

Metlifecare Retirement Villages Limited - Karori Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Metlifecare Retirement Villages Limited
Premises audited:	Karori Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 November 2022 End date: 1 December 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:	71

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
Yellow	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
Red	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

Metlifecare Retirement Villages Limited - Karori Village known as Karori Village, provides rest home, dementia, and hospital level services for up to 90 residents, under an agreement with their district hospital Capital Coast and Hutt. The business was bought by Metlifecare earlier this year and Karori Village has been gradually transitioning their business processes over to Metlifecare electronic systems. The Village Care Manager is well supported by a team of Metlifecare Support Office clinical and business managers, who are readily available to provide advice and assistance as required.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, contracted allied health providers and a general practitioner. All the interviewees spoke positively about the services provided.

Significant purchases of new beds and other equipment have occurred since the previous provisional audit in December 2021 prior to the sale of the facility to Metlifecare in early 2022.

The corrective actions required as a result of the provisional audit have been rectified.

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.

Karori Village works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Services are designed to provide Pacific peoples in a manner that recognises their worldviews and are culturally safe.

Residents of Karori Village 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 participate 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.

The Metlifecare governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The MLC quality and risk management systems being implemented at Karori Village are focused on improving service delivery and care. Residents and families provide regular feedback on a day-to-day basis and at planned meetings. Staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Benchmarking occurs with aged care facilities outside the MLC group. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. Karori Village staff are supported by MLC managers to comply with statutory and regulatory reporting obligations.

Karori Village 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.

Subsections applicable to this service fully attained.

When residents are admitted to Karori Village a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

Karori Village 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 recent 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.

Karori Village 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 fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells, which was observed on the day of audit. Security is maintained.

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

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The Metlifecare Clinical Governance Group and senior care team at Karori Village ensure 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. An experienced and trained infection control resource nurse (ICRN) leads the programme and participates in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The Metlifecare Clinical Governance Group 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 professionally 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.
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The Metlifecare clinical governance group and policies and procedures promotes principles of a restraint free environment and the senior care team at Karori Village aim for this. There was one resident using a restraint 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	174	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>Metlifecare (MLC) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work and these have been implemented at Karori Village. This is reflected in the MLC values adopted by Karori Village. Manu motuhake is respected and Te Whare Tapa Whā, forms the basis of care planning.</p> <p>Although no Māori resident or whānau was able to be interviewed on the day of audit, care planning and staff interviews indicated evidence staff respect resident rights to Māori self-determination, and cultural safety.</p> <p>The Metlifecare Retirement Villages Limited board reports they are using the guidance of an external advisor to assist them with the new requirements for Māori which will include addressing the need to actively recruit and retain a Māori workforce across all organisational roles.</p> <p>A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori. Karori</p>

		<p>Village, like all other MLC villages, are expected to engage with local iwi to allow for better service provision and managers interviewed indicated their willingness to do so.</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>	<p>FA</p>	<p>Metlifecare identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples should they choose to use Karori Village. The MLC Pacific Health plan Te Vaka Atafaga follows the Pacific Health Fonofale model which incorporates mental, spiritual and cultural aspects of well-being. Staff interviewed described that they felt any Pacific resident's worldview, cultural and spiritual beliefs would be embraced, should they choose to reside at Karori Village.</p> <p>Staff who identify as Pacific peoples reported they are actively encouraged to further their careers and gain qualifications within the health and wellbeing sector.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>When interviewed, the staff who were working at Karori Village on the days of audit confirmed they understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents of Karori Village 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 throughout the facility in English, te reo Māori and in sign language. Brochures on the nationwide advocacy service were available in English and brochures in te reo have been ordered. Training on the Code and health equity training was provided in November 2022.</p> <p>Karori Village has access to interpreter services and cultural advisors/advocates if required. A chaplain is onsite at Karori Village</p>

