

# Experion Care NZ Limited - Okere House

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## Introduction

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

The audit has been conducted by 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:** Experion Care NZ Limited

**Premises audited:** Okere House

**Services audited:** Dementia care

**Dates of audit:** Start date: 27 June 2023 End date: 28 June 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:** 24

# Executive summary of the audit

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## 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Okere House is part of Experion Care NZ and provides dementia level of care for up to 26 residents. At the time of the audit there were 24 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Whanganui. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with family/whānau, staff, nurse practitioner and the clinical nurse manager.

There has been a change in the clinical nurse manager since the last audit. An experienced clinical nurse manager oversees the day-to-day operations of the facility. They are supported by another registered nurse, administrator and experienced caregivers.

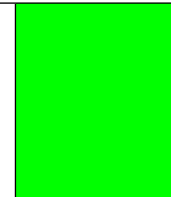
There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service completed a number of environmental improvements and upgrades.

This certification audit identified improvements required around the governance, implementation of aspects related to the quality and risk system, care plan evaluations and implementation of the medication management system.

## 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 are fully attained.

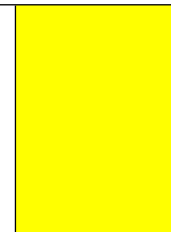
Okere House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whanau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## 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 are partially attained and of low risk.

Experion Care NZ has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The clinical nurse manager supported by a registered nurse, oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Okere House has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's support team. Okere House collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## 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 are partially attained and of medium or high risk and/or unattained and of low risk.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the nurse practitioner and visiting allied health professionals.

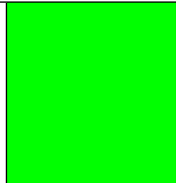
Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Families interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. The facility (dementia facility) is secure with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

## **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 are fully attained.

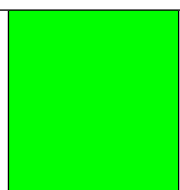
Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There were two Covid-19 outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the clinical nurse manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use 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	23	0	3	1	0	0
Criteria	0	163	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

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Okere House is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>At the time of the audit there were Māori staff at Okere House including senior positions. The clinical nurse manager (CNM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. The CNM interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Okere House to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with</p>

		and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. Okere house has their own cultural advisor. The CNM and cultural advisor described how at a local level they have established relationships with the Māori community, local iwi and Māori community disability services in Wanganui.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Okere House has a Pacific people's policy and 'Health of Pacific peoples in Aotearoa is everyone's business' which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim is to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pasifika staff. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in October 2022.</p> <p>On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The CNM interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts and identity are respected when in their care.</p> <p>Code of Rights is accessible in Tongan and Samoan. There are staff that identify as Pasifika. The CNM described how Okere House increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the good employer policy.</p> <p>Interviews with twelve (seven caregivers, one registered nurse (RN) one head cook, one maintenance person, one housekeeper, one activities coordinator) identified that the service provides person-centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to

<p>and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>determine residents' wishes and support needs when required.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The CNM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Seven family/whānau interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  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>The Okere House annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with family/whānau.</p> <p>An intimacy and sexuality policy is in place with training as part of the education schedule. Staff interviewed stated they respect each</p>

		<p>resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit all rooms were single occupancy. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are educational resources available.</p> <p>Cultural days are held to celebrate diversity. Staff completed Code of Conduct and Abuse and Neglect training and the education encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with.</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, healthcare bias and the understanding of injustices through policy readings, cultural training,</p>

		<p>available resources, and the house rules.</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Okere House promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori., as evidenced in the care plans reviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with</p>

		<p>the resident such as the hospice Wanganui and Te Whatu Ora-Wanganui specialist services (eg, physiotherapist, district nurse, dietitian speech language therapist, mental health services for older adults, and pharmacist). The delivery of care includes a multidisciplinary team and enduring power of attorney (EPOA) or family/whānau provide consent and are communicated with in regard to services involved. The CNM described an implemented process around providing residents with support from family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. There was no documented evidence that family/whānau are invited to six monthly review meetings or have input into to care planning and review process of residents (link 2.2.2).</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Regular family/whānau meetings did not occur as planned since the last audit (link 2.2.2). Staff have completed annual education related to communication with residents' cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>A policy that guides informed consent is in place that include the guidance on advance directives. Informed consent processes were discussed with family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the activated power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents had a medical certificate for incapacity on file.</p>

