

Fairview Care Limited - Fairview Care

Introduction

This report records the results of a Surveillance 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:	Fairview Care Limited
Premises audited:	Fairview Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 March 2023 End date: 8 March 2023
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:	47

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

Fairview Care Limited (Fairview Care) provides rest home and hospital level care for up to 47 residents. The service is operated by Premiere Lifestyle Limited and day to day operations are overseen by a care manager (CM), two clinical lead nurses (CLN) and an administrator.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the provider's contract with Te Whatu Ora – Waitematā. The audit process included a pre audit review of policies and procedures, review of residents' and staff files, observations and interviews with the residents, family members, the chief executive officer (CEO), management and clinical staff. The GP was unavailable at the time of audit.

Residents, families and staff spoke positively about the service and the level of care provided.

Areas for improvement identified during this audit relate to developing cultural relationships in the community, training in regard to equity, risk planning, assessments, care planning, medication, data recording and sharing of information, safe staffing and section 31 notification requirements.

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.

Fairview Care provides an environment that supports residents' rights and care that is safe from abuse and neglect. 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. There are pamphlets on Code of Health and Disability Services Consumers' Rights in the reception area. The Code of Health and Disability Services Consumers' Rights posters are displayed in the hallways and reception area.

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

Presently, there are no Māori or Pasifika residents at this facility. Staff are receiving training about Te Tiriti o Waitangi, tikanga and basic te reo.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

The care manager assumes accountability for delivering a high-quality service.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

Adverse events are documented with corrective actions implemented.

Staffing meets the cultural 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.

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The accounts administrator manages the entry to service in discussion with the care manager (CM). On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs. The general practitioner (GP) completes a medical assessment on admission and reviews occur thereafter on a regular basis.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by a diversional therapist. The activities programme provides residents with a variety of activities.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. A contracted dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with meals provided.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

There is a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly.

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.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) programme that is appropriate to the size and complexity of the service. There is a comprehensive pandemic plan.

The infection prevention control officer (IPC officer) role is shared between the clinical nurse lead CNL and a registered nurse (RN). The IPC officer has completed a formal IPC training. The IPC committee is supported by representation from all areas of the service. The IPC team have access to a range of resources. Education is provided to staff at induction to the service and annually thereafter. Internal audits are completed with corrective actions completed where required.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practises through meetings and education sessions.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

The service aims for a restraint free environment. This is supported by the care manager, chief executive officer, policies and procedures. No residents have required the support of a restraint for more than four years.

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	11	0	7	3	0	0
Criteria	0	37	0	9	6	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>The care manager (CM) and chief executive officer (CEO) interviewed confirmed that Fairview Care will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role.</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>	Not applicable	<p>Fairview Care has a Pacific plan which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The service is currently working towards developing a partnership with Pacific communities underpinned by Pacific voices and Pacific models of care. There are seven staff employed at this facility who identify as Pasifika and have cultural ties in the community. There are no residents that identify as Pasifika. The care manager interviewed stated that if a resident was admitted that identified as Pasifika the</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>service would liaise with Fairview Care staff and the Pacific community to help support with any cultural needs. Staff interviewed highlighted the importance of understanding and supporting each other's culture. Residents and family interviewed were happy with the cultural care that was provided</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>Details relating to the Code of Health and Disability Services Consumers' Rights are included in the information that is provided to new residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The service recognises Māori mana motuhake by utilising the assessment and use of Māori health care plan. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents interviewed stated they had choices. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice of activities they participate in. Culturally appropriate activities have been introduced, such as celebrating Waitangi Day and Matariki.</p> <p>It was observed during care that residents are treated with dignity and respect. There are no double or shared rooms. Staff was observed to use person-centred and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Spiritual needs are identified, church services are held, and spiritual</p>

		<p>support is available.</p> <p>The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Information provided and records viewed showed that staff training on Te Tiriti o Waitangi and Māori culture/Tikanga was provided. Te Reo Māori and Tikanga Māori are promoted within the service through staff training, the active engagement of residents and staff in Te Wiki o te Reo, and ongoing use of basic te Reo greetings, for example.</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>There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed the staff are very caring, supportive, and respectful.</p> <p>The clinical nurse lead (CNL) stated that any observed or reported racism, abuse or exploitation would be addressed promptly.</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</p>	FA	<p>Residents interviewed confirmed they are provided with all information that supports them to make an informed decision. Informed consent for all relevant procedures was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner (GP) for resuscitation treatment plans for residents who were unable to provide</p>