		<p>four days per week, and provides spiritual assessments and support, in addition to acting as the residents advocate if required. An interview verifies this person's ability to provide advocacy services and knowledge to seek advice from the nationwide advocacy service if required. The advocate verified the village and care manager (VCM) responds promptly if concerns are raised. Karori Village has established relationships with Te Whatu Ora Capital Coast and Hutt Valley and 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>	FA	<p>Karori Village 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 understand 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 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. There is an independent chaplain at Karori Village, who is accessible to the residents four days a week. The chaplain assists residents with their spiritual needs, by doing a spiritual assessment and spiritual plan as per requests/whānau needs.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Karori Village responds to tangata whaikaha needs and enables their participation in te ao Māori. A Māori Health plan is in place for residents who identify as Māori. This addresses residents needs/ wishes using the Te Whare Tapa Whā framework.</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</p>	FA	<p>Employment practices at Karori Village 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.</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Karori Village is promoted. The model encompasses an individualised approach that ensures best outcomes for all. Residents and staff when interviewed reported they feel safe. A wide range of diverse cultures are present at Karori Village, and a culture of support and willingness to help each other is confirmed and observed whilst on site. Policies, procedures and practices evidenced that it is safe to question if institutional or systemic racism is operating at Karori Village.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at Karori Village reported that communication is open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, and signage throughout the facility.</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</p>	FA	<p>Residents at Karori Village 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. All files reviewed of residents in the secure unit, had activated Enduring</p>

<p>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>Power of Attorney (EPOA) in place.</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.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place at Karori village, to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Due to the recent transition of the resident data management system only four months of complaint data was available for review on the day of audit. There have been six complaints recorded in the MLC electronic system, which related to food delivery, care, missing items, and disruptive residents. Documentation sighted showed that complainants had been informed of findings following investigation and that they were satisfied with the actions taken to address their concerns. There had been one complaint received from the Office of the Health and Disability Commissioner (HDC) to be addressed directly by Karori Village which was reviewed at audit. This complaint had been addressed and the complainant had indicated their satisfaction with the outcome. There have been no complaints from other external sources since the previous audit.</p> <p>The VCM indicated a preference for korero in the first instance when addressing a complaint to resolve the issue, which aligns with a Māori focussed approach. Posters and information promoting the right to complain are available in English and te reo Māori.</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</p>	<p>FA</p>	<p>The Metlifecare (MLC) governing body assumes accountability for delivering a high-quality service through, supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti. They have also defined a governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. An experienced and suitably qualified</p>

<p>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>person has been appointed to manage Karori Village and MCL have identified the purpose, values, direction, scope and goals for the organisation. Monitoring and reviewing performance at planned intervals, occurs, demonstrating leadership and commitment to quality and risk management. They are focused on improving outcomes for Māori and people with disabilities.</p> <p>The MLC monthly reporting process is yet to be fully implemented as part of the transition to the new ownership, however, the village and care manager (VCM) described regular verbal and electronic statistical reporting which provides adequate information to the board to monitor Karori Village performance.</p> <p>The VCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The experienced manager is supported by the expertise of the Metlifecare clinical governance group and senior care team at Karori Village.</p> <p>The service holds contracts with Accident Compensation Corporation (ACC) and the local district hospital, for aged residential care, long term conditions, respite, palliative care, complex medical conditions, and ACC pathways. Two residents were receiving services under the ACC contract, one in hospital level care, six residents were under the hospital respite contract, and one person was receiving short term palliative care. The remainder were receiving hospital funded age residential care. In total 19 residents were in the dementia wing, 27 were receiving rest home level care and 25 were receiving hospital level care at the time of audit. There were no people under 65 years of age receiving services.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes a regular MLC resident satisfaction survey, management of incidents and complaints, internal audit activities, policies and procedures development and implementation, monitoring of outcomes such as clinical incidents including infections, falls and medication errors. Unintentional weight loss and use of antipsychotic medication are also tracked and analysed by resident location i.e., rest home,</p>

