

Millvale Lodge Lindale Limited - Millvale Lodge Lindale

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 BSI Group New Zealand Ltd, 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:	Millvale Lodge Lindale Limited	
Premises audited:	Millvale Lodge Lindale	
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 19 January 2023	End date: 20 January 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:	55	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dementia Care New Zealand Ltd is the parent company of Millvale Lodge Lindale. The service provides rest home, hospital, dementia, and psychogeriatric level care for up to 57 residents. At the time of the of audit there were 55 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora – Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner (GP).

The previous finding around an approved evacuation scheme for the Kauri dementia unit remains an area for improvement.

This surveillance audit identified areas for improvement around meetings, registered nurse (RN) shortages and annual staff performance appraisals.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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A Māori health plan is in place for the organisation. There are staff employed who identify as Māori during the audit. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 low risk.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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.
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. The service celebrates cultural events celebrating Māori and other ethnicities. Food preferences, and dietary requirements of residents are identified at admission and the kitchen staff provides meals which support the individuals' cultural beliefs and values.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. The service has a 52-week annual maintenance plan. Emergency management policies and procedures, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been five outbreaks since the previous audit, and these have been well documented.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. There were no residents using a restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	17	0	3	1	0	0
Criteria	0	53	0	3	1	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>A Māori health plan and policy are documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. There are staff employed who identify as Māori. The operations manager stated that the service actively works towards increasing Māori capacity by employing Māori staff members when they apply for employment opportunities.</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</p>	FA	<p>The service maintains a link with a local Pacific Island community group through two Pacific staff members, in order to provide cultural support for Pacific staff and residents. At the time of the audit there were staff who identified as Pasifika.</p>

<p>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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Millvale Lodge Lindale ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan and resident care plans reviewed.</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with twelve staff (two registered nurses, four caregivers, two diversional therapists, one maintenance person, one cook, one home assistant and one training coordinator) confirmed their understanding of tikanga best practice, with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>Staff 'House Rules' are discussed during the new employee's</p>

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model of care is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were residents who identified as Māori and Pasifika. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts, and activated as applicable for residents assessed as unable to make informed decisions.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The operations manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There have been no complaints received in 2023 year to date and one made since the previous (certification) audit that took place in November 2020. The complaint reviewed had been acknowledged and investigated in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p>

<p>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>Letters of investigation and outcomes offer advocacy. Discussions with relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Residents and relatives/whanāu making a complaint can involve an independent support person/advocate in the process if they choose to do so.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Dementia Care NZ Limited (DCNZ) is the parent company under which Millvale Lodge Lindale operates. Millvale Lodge Lindale provides rest home, hospital, dementia, and psychogeriatric level of care for up to 57 residents. On the day of audit there were 55 residents. There were five rest home residents (including one resident under a long-term support chronic health condition (LTS-CHC) contract and one under a Mental Health contract), 11 hospital level residents (including one resident under LTS-CHC), 25 dementia care (including one resident under LTS-CHC) and 14 psychogeriatric level of care residents (including one resident under LTS-CHC and one under the Mental Health Act). All other residents were under the age-related residential care (ARRC) agreement or age-related hospital specialist services (ARHSS) agreement.</p> <p>There is a resident focus on individualised care in small units (the service refers to them as homes) and staff are trained and have specialist dementia understanding. There are four units for residents at Millvale Lodge Lindale: Nikau unit -16 bed rest home and hospital; Kauri unit -12 bed dementia level care; ToeToe unit -15 bed dementia level care; and Tanika unit - 14 bed psychogeriatric level care. The facility is located within a rural setting.</p> <p>Dementia Care NZ has a corporate structure that includes two managing owner/directors and a governance team of managers, including: an operations management leader; quality systems manager; public relations and marketing manager; a strategic communication, engagement and governance advisor; clinical advisor; two regional clinical managers (north and south); and an education/mental health nurse. A new position has recently been established for a strategic communications advisor. The national educator and regional clinical manager were present during the audit.</p>