<p>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>consent in consultation with family/whānau and EPOAs.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available.</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>The care manager interviewed expressed they would ensure that the complaints process works equitably for Māori. The service has the code of rights and 'how to complain' brochures available that are written in te reo Māori. The service would also offer external cultural support for the resident and/or whānau and provide extra time if required. The complaints management system has not been reviewed to ensure this works effectively for Māori as there are no residents admitted that identify as Māori.</p> <p>As a result of an internal audit in June 2022, It was identified that the majority of residents (new and older admissions) were either unaware of how to make a complaint or acknowledged that complaints were not discussed with them at time of admission. An advocate from the Health and Disability Commission (HDC) visited the facility on the 17 July 2022 and provided an information seminar for the residents with separate training provided for staff. Residents and whānau interviewed at the time of audit understood their right to make a complaint and knew how to do so and felt comfortable to do so if needed.</p> <p>There have been no complaints since the previous audit. No complaints have been received from Te Whatu Ora – Te Toka Tumai (Waitematā), The Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</p> <p>On the 4 February 2023, the facility received a letter of investigation from the Accident Compensation Corporation (ACC) requesting information regarding a resident's death soon after being discharged from acute hospital care. The facility has provided all requested</p>

		information on the 14 February 2023 and is awaiting a response.
<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>	PA Low	<p>In an interview with the care manager and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people including services for tangata whaikaha.</p> <p>Training records showed that staff, including the care manager and a co-opted board member, have attended training specific to Te Tiriti o Waitangi and equity however the two owner/directors, two board members and the chief executive officer are yet to complete this training. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</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>	PA Low	<p>Fairview Care has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. However, this system does not include potential inequalities and a plan has not been developed as a result. The care manager is responsible for implementation of the quality and risk system.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meeting/s. Progress against quality outcomes is evaluated and closed out as required.</p> <p>The care manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There has been one section 31 regarding the commencement of the new care manager on the 09 January 2023 but there has been no</p>

		section 31's completed for the RN shortage on some shifts (see criterion 2.2.6).
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Fairview Care adjusts staffing levels to meet the changing needs of residents. Care staff reported at times in the past there has not been adequate staff to complete the work allocated to them. As a result of discussions with staff a new rostering system was implemented last year and is currently being revised. Rosters reviewed identified staff are replaced. On each shift, at least one staff member has a current first aid certificate, and two staff are medication competent. The care manager and the two clinical nurse leads share on-call as required outside of their rostered shifts. A contracted physiotherapist, podiatrist, hairdresser, dentist and maintenance team support the service and visit regularly. Bureau is not used at this facility.</p> <p>The care manager is a registered nurse with a current practising certificate and was appointed in January 2023. The care manager, who works Monday to Friday 8.30am to 5.00pm, is supported by two clinical nurse leads work in a shared role Monday to Sunday from 8.30am to 5.00pm or 11.00am to 7.00pm. On two of the weekdays both clinical nurse leads are rostered on. One CNL is currently on extended leave until the 3 April 2023.</p> <p>There is an experienced registered or an enrolled nurse on each eight-hour shift. The care manager interviewed stated that the enrolled nurse will ring for guidance and support as required and evidence of this communication and decision making was recorded in resident progress notes and communications between the care manager and enrolled nurse. There is a registered nurse who supports the village residents and lives on site above the care centre 24/7 is available for support and oversight however there is not a registered nurse rostered on duty at all times in the care centre. In reviewing the roster, the enrolled nurse works four afternoon shifts a week and does not work alongside a registered nurse for six of those eight hours (from 5.00pm -10.45pm). The care manager interviewed</p>

		<p>identified that one section 31 notification was made in regards to this issue in December 2022 however no further notifications have been made since (refer to criterion 2.2.6).</p> <p>Fairview has employed a registered nurse for one day a week who is tasked with completing and updating the interRAI assessments (see 3.2.3).</p> <p>The morning shift is supported by eight care staff, one of whom supports the RN/EN with medications. The afternoon shift consists of five care staff, and two care staff on the night shift. The diversional therapist works Monday to Saturday from 8.30am to 5.00pm and is supported by an activities assistant who is currently on extended leave. There are appropriate designated hours for cleaning, laundry and the kitchen.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed. The service is working towards providing training and competencies regarding equity. Three RN's including the two clinical nurse leads are interRAI trained. All registered nurses are first aid trained and are medication competent.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised and additional time is provided as required. Staff interviewed felt well supported. Staff performance is reviewed and discussed at regular intervals. Staff ethnicity data is not being recorded.</p> <p>All staff information held on record is relevant, secure, and confidential.</p>
Subsection 3.1: Entry and declining entry	PA Low	The entry to service enquires are managed by the account's

