

# Little Sisters of The Poor Aged Care New Zealand Limited - Sacred Heart Home & Hospital

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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:

<b>Legal entity:</b>	Little Sisters of The Poor Aged Care New Zealand Limited
<b>Premises audited:</b>	Sacred Heart Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 July 2023      End date: 5 July 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	27



# 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Sacred Heart Home and Hospital is certified to provide hospital level care (geriatric and medical) and rest home level care. The service is governed by the Little Sisters of the Poor NZ Trust Board and the Christian philosophy is embedded in the business plan. The service provides care for up to 28 residents with 27 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Southern. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the general practitioner.

Sacred Heart Home and Hospital is managed by a Mother Superior, an assistant manager (Sister) and a nurse. The management team receives support from Sisters living at Sacred Heart Home and Hospital, administration staff, RN's and care staff. The residents and relatives interviewed all spoke positively about the care and support provided.

There is a stable team of skilled registered nurses, experienced caregivers and non-clinical staff who support the management team. Feedback from residents and families were positive about the care and the services provided. An induction programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified improvements are required around quality system implementation, staffing, competencies, training, care planning and medication management.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Sacred Heart Home and Hospital provides an environment that supports resident rights and safe care. They embrace Māori culture, beliefs, traditions and te reo Māori. Staff demonstrated an understanding of residents' rights and obligations. The service works to provide high-quality and effective services and care for all its residents. There is a Māori and Pacific health plan in place. A cultural advisor is available to support and advocate for Māori and Pasifika residents, management, and staff.

Residents receive services in a manner that considers their dignity, privacy, and independence. Services and support are provided in a way that is inclusive and respects the residents' identity and their experiences. Staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and their family/whānau. There is evidence that residents and whānau are kept informed. The rights of the resident and/or their whānau to make a complaint is understood, respected, and upheld by the service. 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 partially attained and of low risk.

The business plan includes a mission statement, values, and operational objectives. The service has a documented quality and risk management system in place that take a risk-based approach. Health and safety processes are in place and health and safety is an agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

Human resources are managed in accordance with good employment practice. An orientation programme is in place. There are documented competencies and education programme.

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 partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

The diversional therapist implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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All rooms are single occupancy, have ensuites and are personalised. Communal areas are accessible by residents with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring are appropriate.

Staff have planned and implemented strategies for emergency management including Covid-19. Systems and supplies are in place for essential, emergency and security services. There is a building warrant of fitness.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty and on outings with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control programme is implemented to meet the needs of the organisation and provides information and resources to inform the service providers. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Visitors wear masks when they visit as part of the service's infection prevention management. Outbreak response plans are in place and the service has access to personal protective equipment and supplies. There have been two Covid-19 outbreaks which were appropriately reported and effectively managed.

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. Staff also receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner.

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. Chemicals are stored securely throughout the facility.



## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility.

There are six residents currently utilising restraint (one lap belt and five bed rails). Restraint minimisation training is provided for staff annually, which includes a competency assessment. The service includes the use of restraint in their annual internal audit programme.

## 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	25	0	4	0	0	0
Criteria	0	171	0	6	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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 has been written by an external contractor with input from a Māori advisor. It acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and includes a commitment to embrace Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/ whānau. A cultural assessment is utilised to inform the care plan.</p> <p>A cultural advisor from Ōtākou Rūnaka is available to support residents, family/whānau and staff to embed the principles of partnership, protection, and participation. The service had no residents who identified as Māori at the time of the audit. Education has been provided by the cultural advisor in June 2023.</p> <p>The clinical nurse manager (CNM) stated that they are keen to employ Māori applicants when they apply for work opportunities. The CNM advised they are open to advertising through the local marae or other Māori organisations. At the time of the audit, there were no staff members who identify as Māori. All staff interviewed confirm they feel</p>