		<p>The organisation is reviewing its governance structure to utilise relationships with advisors as well as bringing in further governance expertise as needed.</p> <p>Dementia Care NZ has engaged a cultural advisor to advise the board and work in partnership with Māori to ensure updating of policy and procedure within the company to enhance Te Tiriti partnership, reduce inequity and improve equality. Policies reviewed demonstrate commitment to the new standard. The cultural advisor consults with and reports on any barriers to the senior management team, advisory Board and managing directors to ensure these can be addressed. The service consults with residents and whānau for input into reviewing care plans and assessment content to meet resident's cultural values and needs.</p> <p>Dementia Care NZ has an overarching strategic plan 2021 to 2024 and a related business plan (2022-2023) that is developed in consultation with managers and reviewed annually. The overall business plan includes the vision, values and "the work we do" documented in English and te reo Māori. The organisations vision includes acceptance of all people with kindness and love, provision of peace, comfort and striving to achieve this vision with openness, honesty, integrity and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights, Manaakitanga wellbeing, whanaungatanga social organisation of whanau, hapu and iwi, wairuatanga spiritual comprehensive and integrated services, kaitiakitanga guidance, consistent evidence-based services and kotahitanga unity of purpose. Business goals for Millvale Lodge Lindale include (but are not limited to) marketing, information technology system implementation, professional development, and addressing RN and GP shortages.</p> <p>The operations manager (non-clinical) has been in the role for four years and reports to the operations management leader at head office. The clinical manager has been employed in the role for one year and is supported by the regional clinical manager.</p> <p>The operations manager and clinical manager have both attended Zoom Te Whatu Ora meetings, including Covid-19 education through</p>
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		<p>Te Whatu Ora -Capital, Hutt, and Coast and DCNZ. Both managers are supported by the organisational team and directors who visit the site regularly.</p> <p>Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes reviewed.</p> <p>Plans are in place for the organisational management team to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</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>Millvale Lodge Lindale is implementing a quality and risk management programme. Annual 2022 quality improvement goals are documented and include plans to achieve these goals, target dates for implementation, responsibilities for implementation and improvement indicators. Interviews with the operations manager (OM) confirmed their understanding and involvement in quality and risk management practices.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data (eg, skin tears, falls, pressure injuries, challenging behaviour, infections, and medication errors) and is collated, analysed, and benchmarked on a national level against other DCNZ facilities. Reports including analysis are provided to the operations or clinical manager. An internal audit programme is being implemented. Where improvements are identified, corrective actions are documented, implemented, and signed off by the operations clinical manager.</p> <p>The 2022 resident/relative satisfaction survey has been completed with positive overall satisfaction. High levels of satisfaction were indicated for recommending the facility resident rights/values, privacy/dignity, changes in resident health, issues relating to resident cares, building/grounds, and staff/team. Corrective action plans have been implemented around EPOA receiving welcome booklets, laundry, and more entertainers to visit the facility. There are monthly meetings scheduled for: infection control; health and safety; falls</p>

