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Managers and staff are working collaboratively to support and encourage a Māori world view of health in service delivery. Te Tiriti o Waitangi is used as the foundation for a range of changes that are enabling services for Māori to be more equitable, and for other ethnicities to be enlightened. The principles of mana motuhake are recognised.


The provider is accessing support from Pasifika communities to enable services for Pacific peoples to be culturally safe.

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.

Residents and whānau are informed about the complaints process on admission and during residents' meetings. 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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A senior management team supports the sole owner/director in their accountability for delivering high-quality services. The owner/director is developing relationships with Māori to enable meaningful inclusion of Māori in the senior management team and to honour Te Tiriti o Waitangi. Discussions on ways to reduce barriers and improve outcomes for Māori and people with disabilities have commenced. Strategic planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and performance is monitored and reviewed at planned intervals.

Quality and risk management systems are documented and implemented. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and aims to improve care and services. Comprehensive quality improvement plans and corrective actions plans are developed. Residents and families provide regular feedback and staff are involved in quality activities. Adverse events are documented with appropriate follow-up occurring. Actual and potential risks are identified and mitigated. 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 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.		All subsections applicable to this service fully attained with some subsections exceeded.
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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 works 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 residents and whānau and are evaluated on a regular and timely basis. People who were interviewed confirmed this.

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. An active and relevant activities programme is provided. People spoke very highly of this.

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 and whānau stated that the food has improved since the recent change in ownership of the service.

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.		Subsections applicable to this service fully attained.
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Cambridge Life suits the needs of the people who live there. Residents and whānau described Cambridge Life as a 'homely facility.' It was clean and well maintained and there was a current building warrant of fitness on display. A range of equipment and service checks are being undertaken in a timely manner and a preventative maintenance schedule is being implemented effectively. 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. Fire safety systems are being checked as required. A new call bell system has been installed and response timeframes are received by the facility manager for review each day. Security is maintained and staff and residents were aware of the security systems in place.

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 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 coordinator leads the programme.

Whilst the infection control coordinator is not yet involved in procurement processes and any facility changes and processes related to decontamination of any reusable devices, there are plans for this to occur with an upcoming building renovation programme.

Staff demonstrated good principles 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.

Subsections applicable to this service fully attained.

Organisational policies and procedures, and changes in philosophy, are supporting a move towards the elimination of restraint, rather than just restraint management. There were three residents using bedrails as a restraint at the time of audit. Comprehensive assessment, approval, and monitoring processes, with regular reviews, have been consistently occurring. 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	1	28	0	0	0	0	0
Criteria	1	158	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>	FA	<p>Four residents and two staff members identified as Māori, with two other staff identifying as Māori Pasifika. The managers spoke of the value of employing staff who identify as Māori. Staff and managers have been upskilled in the requirements of Te Tiriti o Waitangi and are making every effort to recognise mana motuhake by addressing the aspirations and preferences of the Māori people. This was evident in the use of Māori models of care, the increasing provision of activities enjoyed by those who identify as Māori and ensuring whānau are involved. The service has become increasingly Māori centred following the change of ownership and management, with additional related education, and the integration of more aspects of Māori culture into the everyday provision of services. Staff interviewed knew what is meant by ‘cultural safety’, including for Māori, have been provided with relevant training and were operating under associated policies. Two Māori staff confirmed culturally safe practices are upheld and tikanga is promoted. A diversional therapist spoke of a Māori resident and their whānau being especially happy with the changes underway. This staff person has proactively led</p>

		<p>staff training, is becoming increasingly competent in te reo and tikanga and led a mihi whakatau for the auditors. The Rauawaawa Kaumātua Charitable Trust, Hamilton, provides ongoing mentoring and support.</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>No current residents at Cambridge Life identify as Pasifika, therefore the provider was not able to demonstrate equity or effective services for Pacific people. In addition to the two staff who identify as Māori Pasifika, one other staff person identifies as Pasifika. Policies and procedures describe Pasifika worldviews, cultural and spiritual beliefs with specific policies on Samoan, Tongan and the Cook Islander cultures. These are intended to ensure cultural safety for Pacific peoples.</p> <p>A Pacific plan has yet to be developed. The managers informed that they are just beginning the journey of improving their knowledge and abilities that will enable them to more effectively support and improve the outcomes of any Pasifika resident who may be admitted into the facility. Conversations with Pacific communities and organisations have commenced but relationships have yet to be confirmed. They expressed confidence in their current Pasifika staff to provide culturally safe care meantime, should a Pacific person be admitted.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed, reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. They described being cared for by respectful and friendly staff.</p> <p>At present, the service has a policy of people making appointments to visit. People interviewed stated that it was their understanding that no children under the age of 11 are allowed to visit and as a</p>