		<p>supported by the organisation and the organisation's commitment to Māori.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The managers (Mother Superior, the assistant manager and CNM) and eight care staff interviewed (five caregivers who work across the am and pm shifts, two registered nurses (RNs), and one diversional therapist (DT)) described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific people health and wellbeing policy that follows the guidance provided in Ola Manuia: Health and Wellbeing Action Plan 2020-2025. The service receives support from the Auckland based Mother Superior, who identifies as Pasifika, and from staff and family/whānau. Staff and family/whānau with Pasifika associations can liaise and provide a pathway for family/whānau to contact other members of the Pasifika community to provide support for residents.</p> <p>On admission all residents state their ethnicity. There was one resident that identify as Pasifika. The resident's whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Five residents (two rest home and three hospital) interviewed, and two family/whānau (one rest home, one hospital), confirm that individual cultural beliefs and values are respected.</p> <p>Sacred Heart Home and Hospital partners with Pasifika organisations through staff and resident family/whānau contacts encompassing all Pasifika to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pasifika. Code of Rights are accessible in the range of Pasifika languages.</p> <p>There are staff currently employed that identify as Pasifika. The Mother Superior described how the equitable employment process ensured Pasifika staff who did apply would be welcomed to increase the capacity and capability of the Pasifika workforce.</p> <p>Interviews with three managers and eleven staff (eight care staff, one</p>

		<p>maintenance, one chef and one laundry assistant/ cleaner) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The Mother Superior, CNM and/or registered nurse discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the bimonthly resident meetings. Residents and family interviewed reported that the service is upholding the 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.</p> <p>There are links to spiritual supports. Church services are held daily and celebrate the catholic saint days. The service recognises Māori mana motuhake and this is reflected in the Sacred Heart Home and Hospital Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme (link 2.3.4) 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</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Caregivers (CG) and registered nurses (RN) interviewed described how they support residents to make informed independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The Sacred Heart Home and Hospital annual staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in 2022 and 2023 confirmed that residents and families/ whānau are treated with respect. This was also confirmed during interviews with residents and families. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility.</p> <p>Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' gender and sexuality are respected.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Sacred Heart Home and Hospital Home and Hospital policies aim to prevent any</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>Staff handbook and house rules are discussed during the employee's induction to the service with evidence of staff signing the house rules document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. The Clinical Governance policy and the Diversity, Equity and Inclusiveness policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and through the annual training programme on how to identify abuse and neglect. On interview staff were familiar with all types of abuse and neglect and reporting procedures. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses 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>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing with the aim to improve outcomes for Māori staff and Māori residents.</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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Six monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms include a section to indicate if next of kin have</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified family/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke or understood 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 residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora Health - Southern specialist services. The delivery of care involves a multidisciplinary team approach and residents and relatives/whānau provide consent and are communicated with regarding services involved. The CNM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through emails, weekly newsletters, and quarterly resident meetings.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive and shared goals of care process implemented. Six resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA).</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA.</p>



<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs were available on residents' files.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The CNM maintains a record of all complaints, both verbal and written, in a complaint register. This register is held in hard copy.</p> <p>There has been one complaint received since the last audit. The complaint, received in April 2023 was managed internally and evidenced a satisfactory resolution. Documentation including follow-up letters and resolution demonstrates that the complaints were managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints include an investigation, follow up, and replies to the complainant. Staff are informed of any complaint received (and any subsequent corrective actions) in the quality meetings (meeting minutes sighted). On interview care staff advised they were informed of complaints/concerns at handovers</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held six monthly where concerns can be raised. Management attends the resident meetings. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents/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. The CNM acknowledged that for some cultures, including Māori, there is a preference for face-to-face</p>

		communication.
<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>	FA	<p>Sacred Heart Home and Hospital Dunedin is owned and operated by little Sisters of the Poor and governed by a mission board located in Auckland.</p> <p>Sacred Heart Home and Hospital provides residential services for up to 28 residents requiring rest home and hospital – geriatric and medical level care. On the day of the audit there were 27 residents, of which 22 residents were hospital level, including one on a palliative care contract and one resident on a respite contract. One of the five rest home residents was on a respite contract. All others were under the Age-Related Residential Care (ARRC) contract. All beds are dual purpose.</p> <p>The Auckland mission board is a division of the Little Sisters of the Poor Oceania mission. Mother Superior (facility manager) reports to Mother Provincial who oversees seven facilities in Australia, New Zealand, and the Pacific area. The Auckland mission board consists of eleven board members with representatives from each of the two NZ facilities (Mother Superior and two assistants), a medical professional, Mother Provincial from Australia and her secretary, and a lawyer and an engineer. The board are committed to supporting Sacred Heart Home and Hospital and Little Sisters of the Poor. A selection of board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is access to Māori representation where required. The lawyer, who is the current chair of the board, was interviewed and confirmed the Board meets six monthly and members of the board are available whenever required. Six monthly reports are received from the Mother Superior, the clinical nurse manager, maintenance, and human resources officer. Each report includes relevant aspects of health and safety. The clinical nurse manager provides a written report with key performance indicators to Mother Superior who discusses and oversees clinical risk at board level.</p> <p>Sacred Heart Home and Hospital and Little Sisters of The Poor has a mission, philosophy, commitments, and objectives which together</p>