		<p>prevention management; quality; activities; kitchen; and residents/family meetings. There have been no staff meetings completed for 2022 and no quality meetings held since March 2022.</p> <p>There are risk management, and health and safety policies and procedures in place, including accident and hazard management. Interviews were conducted with two health and safety representatives, with one having completed health and safety training. The health and safety committee meet monthly and review accidents/incidents, hazards, and occupational health. All staff and contractors complete a health and safety induction. Health and safety training is included in the annual education plan. There is a hazard register in place and was last reviewed on 12 December 2022.</p> <p>All resident incidents and accidents are recorded on the electronic resident management system. Twelve accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, aggressive behaviour, bruising) evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were recorded for four unwitnessed falls reviewed. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the operations manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of: recent RN shortages; three pressure injuries (one stage III in June 2021, one stage IV in July and one unstageable in August 2022); one resident absconded; and two missing resident incidents. There have been four respiratory outbreaks in 2021 and a prolonged Covid-19 outbreak starting in early May until late July 2022. All were appropriately notified and managed.</p> <p>Staff received a wide range of culturally diverse training, including cultural sensitivity and awareness, with resources made available to ensure a high-quality service is provided for Māori and residents with diverse ethnicities.</p>
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		Critical analysis of organisational practice is completed through benchmarking, analysis and reports at national level; annual review of the quality programme; review of policies by a policy development group; and internal audits.
<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>	PA Low	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management.</p> <p>The operations manager and the clinical manager work full-time Monday to Friday. The operations manager is on call for non-clinical concerns and the clinical manager provides 24 hours on call for clinical matters.</p> <p>A review of the roster identified the requirement for a RN in the rest home/hospital across 24/7. The RN also oversees the two dementia units (homes). There is a RN rostered across 24 hours in the psychogeriatric unit. However, a review of the roster identified nine shifts in the Nikau dual-purpose home and four shifts in the Tanika psychogeriatric unit that were recently not covered by RNs due to the nationwide current RN shortage. The shifts not covered by RNs are covered by senior caregivers who are internationally trained RNs that currently do not hold a New Zealand registered nurse practising certificate.</p> <p>All caregivers are able to rotate through all the homes if required to provide cover; however, care staff and home assistants are generally allocated to one home to provide consistency of care for those residents that they get to know well. Agency staff are not used. Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Relatives interviewed stated there were sufficient staff on duty when they visited.</p> <p>Staffing is as follows:</p> <p>Nikau home (16 dual purpose beds), there are 5 rest home and 11 hospital level of care residents.</p> <p>On the morning shift there are three caregivers (from 7.00am - 3.00pm) and one home assistant (from 8.00am to 1.00pm). On the afternoon shift there are three caregivers (one from 3.00pm-midnight,</p>