		<p>Advance directives for health care including resuscitation status had been completed by the NP. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the caregivers and RN confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The CNM maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. There were no complaints since the last audit; however, several compliments were recorded throughout the months for 2022/2023. There were no complaints from external agencies.</p> <p>The CNM provided a sample of documentation including follow-up letters that are used to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints register documentation evidence complaints can be allocated a theme and a risk severity rating. The CNM stated she is confident in investigating and provide a root cause analysis when they do receive serious complaints. Family/whānau confirm during interview the CNM is available to listen to concerns and acts promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The CNM acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of</p>



		complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).
<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>Okere House is part of Experion Care NZ and is located in Wanganui. There are six medium sized aged care facilities within the organisation that provides 180 care beds. Okere House provides dementia level of care for up to 26 residents. There were 24 residents at the time of the audit: All but one on a younger person with disability contract (YPD) were on the aged residential care contract (ARRC). There were no residents on respite care.</p> <p>Okere House has a business plan (2023) in place, which links to the organisation’s vision, mission, values, and strategic direction as documented in the Experion Care NZ 2023-2025. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Okere business plan was reviewed in February 2023.</p> <p>There is an executive director (owner) who owns the facilities (since 2015) and remotely oversee the operations of the facilities. The executive director (interviewed) has extensive business experience and has an understanding of their responsibility in the implementation of health and disability services standard and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the Business Plan Scope and Review section of the Business, Quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The executive director is supported by the support team which comprises of a person overseeing human resources (based in India), a business manager (based in United Arab Emirates), National quality lead (NQL) based at a sister facility and the team of clinical nurse managers at each facility in NZ. The clinical nurse managers including national quality lead have completed cultural training; however, the support team members including the executive director has yet to</p>

	<p>complete training to provide evidence of cultural competency.</p> <p>The governing body is using expertise from their Māori staff in leadership positions. There is a cultural advisor at Okere House with an established relationship of a network of Māori professionals through Mōkai Pātea Services, Te Oranganui, Tupoho community services and Hapai Te Hauora in Whanganui. Currently there is no inclusion of Māori at governance level. The national quality lead (interviewed) explained the cultural advisor and CNM at Okere House will fill the capability gap at governance in the meantime.</p> <p>There is a communication policy that address meeting requirements and communication between management, staff, residents and family/whānau that documents support for residents and family/whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Interview with family/whānau stated they are informed of what is happening within the facility and the care of their whānau through regular emails and phone calls.</p> <p>At the time of the audit clinical governance at each facility is managed and overseen by the CNM of each facility, the facilities work independent from one another. The NQL is a newly established role that will support clinical governance across the organisation. The NQL is a registered nurse with a master’s degree in clinical governance and has previous experience in clinical management within established aged care organisations. The NQL interviewed explained their understanding of their responsibilities and the terms of reference for the position is yet to be discussed and established within the wider organisation.</p> <p>The CNM oversees the implementation of the business strategy, quality plan and clinical oversight at Okere House. Each CNM meets weekly with the support team via zoom. The executive director visited Okere House and met with the CNM two weeks prior to the audit. The support team receive weekly progress updates on various topics including quality data analysis, escalated complaints, human resource matters and occupancy.</p> <p>The working practices at Okere House are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family /whānau and the wider community. Achieving health outcomes for</p>
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		<p>Māori and tāngata whaikaha is a priority for Okere House as evidenced through assessment, interventions and evaluation of care process.</p> <p>There has been a change in the CNM (comprehensive registered nurse) position since the last audit. The CNM commenced the role in May 2022, has extensive clinical management experience in aged care and dementia care and holds a post graduate certificate in elder care. The clinical nurse manager is supported by an administrator, registered nurse and experienced caregivers.</p> <p>The CNM has completed in excess of eight hours of professional development in the last 12 months.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Okere House is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focussed goals documented and the progress are reviewed, monitored and evaluated at meetings.</p> <p>The quality system and resident files are paper based. The Experion Care NZ business plan documents a phased approach for their facilities to move to an approved electronic resident and quality management system. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data are discussed through staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Staff and quality meetings taking place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. There was no evidence that internal audits were completed between January to May 2022.</p> <p>A documentation review on site was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Experion Care NZ have adopted the quality</p>