		result some had not seen some grandchildren and great-grandchildren. The director reported that the Covid guidelines they are working to state only symptomatic children were not allowed to visit and as a result of this feedback will clarify this with families.
<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>	FA	<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 orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Privacy is maintained in shared bedrooms (of which there are five).</p> <p>Te reo Māori and tikanga Māori are promoted within the service using waiata, karakia and some use of te reo. Whilst the service is starting to implement actions to meet the new requirements of Ngā Paerewa, there is still a need for formalisation of response to tangata whaikaha in relation to participation in te āo Māori.</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. All people interviewed stated that staff are always friendly and respectful. They had not witnessed any interactions that made them feel uncomfortable. They confirmed that the staff were approachable and friendly and they felt comfortable to raise issues should they arise</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</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. Information was noted to be shared appropriately with other agencies involved in a person's care. Staff knew how to access interpreter services, if</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their whānau or 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. 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>Nearly all residents have a documented Enduring Power of Attorney. The GP or Nurse Practitioner uses a defined and documented process to assesses people for their cognitive ability and signs the form accordingly in order to enact an EPOA. The Rauawaawa Kaumātua Charitable Trust, Hamilton, has provided advice and support in implementing a tikanga process to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Residents and whānau are provided with information on how to make a complaint and those interviewed knew how to do this. Complaint forms and a complaint and suggestion box are at the front entrance.</p> <p>The facility manager has an open-door policy and complaints are considered as opportunities for improvement. Three complaints have been received since the new owner took over in January 2022 and each was recorded in the complaints register. Documentation sighted showed all have been responded to in an appropriate manner according to the requirements of the Code. A compliments register is also available.</p> <p>One of the three complaints had initially been sent to Te Whatu Ora</p>

		<p>anonymously, but the issues were able to be fully investigated and responded to. As requested, the auditors separately reviewed each aspect of the complaint during this audit and have ensured a comment on each has been included in the report. The third complaint had been sent to the Health and Disability Commission (HDC) in June 2022 and remains open. The latest information requested was provided to the HDC 11 July 2022; however, no further correspondence has been received from the Commission.</p> <p>The Code, including the complaint section, is available in te reo Māori. Residents' meetings also provide opportunities for residents to raise concerns and staff who identify as Māori are encouraged to talk to residents who identify as Māori or Māori/Pasifika. Managers confirmed they would involve whānau if a complaint is received from a Māori resident. They would also seek assistance and advice from relevant staff and associates at Rauawaawa Kaumātua Charitable Trust to ensure cultural needs are met.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Cambridge Life is one of six care facilities under the Sound Care Group, which has a single owner/director. The owner/director is supported by a senior management team comprised of an overall clinical manager, a clinical support manager, a diversional therapy programme manager and a group services manager. Most of the senior management team participated in the audit. A general manager position is currently vacant. At middle management level, there is a roster manager, finance manager and a payroll manager who support the senior management team, as does a quality consultancy.</p> <p>The owner/director, in collaboration with the senior management team assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • ensuring compliance with legislative, contractual, and regulatory requirements • accessing advice and support from a Māori community-based organisation to address Māori cultural issues and honour Te