		<p>one from 3pm-10.00pm and one from 5pm-9.00pm) and on the night shift there is one caregiver (midnight to 8.00am). There are diversional therapy hours from 10.00am–1.00pm and from 1.30pm-4.30pm. There is a home assistant on duty from 8.00am-1.00pm and from 4.30pm-8.00pm.</p> <p>Kauri home (12 dementia care beds), there were 10 dementia level care residents.</p> <p>On the morning shift there are two caregivers (one from 7.00am-3.00pm and one from 7.00am-1.00pm). On the afternoon shift there are two caregivers (one from 3.00pm-midnight and one from 4.30pm-8.00pm) and on the night shift there is one home assistant (midnight to 8.00am). Care is provided by the caregiver or RN on night shift in the rest home/hospital. There are diversional therapy hours from 1.30pm-4.30pm.</p> <p>ToeToe home (15 dementia care beds) 15 dementia level care residents.</p> <p>On the morning shift there are two caregivers (from 7.00am -3.00pm), and on the afternoon shift there are two caregivers (one from 3.00pm-midnight and one from 3-9.00pm). On the night shift there is one caregiver (midnight to 8.00am). There are diversional therapy hours from 10.00am–1.00pm and from 1.30pm-4.30pm. There is a home assistant on duty from 8.00am-1.00pm and from 4.30-8.00pm. Assistance if required is provided by the caregiver or RN on night shift in the rest home/hospital. There are caregiver/DT hours from 10.00am-1.00pm and diversional therapy hours from 1.30pm-4.30pm. There is a home assistant on duty from 7.00am-1.00pm and from 4.30pm-8.00pm.</p> <p>Tanika home (14 psychogeriatric beds) 14 psychogeriatric level care residents.</p> <p>On the morning shift there are two caregivers (from 7.00am -3.00pm), and on the afternoon shift there are two caregivers (one from 3-10.00pm and one from 3-9.00pm). On the night shift there is one caregiver (midnight to 8.00am). There are diversional therapy hours from 10.00am–1.00pm and from 1.30pm-4.30pm. There is a home assistant on duty from 8.00am-1.00pm and from 4.30pm-8.00pm. Assistance if required is provided by the caregiver or RN on night shift</p>
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		<p>in the rest home/hospital. There are diversional therapy hours from 1.30pm-4.30pm. There is a home assistant on duty from 7.00am-1.00pm and from 4.30pm-8.00pm.</p> <p>The role of the home assistant is to provide non-clinical support, including laundry and cleaning duties. A home assistant (interviewed) described the morning shift duties, including serving of breakfast and lunch; cleaning of kitchen; making beds; bed changes; mopping of rooms; vacuuming of carpet as needed; collecting dirty laundry and delivering to laundry; and changing of rubbish bags. The afternoon home assistant folds laundry; serves dinner; vacuums bedrooms and communal areas; distributes supper; and cleans the kitchen. The home assistant in ToeToe completes most of the laundry, which is in the service area outside of the ToeToe home. Home assistants have completed food safety, chemical safety, health and safety and infection control training, as well as other compulsory education.</p> <p>There is a cook on duty daily from 7.00am-5.00pm and a tea assistant from 4.45pm-6.45pm.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-seven caregivers are employed. Millvale Lodge Lindale supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. All caregivers except one have achieved a level three NZQA qualification or higher. All caregivers who work in the dementia or psychogeriatric unit (except nine that are in progress) have completed the relevant dementia unit standards. All nine caregivers have started employment in 2022 and are all within the required 18-month timeframe. There is a national learning and development team that support staff with online training resources.</p> <p>The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental health nurse). There is an attendance register for each training session and educational topics offered, including: in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, caregivers, and activities team members have a current first aid certificate.</p>
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		<p>The education and training schedule includes mandatory training across 2021 and 2022, this has been fully implemented.</p> <p>There are four RNs, all are interRAI trained. There is also specific training for the registered nurses. Registered nurses have attended training in critical thinking; infection prevention and control, including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression.</p> <p>There is a range of competencies specific to the employee's role. There is a schedule and register in place. Caregivers and registered nurses are required to complete annual competencies for cultural, restraint, and moving and handling. A record of completion is maintained on an electronic human resources system.</p> <p>Staff complete cultural safety and are provided with the learning opportunity to learn about Māori health outcomes, disparities, and health equity trends. The quality manager ensures the attendance and content of the sessions are filed. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori.</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>Six staff files were reviewed (one clinical manager, one registered nurse, three caregivers and one diversional therapist). Job descriptions, reference checks and employment contracts were evident in all files reviewed. Three of six staff reviewed did not have an up-to-date annual performance appraisal. A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, speech and language therapist and dietitian). The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment. Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure, and confidential.</p>

		Nationality data is identified during the employment application stage. The service collects ethnicity data and plans to report analysis of this at governance level.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	Not Applicable	<p>The operations manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals, which is shared with the regional clinical manager. Ethnicity data is recorded at admission. The information is stored in the viewing log which is accessible by head office. The service is working towards routine analysis of ethnicity data specific to entry and decline rates.</p> <p>Millvale Lodge Lindale identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of the audit, there were residents identifying as Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit residents and their whānau. Currently the service utilises the contacts from family and Māori staff to provide support for residents and whānau where required.</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>	FA	<p>Six resident files were reviewed (one rest home, one hospital, two dementia - including one LTS-CHC, and two from the psychogeriatric home, including one under a mental health contract). A registered nurse is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system.</p> <p>Nursing risk assessments are completed on admission and an initial support plan is completed within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Evaluations reviewed were completed six-monthly or sooner for a change in health condition and included written progress towards care goals. All resident files reviewed included interventions or strategies to minimise assessed needs. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term</p>