	<p>system and policies developed by an aged care industry leader. The quality system is available to all facilities within the group through a cloud based drop-box folder. It is each CNM's responsibility to provide document control that is site specific. The CNM at Okere House had reviewed the policies in July 2022 and a printed suite of policies are available to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies. A new role of national quality lead role has been recently established and this role is responsible for documentation control of quality documentation for the group.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau meetings had not occurred since the last audit; there were no documented evidence that a family/whānau satisfaction survey for 2022 occurred and the analysis of the satisfaction survey results for April 2023 has not been actioned by the support team.</p> <p>The CNM has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau.</p> <p>A health and safety system is in place. There is a health and safety representative that provides a monthly report to be discussed at staff and quality meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). Opportunities to minimise future</p>
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		<p>risks are identified by the CNM in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking activities occur by doing comparisons between months; however internal benchmarking between facilities or other organisations do not occur. Results are discussed in the staff meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Okere House practice to improve health equity.</p> <p>Discussions with the CNM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no events that required notifications to HealthCERT. The change in CNM was notified by the support team in May 2022 (notification was not sighted). There were two Covid-19 outbreaks recorded since the last audit and both were reported to Public Health.</p> <p>The facility had OPCAT inspections from the Ombudsman in May 2022 and the report evidence a good outcome for Okere house. A Food Control Plan audit was completed days prior to the audit with minimal corrective actions required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>When the CNM is absent, the RN carries out all the required duties under delegated authority. The CNM is on site Monday to Friday and provide on call 24/7. There is a full time RN on each dayshift from Wednesday to Saturday. The number of caregivers is sufficient to meet the care needs of the residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau received emails to communicate any</p>

	<p>changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff and quality meetings. There are medication competent caregivers on morning, afternoons and nights to perform medication administration duties. There are three caregivers on the morning and afternoon shifts and two caregivers on at night.</p> <p>There is a separate team of housekeepers and kitchen staff to perform non-clinical duties.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. The training schedule has been implemented for 2022 and being implemented and on track for 2023. Training and education is provided monthly and include guest speakers.</p> <p>The RN and CNM meet their training requirements through Te Whatu Ora- Whanganui training and training sessions held in-house.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in October 2022. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers and RNs are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE) and moving and handling. A record of completion is maintained. Medication competencies are completed annually. The RN is interRAI trained.</p> <p>There are 16 caregivers employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twelve caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the certificate in Health and Wellbeing. All but four caregivers have been working more than 18 months in the dementia unit and have completed the relevant dementia standards as per clause E4.5.f of the aged residential service</p>
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		<p>agreement 2022-2023. Four caregivers are enrolled to complete the dementia standards within the required timeframe (all on track for completion November 2023).</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and performance appraisals. Staff interviewed stated the CNM has a transparent process when making decisions that affects staff.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held secure. Five staff files reviewed (CNM, RN, two caregivers one head cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, NPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy and appraisal schedule as part of human resources and employment policies. All staff that had been in employment for more than 12 months had an annual appraisal completed, and a three-month appraisal and development meeting occur three months after commencement of employment.</p> <p>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. Competencies are completed at orientation. The service demonstrates that the orientation programmes support the RNs and caregivers to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work</p>

		when injured.
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destructed. The CNM is the privacy officer for Okere House and has to approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the need for dementia level of care required. The CNM screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for family/whānau at entry, with specific information regarding admission to the dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all details required under the aged residential care contract. The five admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p>



		<p>The CNM is available to answer any questions regarding the admission process. The service communicates with potential residents' family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. The CNM reported they have made links and are strengthening working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for current and future Māori residents. Staff who identify as Māori are also available to provide support for Māori 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>	<p>PA Low</p>	<p>Five resident files were reviewed (including one YPD). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. Consent forms for assessments and delivery of care were completed and signed by family/whānau; however, there was little documented evidence of family participation in care planning.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The YPD resident had all assessments, interRAI and long-term care plan completed as per other ARRC residents. All residents have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified</p>