<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>administrator with the support of the clinical team to assess suitability for entry. Fairview Care does not keep a record of the enquires and those declined entry. The service is in the process of creating a system to collect ethnicity data, the decline rate and to analyse monthly.</p> <p>Fairview Care does not have any links with the local Māori communities to benefit Māori residents and whānau. Currently the service does not have any Māori residents.</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>PA Moderate</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning, and evaluation. Initial care plans are developed with the residents'/EPOA consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies. The service uses an electronic patient information system, including care planning.</p> <p>There were no Māori residents on the day of the audit. The service has a Māori health care plan in place which includes Te Whare Tapa Whā model of care. There are no policy and procedures to implement and support pae ora for Māori residents.</p> <p>Six of six files reviewed had no cultural assessment completed. The long-term care plans were developed within three weeks of admission. Residents and family/whānau or enduring power of attorney (EPOA), where appropriate, were involved in the assessment and care planning processes. Resident files that were sampled had overdue InterRAI assessments and the relevant outcome scores did not support the care plan goals and interventions. The overall InterRAI report showed there were 18 overdue InterRAIs in the facility. The six files reviewed had a very generic goal which did not align with the resident's assessed values and beliefs.</p>

		<p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Short-term care plans were reviewed weekly or earlier if clinically indicated.</p> <p>The GP completed medical assessments within two to five working days of admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records.</p> <p>The early warning signs and risks that affected the resident's wellbeing were identified but there was no intervention in place to prevent further deterioration of the condition. Three of six files reviewed showed progress was different from expected and needed ongoing risk assessment i.e. recurrent falls, recurrent pressure injury and recurrent skin tears, but there was no evidence of ongoing risk assessment. Where progress was different from expected the service did not initiate changes to the care plan.</p> <p>The facility is provided access to an after-hours service by the GP.</p> <p>Family/whānau/EPOA interviews and resident records evidenced that families are informed where there is a change in health status. Tāngata whaikaha and whānau are supported to access information as required.</p> <p>Residents' care was evaluated on each shift and reported at handover and recorded in the progress notes by the caregivers. Five of six long term care plan evaluations were overdue.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and</p>	<p>FA</p>	<p>The residents' activities program is implemented by a diversional therapist (DT). The activities program is displayed in the communal area. A monthly and weekly activities planner was sighted.</p>

<p>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 suitable for their age and stage and are satisfying to them.</p>		<p>The church ministers visit weekly. There were no Māori residents on the day of the audit. Cultural events are celebrated including Waitangi Day and Matariki day with Māori music played. The Māori language week was celebrated with Māori words posted around the facility. Residents visit their family/whānau in the community and family can visit the residents in the facility.</p> <p>The activities program is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities program that is meaningful to the residents. The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging and enjoying various activities. Regular resident meetings are held and include discussions around activities.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of the audit. Prescribing practices are in line with legislation, protocols, and guidelines.</p> <p>Twelve medication charts were reviewed. Ten of twelve medication charts three-monthly reviews were not recorded by the GP. Education for residents regarding medications occurs on a one-to-one basis by the CNL or RN.</p> <p>The service uses pre-packaged pharmacy medicines, however 12 of 12 medication charts reviewed showed no evidence of medication reconciliation completed. All stock medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Four of twelve medication charts had no allergies and sensitivity documented.</p> <p>Weekly checks of controlled drugs and six-monthly stocktakes were</p>

		<p>conducted in line with policy and legislation.</p> <p>Staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>The RNs interviewed demonstrated knowledge of the management of adverse events. The service has policies and procedures for the management of adverse events. The RN demonstrated the medication administration rights when administering medication.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them.</p> <p>There was no resident self-administering medication at the time of the audit. The RN was aware of the policy and procedures around medication self-administration.</p> <p>Standing orders are not used in this facility. The medication policy describes the use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed where over-the-counter or alternative medications were being used, they were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.</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>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, and the cook at the interview confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs.</p> <p>The menu followed summer and winter patterns in a four-weekly cycle and was under review at the time of the audit. There were no Māori</p>