<p>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>hospital, and dementia care. Karori Village residents, whānau and staff contribute to quality improvement through reporting of incidents, feedback to the care management team and participation at regular meetings. Karori village also contributes to an external benchmarking database which tracks and trends, medication administration errors, restraint device use, pressure injuries, fall related fractures, and all falls for rest home and hospital level care, and dementia care.</p> <p>The most recent satisfaction survey done in July 2022, by an external survey company, across all MLC villages indicated Karori village residents had an 85% overall satisfaction rate. Notable strengths were reported to be satisfaction with the village care team at 98%, cleanliness and upkeep of the grounds and garden at 98%, family involvement at 96%, safety and security at 93%, and politeness of staff at 93%. Opportunities for improvement included meals, and activities. Each area for improvement had a documented action plan which was managed by the VCM. Many actions had been completed such as the purchase of scan boxes to ensure meals remain appropriately heated prior to meal delivery to residents.</p> <p>There is a comprehensive MLC internal audit programme used by Karori Village and relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed, managed by the MLC support office, covered all necessary aspects of the service and contractual requirements and reflected the updated Ngā Paerewa NZS 8134 standards.</p> <p>The VCM and staff interviewed 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, within an electronic reporting system. A sample of Karori Village incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The VCM and support office managers interviewed, understood and have complied with essential notification reporting requirements.</p>
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		Examples of this were sighted.
<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>	FA	<p>Metlifecare has 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). Karori village follows this process and adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate, there is 24/7 RN coverage in the hospital and 24/7 on-call care manager support.</p> <p>Continuing education within MLC is planned on an annual basis, including mandatory competency training requirements. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the local district hospital. Staff working in the dementia care area have either completed or are enrolled in the required education. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.</p> <p>Karori Village can collect and share high-quality Māori health information, relevant to the organisation, within the MLC electronic systems.</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</p>	FA	<p>Human resources management policies and processes at MLC are based on good employment practice and relevant legislation. Qualifications and scope are validated prior to employment or contracting, and systems are in place to ensure all registered health professionals employed or contracted have current annual practicing certificates (APCs). A sample of Karori Village staff records reviewed confirmed the organisation's policies have been consistently implemented since their takeover. A review of the APC</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>documentation evidenced that contracted health workers all held current APCs. Staff are orientated with a buddy and timeframes depend on the individual experience and learning of each person. Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards.</p> <p>Managers and staff confirmed Karori Village staff are provided with internal care and support, including debriefing and discussion following incidents as well as access to an external counselling service. The VCM reported checking in with staff daily particularly because of the issues associated with the COVID 19 pandemic.</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>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>Karori Village 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</p>	<p>FA</p>	<p>Residents are welcomed into Karori Village when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Karori Village provides, and have chosen Karori Village to provide services they require. Five family/whānau members interviewed, stated they were satisfied with the admission process and the information that had been made available to them on admission. Eleven files reviewed met contractual requirements. Karori Village collects ethnicity data on entry and decline rates. This included specific data for entry and</p>

<p>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>decline 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.</p> <p>Karori Village at the time of audit has not yet developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau.</p> <p>When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Karori Village, several residents request another provider to manage their medical needs.</p> <p>Residents admitted into the secure unit, have a specialist's authorisation for placement and an activated EPOA in place.</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 whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Karori Village works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Eleven residents' files were reviewed. These files included residents who identify as Māori, residents receiving care funded by the Accident Compensation Commission (ACC) residents who self-administer medication, residents with a wound, residents with a pressure injury, residents who have behaviours that challenge, residents with several co-morbidities, residents who have lost weight and those who have had a recent fall.</p> <p>Files reviewed verified a care plan is developed by a registered nurse (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.</p> <p>Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable).</p> <p>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 whānau participate in Karori Villages service development, deliver services that give choice and control, and</p>

		<p>remove barriers that prevent access to information.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, including with the general practitioner (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. All care plans reviewed described fully the interventions required to meet residents assessed needs. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whānaungatanga. 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>A diversional therapist and two activities co-ordinators provide an activities programme at Karori Village that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. An activities coordinator or the diversional therapist is allocated to work in the secure unit five days per week.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Documentation "know me in my world" captures family/whānau connections, interests, and aspects of everyone that makes up their unique qualities, strengths, and desires. The document is in English and te reo. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Matariki, Māori language week and Waitangi were celebrated at Karori Village. The use of te reo daily continues in word find games, signage, and greetings.</p> <p>A diverse range of activities are provided at Karori Village and includes visits by community groups/entertainers weekly and weekly trips into the community using hired vans. Files reviewed of residents in the secure unit, include a 24-hour care plan, that identifies residents past interests, previous lifestyle patterns and routines.</p>

		<p>Residents' meetings occur each month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Karori Village.</p> <p>Residents and family/whānau participate in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p> <p>The corrective action at the previous audit regarding residents requiring wheelchairs as a mobility aid being unable to go out on van trips has been closed by the funder as a hired vehicle is used for weekly outings. Although Karori Village does not have an onsite mobility van with a hoist the VCM stated at interview a van has been ordered and is in transit in a container. None of the eight residents or five family members interviewed at this audit, mentioned that this was a concern.</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 is 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 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 used at Karori Village, and instructions meet standing order guidelines.</p> <p>Self-administration of medication is facilitated and managed safely.</p>