		<p>Tiriti at the service level</p> <ul style="list-style-type: none"> • defining a competent management and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the service • appointing an experienced and suitably qualified person to manage the service • developing and implementing a Cambridge Life strategic plan for 2022 • identifying the purpose, values, direction, scope and goals for the service, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for Māori and people with disabilities <p>The owner/director informed that although a Māori organisation is providing background support for residents' rights and aspects of service delivery, there is still a need to access strategic level support from Māori. This will assist the Sound Care Group facilities to establish systems that will enable them to know if they have improved outcomes and achieved equity for Māori, and for tangata whaikaha, people with disabilities. Discussions with a Māori contact person have commenced to progress these requirements, as well as for ensuring there is meaningful Māori representation at the strategic level. Ideas for a policy regarding whānau and service user participation are being considered.</p> <p>A sample of minutes from monthly staff meetings and from monthly senior management team meetings demonstrated adequate information to monitor performance is reported. Where necessary non-conformance is addressed via relevant channels.</p> <p>The company owner/director and the facility manager confirmed knowledge of the sector, regulatory and reporting requirements and</p>
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		<p>both are main attaining currency within the field.</p> <p>Cambridge Life is certified for 57 beds with 12 being dedicated for rest home care, 21 for hospital level care and 24 dual purpose beds. Four hospital care rooms are shared rooms with two rooms having two beds and two others having three beds. Plans are in place to convert these shared rooms to single rooms; however, details on their configuration are not yet available. Consents have been signed for all residents in shared rooms with none of the residents or relatives wanting to move into a single room.</p> <p>The service holds contracts with Te Whatu Ora Waikato to provide residential services under the aged related residential care agreement (ARRC). On the day of audit there were 48 residents receiving care and support at Cambridge Life. Twenty-three residents were receiving rest home level care, two rest home respite care and 22 hospital level care. One other person was receiving rest home level care under the long-term chronic healthcare conditions contract.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of accidents, incidents and complaints, internal audits, monitoring of outcomes, quality improvement plan development, policies and procedures, clinical incidents including infections, pressure injuries and restraint use. Residents, whānau and staff contribute to quality improvement through attending meetings, participating in training sessions, involvement in internal audit activities and responding to surveys. Satisfaction surveys for staff and for whānau were distributed in October 2022 and results are currently being analysed. A resident survey is to be undertaken at the end of November. Meantime resident and staff meetings are used to capture feedback, some of which is being used for improvement opportunities, with examples being around food and changes to documentation.</p> <p>A strength of the service is the way they develop quality improvement plans to evaluate the progress of intended outcomes</p>