		residents at the time of the audit, but the head chef was aware of the culturally specific to te ao Māori food such as boil up or hangi to add on the menu if a Māori resident was admitted into the facility.
<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>Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</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>	PA Low	<p>There is a current building warrant of fitness with an expiry date of 21 February 2024. Tag and testing of equipment is overdue and was last completed in April 2021. Maintenance records and observation demonstrated regular maintenance is occurring.</p> <p>There were internal and external shared spaces that suited the needs of the resident group/s, with several small and large areas available for residents and their visitors to gather, including a library. Residents have access to an enclosed garden and courtyard of the main lounge. Residents and whānau interviewed were happy with the environment.</p> <p>The care centre is situated on the second floor of the village. There are security cameras in the main areas of the facility and signage is evident. The outer doors and windows to the enclosed garden and downstairs reception doors are locked at 6.00 pm.</p> <p>The care manager and chief executive officer confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed in November 2022. The fire evacuation plan has been approved by the New Zealand Fire Service, 27 February 2006.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau interviewed stated that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. The care centre is situated on the second floor, however, staff still ensure that the building is secure with intentional rounds occurring regularly, and the locking of the sliding doors of the main lounge and residents' bedrooms that directly provide access to the garden at sunset. Cameras monitor the main corridors of the facility, outside perimeter and gardens. Signage is clearly visible throughout the facility.</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>	<p>FA</p>	<p>A pandemic and infectious disease outbreak management plan are in place that is reviewed regularly. Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff was observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. A culturally safe practice in IP is provided in consultation with residents and family/whānau as needed to acknowledge the spirit of Te Tiriti. Educational resources in te reo Māori can be accessed if needed.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on standard definitions, however, ethnicity data is not included in surveillance records. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control meetings and quality and staff meetings. Meeting minutes are available to staff.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled, and verified in interviews with residents and family/whānau.</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>PA Low</p>	<p>Maintaining a restraint free environment is the aim of the service. The care manager and chief executive officer interviewed demonstrated commitment to this. The clinical nurse lead is the restraint co-ordinator. Fairview Care has been restraint free for the past four years. Staff are provided with training in restraint and managing challenging behaviours, and staff interviewed had a good understanding of restraint. Restraint is discussed at each staff meeting but this information is not provided to the governance body.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	The care manager and chief executive officer interviewed confirmed that they are committed to identifying and working to address barriers to providing an equitable service delivery and will commence work around this.	Their service has not analysed potential barriers to providing an equitable service delivery.	<p>To provide evidence that the service has identified and is working towards addressing potential barriers regarding providing an equitable service.</p> <p>180 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	There are currently no residents that identify as Māori admitted to the care centre. Staff have completed cultural training that reflects Te Tiriti o Waitangi and equity. There is a risk register, but it does not include potential inequities and a plan has not been developed regarding this. Residents and family interviewed confirmed that they were	The service has not completed an analysis and a plan regarding reducing potential inequalities.	<p>To identify external and internal risks regarding potential inequalities and develop a plan to respond to them.</p> <p>180 days</p>

		happy with the cultural care provided.		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	The care manager interviewed identified that one section 31 notification was made in December 2022 in regards to RN shortage however no further notifications have been made since.	Section 31 notifications are not completed.	<p>To ensure that section 31 notification are completed as required.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Moderate	The roster identified that a registered nurse is not rostered on duty at all times. The enrolled nurse works four afternoon shifts a week and does not work alongside a registered nurse for six of those eight hours (from 5.00pm - 10.45pm).	A registered nurse is not rostered on duty at all times.	<p>To ensure that there is a registered nurse rostered on duty at all times.</p> <p>90 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	PA Low	Staff application forms do not ask for ethnicity background. The care manager interviewed confirmed that this is not asked at time of interview nor recorded when an application is declined.	Staff ethnicity data is not recorded.	<p>To provide evidence of staff ethnicity data collection.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall: (a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p>	PA Low	Fairview Care does not have any links with the local Māori communities to benefit Māori residents and whānau. Currently the service does not have any Māori residents.	The service does not have any relationship with the local Māori communities to assist and support Māori residents and whānau.	The service needs to ensure there is a relationship between the local Māori communities and the facility to assist and support Māori residents and whānau.

(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.				180 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan</p>	PA Moderate	<p>A total of six files were reviewed and all had informed consent either signed by the resident or their EPOA. Six of six files reviewed had no cultural assessment completed. The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning, and evaluation. Resident files that were sampled had overdue InterRAI assessments and the relevant outcome scores did not support the care plan goals and interventions. The overall InterRAI report showed there were 18 overdue InterRAI in the facility. The early warning signs and risks that affected the resident's wellbeing were identified but there was no intervention in place to prevent further deterioration of the condition. The six files reviewed had a very generic goal which did not align with the resident's assessed values and beliefs.</p>	<p>I. There are 18 overdue InterRAI as far back as September 2022.</p> <p>II. Six of six files do not have cultural assessments (around values and beliefs).</p> <p>III. Six files do have person centred goals (very generic- all files have similar goals).</p> <p>IV. Early warning signs identified, but there is no intervention to prevent further decline i.e., recurrent falls and recurrent pressure injury).</p>	<p>I. The service is to ensure InterRAIs are completed within timeframe.</p> <p>II. All residents are to have cultural assessment on their file.</p> <p>III. All residents are to have individual goals, which are achievable.</p> <p>IV. Where early warning signs are identified, the service is to ensure interventions are put in place to prevent further decline.</p> <p>90 days</p>

identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Moderate	A review of residents' records showed that the residents participate in care planning . Their plan includes activities and interventions to ensure that their physical, mental health and well-being needs are met. Three of six files reviewed showed progress was different from expected and needed ongoing risk assessment i.e. recurrent falls, recurrent pressure injury and recurrent skin tears, but there was no evidence of ongoing risk assessment.	There is no evidence of ongoing risk assessment (frequent fall, pressure injury, skin tear)	<p>The service is to ensure there is an ongoing risk assessment of residents who are identified as high risk.</p> <p>30 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of</p>	PA Moderate	Where progress was different from expected the service did not initiate changes to the care plan. Residents' care was evaluated on each shift and reported at handover and recorded in the progress notes by the caregivers. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with	<p>I. Care plan evaluation for five of six care plans were not completed.</p> <p>II. The InterRAI outcome measures were not reflected in six of six care plans that were</p>	<p>I. The service is to ensure all care plan evaluations are completed in a timely manner.</p> <p>II. The InterRAI outcome measures are to be reflected in the long-term care plan.</p>

<p>outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the residents' needs. The residents and family/whānau confirmed their involvement in care planning. Six files were reviewed, and one had care plan evaluation completed within time frame and five files showed overdue care plan evaluations.</p>	<p>reviewed.</p>	<p>90 days</p>
<p>Criterion 3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>	<p>PA Low</p>	<p>There were no Māori residents on the day of the audit. The service has a Māori health care plan in place which includes Te Whare Tapa Whā model of care. There are no policy and procedures to implement and support pae ora for Māori residents.</p>	<p>There are no policy and procedures to implement and support pae ora for Māori residents.</p>	<p>The service is to ensure there are policies and guidelines to implement pae ora to support Māori residents. 180 days</p>
<p>Criterion 3.4.2 The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing,</p>	<p>PA Moderate</p>	<p>Prescribing practices are in line with legislation, protocols, and guidelines. Twelve medication charts were reviewed. Ten of twelve medication charts' three-monthly reviews were not recorded by the GP. The service uses pre-packaged pharmacy medicines, however twelve of twelve medication</p>	<p>I. Ten of twelve medication charts' three-monthly reviews were not recorded by the GP. II. Twelve of twelve medication charts reviewed showed no evidence of medication</p>	<p>I. Service to ensure all medication charts are reviewed every three months by the GP. II. Medication reconciliation is to be done against the medication charts every time a medication is</p>

reconciliation, and review.		charts reviewed showed no evidence of medication reconciliation done.	reconciliation completed.	received from the pharmacy to ensure accuracy of the medication. 30 days
Criterion 3.4.4 A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.	PA Moderate	Medications are checked by two staff for accuracy in administration. Twelve medication charts were reviewed. Four of twelve medication charts had no allergies and sensitivities documented.	Four of twelve medication charts had no allergies and sensitivities documented.	The service is to ensure allergies and sensitivities are recorded in all medication charts. 30 days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Regular maintenance is carried out as per audit calendar, Issues that require attention are requested via an electronic request with the maintenance person signing off the task once completed. There have been no concerns raised in regard to equipment used by staff. Fairview Care are awaiting a date for tag and testing to be completed that will include all mobility equipment such as hoists and weighing scales.	Test and tag of equipment is overdue and was last completed April 2021	To provide evidence that there is up to date tag and testing of equipment. 180 days
Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.	PA Low	Monthly infection data is collected for all infections based on standard definitions however ethnicity data is not included in surveillance records.	Ethnicity data is not included in surveillance records.	The service is to include ethnicity data in surveillance records. 180 days
Criterion 6.1.3	PA Low	The care manager and chief executive	There is no executive	To provide evidence of an

<p>There shall be an executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p>		<p>officer interviewed are supportive of the no restraint policy. Fairview Care has had no restraint for the last four years. Staff meetings include restraint discussions, but this information is not discussed at governance level.</p>	<p>leader responsible for restraint minimisation and elimination implementation.</p>	<p>executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained in the care centre.</p> <p>180 days</p>
---	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, 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.