	<p>and strategies to manage these documented.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment; however long-term care plan evaluations reviewed did not demonstrate progress towards meeting the goals.</p> <p>The service contracts an NP from a local medical practice for weekly visits and is available on call during office hours and thereafter the staff contact Whanganui Accident Medical (WAM) centre or the emergency department at the local hospital. The NP has seen and examined the residents within two to five working days of admission and completed three monthly reviews. The NP (interviewed) commented positively on the service, the clinical competence of the nurses and confirmed appropriate and timely referrals were completed. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse is available as required through Te Whatu Ora Whanganui service. A physiotherapist is available as needed.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete the progress notes every shift. RNs document in the progress notes at least weekly to complete regular RN reviews of the care provided and when there is an incident or changes in health status. There is regular documented input from the NP and allied health professionals.</p> <p>When a resident's condition alters, the RN initiates a review with the NP. The 'communication with family and whānau' forms reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, NP visits, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There were no wounds or pressure injuries in the facility at the time of the audit. There is a documented process of assessments and wound management plans including wound measurements when there is a wound. There is access to wound expertise from wound care nurse specialist from local hospital. Caregivers and RNs interviewed stated</p>
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		<p>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. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts and blood glucose levels.</p> <p>Monitoring charts had been completed as applicable and as scheduled. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. These are routinely evaluated by the RN. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by an RN, and any opportunities to minimise future risks were identified and implemented.</p> <p>Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Okere House employs an activities coordinator who works 27.5 hours a week between 8.30am and 2.30pm Monday to Friday. The coordinator implements a varied activities programme that caters for all resident needs. The programme reflects the physical and cognitive abilities of the resident groups. There is a monthly programme displayed on the notice boards. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft and van trips.</p> <p>Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van available for the weekly outings.</p> <p>The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. This is through local school kapa haka groups visiting and using Māori words and</p>

		<p>phrases, and the facility actively supports residents to maintain links with the community. On the day of the audit, activities involving music, paper korowai craft and exercises were observed. Waitangi Day, Matariki and Māori language week are celebrated.</p> <p>There are various denominational church services held in the facility. Entertainers and pet therapy groups visit regularly. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and theme days are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified comprehensive activity plan based on the resident's assessed needs. Activity plans are evaluated at least six-monthly. Family/whānau and residents have the opportunity to provide feedback through one-on-one feedback and satisfaction surveys.</p> <p>Resident care plans had 24-hour activity plans which included strategies for distraction, de-escalation and management of challenging behaviours. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents observed and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely. Caregivers who have completed medication competencies and RNs, are responsible for medication administration. 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 with the last training completed on 4 May 2023. 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 blister packs for</p>

	<p>regular medication and 'as required' medications.</p> <p>Medications were appropriately stored in the medication rooms. The medication fridge temperature is monitored daily with recorded temperatures within acceptable ranges. There was no evidence of medication room temperatures being monitored and recorded as per guidelines. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. Controlled medications are stored safely in the medication room and the medications are logged into the controlled drug register on receipt from the pharmacy by the RN and medication competent caregiver. There are policies and procedures requiring weekly stock take of controlled drugs; however, between March and May 2023 the stock take was completed three times in the twelve-week period.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the NP. Ten 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. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the electronic medication system. The service does not use standing orders and there are no vaccines kept on site. There were no residents self-administering medications.</p> <p>The clinical files included documented evidence that the EPOAs, family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Okere House are all prepared and cooked on site. The service employs a full-time head cook who has years of experience and a level 4 food service qualification. The head cook works Sunday to Friday and is supported by another cook who works on Saturday. The kitchen was observed to be clean and well organised, and a current approved food control plan (expiry June 2024) was in evidence. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The head cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The head cook (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. There are 24/7 snacks, including fruit and sandwiches, available for residents. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. The head cook has completed food safety and hygiene courses.</p> <p>The residents and families/whanau can offer feedback on a one-to-one basis and through surveys.</p>
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<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>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last NP clinic records. The families/whānau were involved for all exits or discharges to and from the service. Discharge notes are saved in the resident folder and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness that expires 22 June 2024. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a part time maintenance person who works Monday to Friday. This role undertakes maintenance of the site, contractor management and gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of electrical equipment was completed in April 2023. Checking and calibration of medical equipment, hoists and scales is next due in April 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The service continues to refurbish resident rooms, bathrooms and the laundry area is awaiting new flooring to finish off its refurbishment. Since last audit the service has replaced beds and now is left with only</p>