		<p>issues such as infections, weight loss, and wounds were documented in short-term care plans or incorporated within the long-term care plan. Residents who identified as Māori had a cultural care plan in place. The service support Māori and whānau to identify their own pae ora outcomes.</p> <p>The staff interviewed described supporting all people with disabilities by providing easy access to all areas and supporting residents (where appropriate) to maintain individuality through involvement in their care plan and decision making.</p> <p>All residents in the Tanika (psychogeriatric home) and Kauri and ToeToe (dementia homes) had behaviour assessments, and monitoring charts; however, the behaviour plans do not consistently identify the triggers.</p> <p>All residents had been assessed by a general practitioner (GP) at admission and at least three-monthly or earlier if required. The GPs visit twice a week and more often if required and record their medical notes in the integrated resident file. The GP practice provides 24/7 on-call services. The GP and psychogeriatrician interviewed both commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly. Local hospice and wound care specialist nurse services are available 'as required' through Te Whatu Ora. The physiotherapist is contracted to attend to residents as required. The psychogeriatrician or one of the team visits weekly.</p> <p>The caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers document progress notes on each shift and as necessary by the GPs and allied health professionals. There was documented evidence the RN has added to the progress notes when there is a change in health status or following assessment. Registered nurses record an update on each resident regularly.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health,</p>
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		<p>including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>The service currently has 21 wounds, including (but not limited to) one stage IV and one unstageable pressure injury. Twelve assessments and wound management plans, including wound measurements, were reviewed. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound specialist, district nursing and the GPs as required. The RNs and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Monitoring charts evidenced completion as scheduled. The electronic system triggers alerts to staff when monitoring interventions are required. The behaviour chart monitoring entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities; however, did not consistently identify the triggers. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Effectiveness of 'as required' medication is documented in progress notes.</p> <p>Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Families are invited to attend the MDT meetings six-monthly.</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>	FA	<p>Millvale Lodge Lindale employs two full-time diversional therapists and four part-time activity assistants in training who facilitate the activity programme. Activities are provided seven days per week across all areas.</p> <p>The diversional therapists confirmed on interview that Māori residents</p>

<p>activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>are supported to embrace their culture.</p> <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. The service engages and maintain links with the local community and include volunteers, entertainers, and visitors. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included using poi's and learning words and phrases in te reo Māori. Residents visited a school to view kapa haka group activities.</p> <p>All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications.</p> <p>Medications were appropriately stored in the four facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked on delivery against the prescription and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP/NP. Twelve electronic medication charts were reviewed. All medication charts reviewed identified that the GP/NP had reviewed them three-monthly and each medication chart had photo identification and allergy status identified. There are standing orders in use which have been reviewed annually. No vaccines are kept on site. The effectiveness of 'as required' medication have been documented in the medication system. There were no residents self-administering</p>

		<p>medications. The medication policy has a procedure around the safe management of self-medicating residents.</p> <p>The clinical files included documented evidence that residents and their family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses and management interviewed described how they work in partnership with residents and whānau, ensuring appropriate support and advice on medication is timely.</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>	FA	<p>The cook oversees the on-site kitchen. Kitchen staff are trained in safe food handling. The menu provides for choice and residents can choose from the menu what they would like to eat; likes and dislikes are catered for. The cook interviewed stated they can implement menu options for Māori residents when required and consult with residents on the food and their choices. Kitchen staff, homecare assistants and caregivers interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24 hours a day in all units.</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</p>	FA	<p>There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p>

coordinate a supported transition of care or support.		
<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>The building holds a current warrant of fitness which expires 16 May 2023. The maintenance person works 35 to 40 hours a week (Monday to Friday) and is available on-call after hours. There are maintenance request books for repair and maintenance requests located at reception. These are checked daily and signed off when repairs have been completed. The service has a 52-week annual maintenance plan. Testing and tagging of electrical equipment has been completed. Medical equipment, hoists and scales are next due for checking and calibration in April 2023.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</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>	PA Moderate	<p>Emergency management policies and procedures, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>The New Zealand Fire Service has not yet approved the fire evacuation scheme plan for the 12-bed Kauri unit. There was evidence of email correspondence from DCNZ to an external contractor in November 2022 requesting assistance to apply for a full evacuation scheme. This application is in progress. The previous finding around an approved fire evacuation scheme (NZS 8134:2008 Criteria 1.4.7.3) continues to require improvement. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire drill was held August 2022.</p> <p>The building is secure after hours, and staff complete security checks at night. The dementia and PG units are secure and entry to the units are by keypad. Currently visiting is restricted. Visitors are instructed to</p>