		<p>form the basis of the care provide to all residents. The 2022 to 2024 business plan includes a strength, weakness, opportunity, and threats analysis and reflects a commitment to collaborating with Māori and providing services consistent with Te Tiriti o Waitangi and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has decommissioned one wing of 24 beds since the previous audit and the business plan includes planning for future building.</p> <p>The business, quality and risk management plan describe the five key goals of the facility (consumer focus, provision of effective programmes, certification and contractual requirements, risk management and continuous improvements). Each goal describes the objectives, management controls, measurements, and allocated responsibility. Goals are monitored annually by the quality improvement team. The goals and direction of the service are well documented in the business plan and in the business, quality and risk plan. The progress toward goals has been documented through reports to the board, staff meeting and regular staff communication.</p> <p>The Mother Superior (RN) oversees the running of the facility with clinical management delegated to a CNM. The CNM has been in the role for the past five years and has previously worked as a registered nurse at the facility for three years. Mother Superior, the assistant manager and the CNM each completed more than eight hours of professional development in the past twelve 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</p>	<p>PA Low</p>	<p>Sacred Heart Home and Hospital is implementing an established quality and risk management programmes developed by an external contractor. This includes performance monitoring through internal audits, satisfaction survey results, staff retention, and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs internally against previous monthly and annual results and against industry standards in the electronic system.</p> <p>Internal audits monitor compliance with policies; however, not all internal audits have been completed as per the documented schedule. Where audits have been completed, corrective actions are</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>implemented where required and signed off when reviewed. Monthly management and quality meetings are held and include discussion on quality indicators.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the Ngā Paereewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>Staff meetings are scheduled three monthly; however, these have not been held as planned. Meeting minutes reviewed for July 2023 do not reflect discussion around complaints, compliments, health and safety, adverse events, infection prevention and control, audit and survey results, corrective actions, and improvements. Staff interviewed state they are well informed and receive quality and risk management information such as accident/incident trends and infection control statistics via notifications from the electronic system and at daily handovers.</p> <p>The annual resident satisfaction survey results for 2022 and 2023 were reviewed. The resident and family satisfaction surveys indicate high levels of satisfaction with the services being provided. Results of the 2022 audit have been communicated to residents through resident meetings (meeting minutes sighted). The recent audit completed in June 2023 had been collated and results were analysed on the day of audit. The CNM advised these results would be shared with residents and family in the next chatline newsletter and at the next residents meeting. Corrective actions are implemented to improve on any specific comments and with individuals where identified. Staff are informed of the resident survey results at handovers.</p> <p>A health and safety programme is in place, which includes managing identified hazards. Health and safety is a regular agenda item in quality/management and RN meetings. There is a monthly quality meeting, and every 6 months the hazard register is reviewed following that quality meeting (meeting minutes sighted). Health and safety discussion occurs at quality/management and is an agenda item staff</p>
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		<p>meeting (link 2.2.2). All staff are involved in health and safety and proactively report hazards and maintenance requests. Each hazard is risk rated with controls put into place. Hazards are regularly monitored.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Sensor mats are available for residents at high risk of falling. All incidents and accidents are recorded, with data collated monthly and analysed. Results are discussed at staff meetings and at handover. Twelve accident/incident forms for April, May and June 2023 were reviewed. All incidents reflected a clinical assessment and follow-up by a RN. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit.</p> <p>Staff complete cultural training to ensure a high-quality service and cultural safe service is provided for Māori. This was recently provided in June 2023.</p> <p>Discussion with Mother Superior and the CNM confirmed awareness of the requirement to notify relevant authorities in relation to essential notifications. At the time this audit was undertaken, there was a significant national health workforce shortage. Current RN staff shortages (link 2.3.1) have been documented on section 31 forms, and four pressure injury notifications (for stage 3, 4 and unstageable pressure injuries) were sighted. Two Covid outbreaks in 2022 were appropriately notified, managed and staff debriefed at handovers.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate caregiver coverage however there is not always sufficient RN's available to cover all shifts. The RNs hold current first aid certificates. There is a first aid trained staff member on duty 24/7 and on outings.</p> <p>Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care</p>