		<p>six beds that are outstanding for replacement to new ones.</p> <p>The service is on one level, with a spacious main dining room adjacent to the kitchen that caters for all residents. There is a living room and activities room on the other end of the facility which are next to the nurse's station and CNM office. Seating in the lounge area is placed appropriately to allow for groups and individuals to relax or take part in activities. The communal areas are spacious, have natural light and were noted to be well utilised by residents. All residents' rooms and communal areas are heated (two main heat pumps in the communal areas and central heating for residents' rooms) and ventilated appropriately. Furniture is appropriate to the setting and resident's needs. The activities room opens up onto a secure outside garden area with walking paths designed to encourage purposeful walking around the garden. There is outdoor furniture and seating, and shaded areas. A safe, sheltered external area is provided for smokers.</p> <p>The corridors have carpet flooring. Vinyl surfaces are in all bedrooms, bathrooms/toilets and the kitchen. Corridors have handrails which promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. All resident rooms in the facility are single occupancy with shared toilets and bathrooms. There are adequate numbers of shared accessible bathroom and toilet facilities throughout the facility. This includes six toilets and two bathrooms/showers. Residents and their families are encouraged to personalise their bedrooms as sighted on the day of the audit. Families interviewed, confirmed the bedrooms are personalised according to the residents' individual preferences.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the CNM advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to</p>



<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 12 January 2001. Fire evacuation drills have been completed every six months with the last one completed 17 May 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up generator available and gas for cooking. There are adequate supplies in the event of a civil defence emergency, including 400litres water stores in holding tank outside and 80litres in the civil defence cupboard to provide residents and staff with at least three litres per day for a minimum of three days. Emergency management is included in staff orientation and training plan. A minimum of one person trained in first aid is available in the facility at all times and for resident van outings.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in the hallway to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. The facility has CCTV in the kitchen and food pantry areas. The facility is secure at all times with entry to the unit being by pressing a doorbell with staff opening for visitors and exit is by entering a number combination on a keypad. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Okere House business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health and Te Whatu Ora- Whanganui. Infection control</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>and AMS resources are accessible.</p> <p>There is a facility infection control committee who are part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the NP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to governance.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the CNM who is the infection control coordinator (IC). The annual review was completed and documented in February 2023.</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>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader and the CNM. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Whanganui.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IC has completed an online training in infection control. The CNM has access to a network of professional aged care peer support within Wanganui when required.</p> <p>The IC coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proof to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour staff were observed to adhere to infection control policies and practices. The IC audit monitors the effectiveness of education and</p>

	<p>infection control practices.</p> <p>The IC has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Infection control meetings (sighted) evidence a clear process of involvement from the IC during recent refurbishments of the building.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Experion Care NZ support team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The NP and CNM provides oversight on antimicrobial use within the facility.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Okere House 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. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI.</p> <p>The service receives information from the local Te Whatu Ora - Whanganui for any community concerns. There have been two Covid-19 outbreaks since the last audit (July 2022 and January 2023).</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry on site. Linen is delivered every day of the week. There is a housekeeper on duty each day. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing IC practices in relation to the building. The Infection prevention and control during construction, renovations and maintenance policy guide the input required from the IC.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the Experion Okere House will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The clinical nurse manager (restraint coordinator) confirmed that Okere House is committed to providing services to residents without use of restraint thus maintaining a restraint free environment.</p> <p>A review of the documentation available for residents potentially</p>