		<p>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 at Karori Village is a contracted service that is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in March 2022. 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. A verification audit of the food control plan was undertaken in September 2022. Three small areas requiring corrective action have been addressed. The plan was verified for 12 months and is due for reaudit in 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. All residents have opportunities to request meals of their choice and the kitchen will address this. An interview with the cook also verifies Māori and whānau can request menu options culturally specific to te ao Māori. The Māori Health plan of the residents who identify as Māori, had documentation that the residents have no specific requests for any specific Māori foods.</p> <p>Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Residents in the secure unit always have access to food, night and day.</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. A resident recently transferred to an acute facility had documentation to verify the family/ whānau was provided with a co-ordinated and supported transition to the acute facility. 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 we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Karori Village has appropriate systems 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. The building warrant of fitness is current and there is an approved fire evacuation scheme.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings, which will reflect the aspirations and identity of Māori.</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>	FA	<p>Disaster and civil defence plans and policies direct Karori Village staff in their preparation for disasters. Photographs and narrative describe the procedures to be followed in an emergency. Staff have been trained and knew what to do in an emergency. The facility fire</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evacuation plan has been approved by the New Zealand Fire Service and regular fire evacuation drills and training are undertaken with the most recent on 14 September 2022. The RNs perform the role of fire warden and are trained in this role. 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 whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>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 MLC infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the MLC clinical governing body, link to the quality improvement system and are reviewed and reported on regularly. 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 at Karori Village. 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>	FA	<p>The infection control resource nurse (ICRN) at Karori Village is responsible for overseeing and implementing the infection prevention (IP) programme at Karori Village with reporting lines to the VCM, regional clinical manager (RCM) and Metlifecare infection prevention and control national lead. The IP and AMS programme links to the quality improvement programme that is reviewed and reported on annually. The ICRN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary</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>		<p>resources and support. Their advice is 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. They are provided by Metlifecare's clinical governance group and are based on current accepted good practice. Cultural advice is sought where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were seen to follow these correctly. Karori Villages policies, processes and audits ensures that reusable and shared equipment is decontaminated using best practice guidelines. Sole use items are discarded after being used. Educational resources including a range of brochures are available and accessible in te reo Māori.</p> <p>The pandemic/infectious diseases response plan is documented and has been evaluated. There are sufficient resources and personal protective equipment (PPE) available, as observed and verified by staff interviewed, and staff are 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>	<p>FA</p>	<p>Karori Village 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. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</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</p>	<p>FA</p>	<p>Karori Village 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. Karori Village uses standardised surveillance definitions to identify and classify</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection events that relate to the type of infection under surveillance. 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 documented. Surveillance data is benchmarked with other Metlifecare sites and nationwide with other large, aged care providers. Benchmarking results indicated a low rate of infections at Karori Village. There was an outbreak of Covid-19 at Karori Village from June to August 2022. The outbreak lasted three months and affected 46 residents and 19 staff. Residents affected were isolated in their 'pods' and the units were locked down. The Regional Public Health Unit (RPH) and the Te Whatu Ora Capital, Coast and Hutt Valley were informed of the outbreak.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of 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 Karori Village. 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. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to perform duties safely. Residents and family/whānau reported that the laundry was managed</p>

		well, and the facility was kept clean and tidy. This was confirmed through observation.
<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>	FA	<p>Maintaining a restraint free environment is the aim of MLC for all their villages. The clinical governance group and the Karori village care management team demonstrate commitment to this. At the time of audit one resident was using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management and is held by one of the two assistant care managers. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The MLC restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, the restraint has 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 the restraint, monitoring and evaluation was documented and included most of the requirements of the Standard. Involvement of EPOA/Whānau was confirmed. Access to advocacy is facilitated as necessary.</p> <p>A Karori Village restraint register is maintained, and this is regularly reviewed by the Karori care team. The register contained enough information to provide an auditable record.</p> <p>Staff and managers' report no emergency restraint has been used although the MLC policy and procedures provides guidance should this ever be required for the safety of residents.</p> <p>There is a gap within the MLC Restraint policy and procedures which</p>

		does not fully address the requirements of the revised standard for the most appropriate member of the workforce to debrief the person.
<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>	FA	<p>The Karori Village restraint committee has been recently recreated as part of the transition under MLC ownership. Previously reviews were undertaken at three monthly intervals which included all the requirements of the Standard; however, the MLC policy describes the need for a six-monthly review of all restraint use. The most recent review was completed using the new MLC forms. The outcome of the review is reported to the governance body. The changes to policies, guidelines, education and processes have been implemented as part of the transition.</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, 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.