<p>services.</p>		<p>requirements are attended to in a timely manner.</p> <p>Mother Superior and the CNM work full-time (Monday to Friday). On-call cover is shared between the CNM and Mother Superior.</p> <p>There were sufficient caregiving staff rostered on all shifts to meet contractual requirements and the needs of the residents. The service is currently covering two RN shifts per week with an enrolled nurse. The enrolled nurse is supported by a sister (RN) who lives on site and is immediately available if required and the clinical nurse manager who can be on site within five minutes of a request for assistance. Sacred Heart Home and Hospital does not currently meet the contractual staffing requirement for a RN on duty. The service has employed an overseas trained nurse who is waiting for her NZ registration. On interview staff, residents and family/whānau were happy with staffing levels.</p> <p>There is a 2023 annual education and training schedule being implemented; however, there was no documented training schedule for 2022. The current education and training schedule lists compulsory training which includes Māori cultural safety training and was last provided in June 2023. External training opportunities for care staff include training through Te Whatu Ora and hospice. Seven RNs are employed (including the CNM and one of the sisters who lives on site) and four RNs have completed interRAI training.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are able to access policy and cultural resource documents through the electronic resident management system.</p> <p>The service supports and encourages caregivers (CG) to obtain a New Zealand Qualification Authority (NZQA) qualification. Staff are supported to transition through the NZQA certificate for health and wellbeing. Twenty-three CGs are employed, of which twelve have a level four NZQA through long service employment, (of between 15 to 30 plus years). A further two staff have achieved level four NZQA, one has level three, and an additional two staff are enrolled for level three. Six CGs have no relevant NZQA attainment relevant to their employment.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the human resources administrator's office in a locked filing cabinet. Seven staff files reviewed (four CGs, one RN, one clinical manager and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Each staff member receives a copy of the staff handbook and house rules and signs in agreement. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian).</p> <p>There is an appraisal policy. All staff who have been employed for over one year have completed annual performance appraisals on file.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes</p>

		<p>buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified on the staff members file and management were knowledgeable of the ethnicity of all current staff. The service is planning to update this information and enter it in an electronic database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. An employee assistance programme is available, and support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>There is an entry and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for residents and families/whānau prior to admission or on entry to the service. The information in the welcome pack for Sacred Heart Home and Hospital is being developed in te reo Māori.</p> <p>Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the</p>



<p>person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The assistant manager and CNM are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, this is documented on the resident management electronic system. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is documented in the six monthly CNM report to the board and Mother Provincial. There are established links with Ngā Tahu through the service's cultural advisor with links to the Ōtākou Rūnaka and is able to consult on matters in order to benefit Māori individuals and whānau.</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>Six files were reviewed for this audit (four hospital files including one person with an exceptional services contract, and two rest home residents including one resident with a respite agreement). The CNM and the RNs are responsible for conducting all assessments and for the development of care plans. Two of the six care plans reviewed do not require long term care plans as one is at Sacred Heart receiving respite care and the other is a new hospital level resident. There is evidence of resident and whānau involvement in the interRAI assessments, and a family/whānau meeting where the long-term care plans are reviewed. This is documented in the electronic progress notes.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently</p>