		<p>and how corrective action plans are followed up and documented. These are being completed in a proficient manner that demonstrates the value of quality improvement processes. There were multiple examples of these practices. None of these plans were able to be used for any continuous improvement rating in this audit as the new owner has been focused on bringing the operations up to the levels required by the standard.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements. These were current or under review. The owner/director is intending to use the anticipated Māori advisor to guide them on developing strategies that will enable the team to know they are delivering high-quality care for Māori.</p> <p>The owner/director and the facility manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy, although they have yet to become familiar with this policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and improvement actions followed-up in a timely manner.</p> <p>The owner/director, the facility manager and the clinical manager understood and have complied with essential notification reporting requirements. Examples sighted were for a shortage of a registered nurse in 2021, a COVID-19 outbreak and for the change of facility manager.</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>FA</p>	<p>Policies and procedures describe how culturally, and clinically safe care will be provided. A roster framework forms the basis of each fortnightly roster, which is managed by a roster manager, who develops the rosters for all six of Sound Care's facilities. Registered nurses may speak to managers if they believe additional staff are required on one or more shifts and these are authorised. Four weeks of roster records were reviewed and confirmed that staffing levels</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>are being managed in a safe manner. Sufficient numbers of staff are rostered on each shift. A registered nurse is on duty on each shift with a clinical manager also on duty Monday to Friday morning shifts. One of the registered nurses from the senior management team is on call at all times. Staff interviewed informed that there were some staff shortages during a COVID-19 outbreak but that levels are now settled and there are sufficient staff on duty to adequately meet residents' needs. Residents and whānau interviewed expressed satisfaction with the level of care they receive.</p> <p>Discussions with staff and managers and review of rosters and staff files, confirmed health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p> <p>A training schedule has been developed and is being implemented. Spreadsheets and other records sighted confirmed all staff regularly undertake a range of mandatory competencies and training that support equitable service delivery. Additional topics of interest are added intermittently, and care staff are given the opportunity to complete certificates in health and wellbeing.</p> <p>There is not yet training, or a support system in place that enables people who receive services and whānau to actively participate in the organisation. Nor is there a system in place that supports the collection and sharing of high-quality Māori health information. The manager informed that there is discussion underway at the organisational level among the senior management team as to the best way for Cambridge Life to achieve these criteria. Policies and systems that will improve the health equity expertise of nurses and healthcare assistants are under development.</p> <p>Support systems that promote health care and support worker wellbeing and a positive work environment are well established. Managers make themselves available to listen to any staff concerns, staff may take leave when experiencing personal stress and they may access the Employee Assistance Programme assistance when required. Examples of these processes being used were reported. Staff confirmed during interview that they feel well supported.</p>
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<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>	<p>FA</p>	<p>There is a range of human resources management policies and processes, which are based on good employment practice and relevant legislation. A sample of staff employment records were reviewed and confirmed appropriate human resource processes are in place. Application forms and curriculum vitae are required, and staff information is checked via formal application processes, interviews, two reference checks and police checks. Position descriptions and employment agreements were signed and dated. A group services manager manages staff records, which are now held electronically. Appropriate security systems are installed and there are differing levels of access depending on need. According to the managers, a number of human resource related documents were missing from staff files when the service changed ownership. Efforts were made to address this and included staff completing validation documents if orientation records were missing and in some cases one on one interviews were undertaken to update staff files.</p> <p>The induction/orientation programme is comprehensive and individualised. It includes a structured buddying process for as long as the new staff person requires. The facility manager undertakes an appraisal interview with them at the first three-month period. Ongoing staff performance is reviewed during annual appraisals and records sighted confirmed these are up to date for all staff currently working at the facility.</p> <p>Qualifications of all staff are validated prior to employment. A folder containing copies of qualifications, currency of registration and scope of practice of current health professionals attending residents at Cambridge Life was reviewed. Ethnicity data is collected and recorded.</p> <p>Staff have the opportunity for a debrief following incidents. The clinical manager, the facility manager, and at times the owner/director provide internal support and staff may also access the Employee Assistance Programme (EAP). Managers described the sensitivity with which they manage staff following events such as the death of a resident.</p>

<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>	<p>FA</p>	<p>Managers are aware of legislation related to information management. Organisational documents are controlled according to a related policy and procedure. Information technology is managed by specialists in the field and appropriate security systems have been installed to ensure health information standards are upheld.</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>Cambridge Life 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 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, including for 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 and analysed. A review of the documentation relating to a person who was recently declined access to the service demonstrated that a fair process was implemented that ensured referral back to the NASC service occurred.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>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 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 whānau confirmed active involvement in the process.</p> <p>The GP who was interviewed stated that overall the care facility is well organised. The GP explained the process followed when a resident was admitted. This includes ensuring the resident is seen and assessed by a GP within 48 hours of admission. Most often this can be done as part of the regular visits to the service, but an on-call service is available if the admission doesn't fall within the required timeframes. The GP had noted an improvement to care services since the change of ownership. The GP stated the facility was now much more organised and staffing levels had improved and were more stable. The GP also confirmed that they had every confidence in the clinical manager. The GP noted that communication was timely and accurate.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are</p>	<p>CI</p>	<p>The activities programme at Cambridge Lifecare is overseen by the Group Programme Leader for the parent company, Sound Care. The Group Programme Leader is a registered nurse who has retrained in diversional therapy. This person is deeply committed to ensuring equity for Māori and has recently begun learning te reo Māori. They have also established an excellent relationship with the Rauawaawa Kaumātua Charitable Trust. This service directly provides ongoing mentoring and support.</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>At Cambridge Life there is another trained and qualified diversional therapist, and an activities assistant. Both of these people are overseas-qualified pharmacists who have not yet achieved registration as pharmacists in NZ.</p> <p>The trained diversional therapists, an assistant and rostered volunteers provide 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 are comprehensively developed and identify individual interests. They 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 āo Māori are facilitated.</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>Several initiatives have recently been introduced to enhance the activities programme. This has resulted in more people participating in the programme and a higher level of satisfaction experienced by residents. A continuous improvement rating has been identified as a result of the improvements made to people's lives as a result of the changes.</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 current legislative requirements and safe practice guidelines.</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 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 current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within</p>