		press the doorbell for assistance and complete visiting protocols.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Staff follow the organisation pandemic policy which is available for all staff. Personal protective equipment (PPE) stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Dementia Care NZ head office supplies extra PPE as required.</p> <p>During Covid-19 lockdown, there were regular zoom meetings with Dementia Care NZ head office which provided a forum for discussion and support. The service has a Covid-19 response plan which was developed by the clinical governance team and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There was a declaration/sign in process including the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>Personal protective equipment, including eyewear, was sighted in the sluice room/ laundry areas. Staff have access to handwashing facilities and hand sanitiser is available throughout the facility. All shared equipment is cleaned between use, and all shared PPE (eye wear) is cleaned appropriately between use.</p> <p>The organisation is working towards incorporating te reo Māori information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Cultural training includes tikanga practice in relation to infection control; staff interviewed could explain their understanding.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</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>The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at infection control meetings and sent to DCNZ head office. Data is also extracted from the electronic database by the quality systems manager. Meeting minutes and graphs are displayed for staff.</p> <p>There have been five outbreaks since the previous audit: four upper respiratory tract infections in 2021 and a prolonged Covid-19 outbreak in 2022, starting early May until late July. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective equipment. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. The clinical manager (standing in for the infection control coordinator) interviewed described the daily update and debrief meeting that occurred, including an evaluation 'what went well, what could have been done better' and discuss any learnings to promote system change and reduce risks. All outbreaks were documented and reported accordingly.</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>	FA	<p>The restraint policy includes the definitions of restraint, which aligns with Nga Pāerewa. The policy includes restraint procedures. The governance body includes objectives around eliminating restraint. The facility is committed to providing services to residents without use of restraint. There were no residents with any restraints at the time of the audit. The restraint coordinator is a registered nurse.</p> <p>At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. Interviews with caregivers and nursing staff confirm their understanding of restraints. Staff complete restraint competencies and attend education and training in restraint minimisation, elimination and safe practice. Maintaining a restraint-free environment is included as part of the training and orientation programme.</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)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	Staff/quality meetings are scheduled monthly to ensure staff communication and discussion of quality data. However, these have not regularly occurred as scheduled.	There have been no staff meetings completed for 2022 and no quality meetings from March 2022 to ensure staff communication and discussion of quality data.	Ensure that staff/quality meetings are completed as scheduled. 90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. The service has been unable to provide a registered nurse on site 24/7 in the hospital and psychogeriatric homes, as per the aged-related care contract and specialist hospital services contract. It was noted that the service has	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times, as per the ARC contract D17.4 a. i. in the hospital wing and an RN on duty in the PG wing as per ARHSS contract D17.3 and D17.4.	Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARC and ARHSS contracts. 90 days

		attempted to mitigate the risk of this situation by utilising an on-call process with the national clinical manager. The shifts not covered by RN's are all covered by senior caregivers who are all overseas registered nurses awaiting their New Zealand registration.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Six staff files were reviewed (one clinical manager, one registered nurse, three caregivers and one diversional therapist). Job descriptions, reference checks and employment contracts were evident in all files reviewed.	Three of six staff reviewed did not have an up-to-date annual performance appraisal.	Ensure that all staff have an up-to-date annual performance appraisal. 90 days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Moderate	Attempts to progress a staged evacuation scheme for the Kauri unit with the New Zealand Fire Service have been unsuccessful. The service has requested assistance from an external contractor to include the unit in the full evacuation scheme. The request is in progress as evidenced by email correspondence.	The service does not have an approved evacuation scheme for the twelve bed Kauri dementia unit.	Ensure the NZ Fire Service approves the fire evacuation scheme for the Kauri unit. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.