		<p>requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP, restraint coordinator and cultural advisor.</p> <p>The use of restraint (if any) would be reported in the clinical and staff meetings. Challenging behaviour training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Dementia training facilitated by Te Whatu Ora- Whanganui was last completed by staff in January 2023. Staff restraint competencies were completed July 2022. Non-restraint environmental audit was completed April 2023 and demonstrated compliance with the Ngā Paerewa Standard.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>	PA Low	<p>The business plan for Okere House considered the population demographics in Wanganui when planning business and quality goals specific for Okere House. There is a cultural advisor (interviewed) in house with iwi/ hapu affiliations and established links within the Māori community and healthcare services. There is documented evidence of these partnerships. Currently there is no Māori representation at governance level to provide advice and expertise as stated in the business plan scope.</p>	<p>Currently there is no Māori representation at governance level to provide advice and expertise as stated in the business plan scope and review</p>	<p>Ensure there is meaningful Māori representation at governance level to have input to organisational policies.</p> <p>90 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management</p>	PA Low	<p>There is an internal audit schedule and meeting schedule documented as part of the quality and risk plan. Staff and quality meetings occurred as planned for 2022</p>	<p>(i) There was no evidence that internal audits were completed between January to May 2022.</p> <p>(ii) Resident with family whānau</p>	<p>(i) Ensure internal audits are completed as scheduled to identify improvements to service</p>

<p>framework using a risk-based approach to improve service delivery and care.</p>		<p>and 2023 year to date. Internal audits were consistently completed from June 2022. The internal audit schedule between January 2022 and May 2022 were not documented as implemented.</p> <p>There is a business quality risk and management plan documented that state a commitment to family/whānau involvement in care though regular meetings and annual satisfaction survey. The communication policy addresses the need for family/whānau meeting requirements to provide feedback about the service and annual satisfactions as an opportunity to receive feedback to improve services; however, the requirements of the policy were not implemented. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The CNM described an implemented process around providing residents with support from family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. There was no documented evidence that family/whānau are invited to six monthly review meetings or have input into to care planning and review process.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Regular family/whānau meetings did not occur as planned since</p>	<p>support meetings did not occur as documented in the communication policy.</p> <p>(iii) There was no documented evidence that a family/whānau satisfaction survey for 2022 occurred.</p> <p>(iv) The analysis of the satisfaction survey results for April 2023 has not been actioned by the support team.</p>	<p>delivery.</p> <p>(iii)-(iv) Ensure that surveys are completed and analysed as per the quality and risk plan.</p> <p>90 days</p>
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		<p>the last audit.</p> <p>There was evidence of returned annual satisfaction surveys for April 2023 and an email request from the CNM to support office to provide an analysis of the survey results. Seven feedback forms were sighted and provided a high level of satisfaction in relation to all aspects of the service; this was also evident through interviews with the family/whānau.</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 outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(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;</p> <p>(e) Ensure that, where progress is different from expected, the service provider</p>	PA Low	<p>The registered nurses are responsible for the development of the support plan. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include but not limited to high falls risk and pressure risk. The CNM and RN interviewed understand their responsibilities in relation to care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care evaluations demonstrated progress towards meeting the resident goals.</p> <p>Caregivers are knowledgeable about the care needs of the residents and the residents observed appeared to have their care provided in line with care plan requirements. The findings related to care planning relates to documentation only.</p>	<p>(i). Three of three long term care plan evaluations did not demonstrate progress towards meeting the goals. (ii). There was no documented whānau input into the care planning and review process as stated in the communication and care plan policy.</p>	<p>(i). Ensure care plan evaluations evidence progress towards meeting the goals. (ii). Ensure whānau input is documented as evident in care planning and evaluations</p> <p>90 days</p>

<p>in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The RNs and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including that of controlled drugs storage, stock take and reconciliation. The policy also includes safe storage guidelines including monitoring and recording of medication fridge and room temperature.</p> <p>Physical stock take of controlled drugs is undertaken by medication competent staff (RN and caregivers) and recorded weekly in red ink in the controlled drug register; however, not all physical stocktake of controlled drugs were occurring weekly between the period of March to May 2023 as required by policy. There was no evidence of monitoring and recording of medication room temperature</p>	<p>(i)Weekly stock take of controlled drugs was completed three times in a twelve-week period between March and May 2023.</p> <p>(ii)There is no evidence of medication room temperature being monitored and recorded as per policy.</p>	<p>Ensure that stock take of controlled drugs is completed weekly and medication room temperature monitoring completed according to policy.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.