		<p>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>No residents were currently self-administering medication, but a process is in place should this be required. Residents, including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for 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 (expires 9 September 2023).</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. Māori and their whānau have menu options that are culturally specific to te āo Māori, including a ‘boil-up’ provided by the cook from time-to-time.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Minor grumbles were noted only. 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>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 (refer also to sub-section 3.2.)</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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Cambridge Life is a homely older style care facility. Systems are in place that ensure the facility and equipment are safe, fit for purpose, well maintained, and meet legislative requirements. A current building warrant of fitness (expires 17 June 2023) is on display near the front entrance. Test and tag systems for electrical equipment and bio-medical equipment checks are current, hot water temperatures are safe and a preventative maintenance schedule is being upheld. Repairs are logged and checked off when completed. A maintenance person oversees these processes. An internal ramp and two external ramps have been installed to improve accessibility and personalised equipment is available for those who require it.</p> <p>There is a mix of ensuite rooms and rooms where toilets and bathrooms are shared. Some ensuites are smaller, but there are adequate numbers of accessible toilets and showers throughout the facility if a person's needs change. A rubber scraper is available in bathrooms to remove excess water following showers to ensure residents' safety. Lounge, dining and activity areas are in each of three main areas of the facility. Residents' rooms reflect personal and cultural interests and living areas are culturally inclusive. Some residents' rooms open onto deck or garden areas. Landscaped lawn and garden areas are established, and these are being well maintained by a contractor. Residents and family members confirmed their satisfaction with the overall environment during interviews.</p> <p>The facility is heated by hot water radiators and heat pumps. Heat pumps, electric fans and openable windows facilitate ventilation.</p>

		<p>These are functioning well and there was no evidence of a suggestion in a complaint filed with Te Whatu Ora of prolonged non-functioning of heating having occurred.</p> <p>The owner/director is aware of the need to consult and co-design the environment with Māori. An area of one of the hospital wings is soon to be modified and the owner/director informed of plans to seek advice from a relevant Māori authority once the initial plan is available, to ensure that it reflects the aspirations and identity of Māori. Initial plans are not yet completed.</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>Fire and Emergency New Zealand have approved the evacuation plan (dated 14 August 2019). Fire safety and emergency management policies and procedures are current and trial evacuations are maintained with the latest being 3 November 2022. The sprinkler system links directly to the local fire service. Staff undertake fire safety and emergency management training and records sighted confirmed the latest of these was 23 September 2023. Associated fire and emergency risks for this facility are well documented. Only a small number of staff do not have a current first aid certificate, but the manager advised that any staff person not required to complete first aid training would never have cause to be alone with a resident(s). Emergency lighting and fire doors are installed and checked by relevant authorities. Barbecues and blankets are available in the event of a power failure. A civil defence kit is checked according to the internal audit regime.</p> <p>A modern call bell system has now been installed into this facility. The system links to display screens in areas such as the nurses' station, the atrium, the lounge/dining area of the west wing and to tablets in residents' rooms. The screen shows codes and notes where the call has been raised, who has called and the status of each call. A report on response timeframes is sent to the facility manager via email each morning (copy of report sighted).</p> <p>Appropriate security systems are in place. Doors are locked at 5pm each night and staff undertake security rounds at specified times. Residents and whānau are aware of the security systems (as</p>

		applicable) and signs display the presence of closed-circuit cameras in external and common areas. The owner/director advised that there has not been a security alert since the ownership changed. Security alerts are to be escalated to the manager on call.
<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 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 yearly. Expertise and advice are sought following a defined process. A 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 the clinical manager. The CM is responsible for overseeing and implementing the IP programme with reporting lines to senior management or the governance group. At present the service is using the entire suite of Infection Prevention policies as the IP programme. They could review this to ensure an infection programme includes a focus for each year that can then easily be reviewed annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or 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 available via the kaumatua service but has not been accessed specific to the infection control programme. Staff were familiar with policies through education</p>

		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>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	Responsible use of antimicrobials is promoted. The AMS programme is appropriate to the size and complexity of this aged care service. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.
<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	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 are shared with staff and with senior management and the owner/director.
<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</p>	FA	<p>A very 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. 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>safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Cambridge Life managers expressed their commitment to the use of least restrictive practices and to the elimination of restraint in the facility. Policies and procedures reflect these philosophies and the requirements of the standard. Staff complete annual restraint competencies and undertake annual training in least restrictive practices, safe practice, the use of restraint, alternative interventions, de-escalation techniques and management of challenging behaviours.</p> <p>The clinical manager is the restraint coordinator and fulfils their role according to a specific role description. Reports on restraint use are discussed with and forwarded to the overall clinical manager in the senior management team and to the owner/director.</p> <p>There were three restraints in use at the time of audit, all of which were bedrails to be applied when the respective residents were in bed.</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>	<p>FA</p>	<p>The restraint coordinator described how restraint is only approved as a last resort after alternatives have been tried. Alternatives are recorded on the preassessment form, which also covers cultural assessment processes. Approval processes are led by the clinical manager/restraint coordinator and undertaken in consultation with whānau, input from the GP, risk assessments and trials of alternatives. Consents have been obtained from each resident's enduring power of attorney.</p> <p>Restraint use is monitored within timeframes that are aligned to the risk assessments. Two-hourly checks are undertaken for the three</p>

		<p>residents who use bedrails as a restraint when in bed. A monitoring form is used for this purpose, which records when bedrails are up, when food or fluid is provided and when the person is turned for example.</p> <p>Evaluations of the need for ongoing restraint use are undertaken three monthly. Records of these show the resident's whānau, the restraint coordinator, registered nurses, the facility manager, and the GP are consulted. Risks are reassessed and alternatives reconsidered.</p> <p>The restraint coordinator informed that debriefs/discussions can sometimes be undertaken with one of the three residents who uses bedrails and responses are always a preference to use them.</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 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>	<p>FA</p>	<p>In addition to informal discussions between the restraint coordinator and registered nurses, regular reviews of restraint use are occurring at registered nurse meetings and at staff meetings. Information on their use is made available at senior management team meetings, which includes a review of restraint data and least restrictive practices tried when applicable.</p> <p>Restraint use for each person is reviewed three monthly. Copies of these were sighted in the residents' files. The restraint coordinator covers all aspects of the review requirements (as listed in the standard), at registered nurse meetings, which are held most months. In an attempt to eliminate restraint use, there was an example of restraint use being withdrawn for one resident following a full review between the restraint coordinator and fellow registered nurses.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

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, 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 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Several initiatives have recently been implemented by the new owners and managers to enhance the activities programme. These initiatives have included implementation of a map of life for each resident to use as the basis for targeted individual activities, personal invitations to join in group activities, and empowering staff to motivate residents and promote the activities programme. This has resulted in more residents participating in the programme (in March 2022 15 residents regularly participating in the programme, compared to all residents participating in November 2022 at some point or other over a week). Secondly, a quality improvement initiative was instigated to increase the level of community integration for residents. This has focussed on the lack of family visits due to Covid-19 lockdowns and visitor restrictions (which continue now). The diversional therapy team developed a</p>	<p>Several initiatives have recently been implemented by the new owners and managers to enhance the activities programme. These initiatives have included implementation of a map of life for each resident to use as the basis for targeted individual activities, personal invitations to join in group activities, and empowering staff to motivate residents and promote the activities programme. A quality improvement initiative was instigated to increase the level of community integration for residents. All these initiatives have resulted in more residents regularly participating in the programme, increased family contact and community-based activities and ultimately improved resident satisfaction with the activities programme.</p>

		<p>strategy for increasing family contact for all residents wishing to participate. In March 2022, only five residents were regularly contacting their family members via technologies such as Zoom, phone or email. In October 2022, now 29 residents are able to contact their family regularly by Zoom, phone or email. Community based activities also increased over the same period with in-house activities where the community was invited in as well as excursions and visits to places in the community around Cambridge Life. Resident satisfaction was measured for all initiatives and data demonstrates a significantly large increase in resident satisfaction. For this reason, a CI rating is awarded.</p>	
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End of the report.