	<p>accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Sacred Heart Home and Hospital's model of care incorporates the Little Sisters of the Poor Mission and Te Whare Tapa Whā person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments (including the resident on the palliative care contract), and care plan evaluations and were completed within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The long-term care plan includes sections on mobility, hygiene, continence, dietary needs, sleep, communication, medication, skin care and pressure injury prevention, mood, and behaviours, social and cultural, intimacy and sexuality, and pain.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. Residents can retain their own GP if they choose to. The GP reviews each resident at least three-monthly. The contracted GP practice provides a seven day on call service. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for two mornings per week and will visit more if requested. A podiatrist visits six-weekly and a dietitian, speech language therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>The CNM is available for after-hours calls and advice seven days a week. The assistant manager (RN) lives on site and is also available. Care givers and RNs interviewed described 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 and found to be comprehensive in nature. Progress notes are written at least daily or if there has been a change on the electronic system by CG and RNs. The RN further adds to the progress notes if there are any incidents,</p>
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		<p>GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters a RN initiates a review with a GP. Family/whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. An electronic wound register is maintained. There were three residents with four wounds currently being treated which includes one stage one pressure injury, one lesion and two skin tears.</p> <p>Registered nurses and CG interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, weight, food and fluid chart, pain, behaviour, blood sugar levels, and toileting regime. All incidents reflected a clinical assessment and follow-up by a RN. Neurological observations are completed if the fall is unwitnessed or there is a suspected injury to the head (sighted for two accident reports reviewed). Residents are encouraged to participate in the regular exercise programme.</p> <p>Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, and wounds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</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>There is one diversional therapist (DT) providing activities Monday - Friday with the weekend activities supported by the sisters who live on site. The DT does not yet have a current first aid certificate.</p> <p>The programme is planned monthly and includes themed cultural events including those associated with residents and staff. There is a large planner in the main lounge area as well as a weekly newsletter with the calendar delivered to each individual residents' room.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language on planners, displays, participation in Māori language week, Matariki and a traditional Māori boil up is prepared by the residents. Māori words and phrases are incorporated into the activities</p>

		<p>and culturally focused activities.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>Entertainment is planned for twice per month. Van outings with a volunteer driver are scheduled multiple times per week during the warmer months. The volunteer driver has a first aid certificate. Mass and rosary are held daily with the Chaplain visiting residents daily and as required for the support of dying residents.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes career, and family/whānau connections. A social and cultural plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, exercise programme with the physiotherapist, animal visits, celebration of religious days and events, hand pampering, happy hour, library visits.</p> <p>Resident meetings are held 6-monthly with the Mother Superior and CNM. Residents and family/whānau interviewed stated the activity programme is varied and meaningful.</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 Low</p>	<p>Medication management meets legislative requirements. All clinical staff (RNs, and medication competent CGs) who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and CGs interviewed could describe their role regarding medication administration. The service currently packages medication for regular and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP or nurse practitioner (NP).</p> <p>Electronic medication charts were reviewed. The medication charts reviewed confirmed the GP/NP reviews all resident medication charts three-monthly. Ten of the twelve charts do not have photo identification. All charts had allergy status identified. Over the counter medications are charted on the electronic medication chart. There was one resident self-medicating, the appropriate assessment and review by the GP. Medication competent CG or RNs sign when the medication has been administered. Medication competencies are in place for staff who administer and check medications. There are no vaccines kept on site. Standing orders are in use and are reviewed by the GP as identified in policy.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The RNs and CNM described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and there is a current approved food control plan, expiring in February 2024. The four-weekly menu has been reviewed by a dietician.</p> <p>There is a food services manual available in the kitchen. The kitchen manager is a qualified chef. The RNs notify the chefs of any dietary requirements (vegetarian, dairy free, pureed foods), changes to dietary requirements or of any residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special</p>

		<p>dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen manager and staff complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transferred to the dining room in a hot box where residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The CNM and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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 warrant of fitness. The facility is carpeted in all communal lounge areas and hallways with vinyl surfaces in resident rooms, bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions into the home, including those with cultural or spiritual significance, and are able to personalise their room.</p> <p>There are handrails in ensuites and communal bathrooms. The hallways are light and spacious. The dining room is adjacent to the large lounge with spectacular views overlooking Dunedin. The lounge is spacious and there is ample room for the placement of armchairs and smaller communal areas for residents to sit in. The facility has a chapel, a library, a recreational area, a hairdressing salon, and a physiotherapy room. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. Residents were observed safely moving between the communal areas with the use of their mobility aids. There are communal areas for entertainment, recreation, quiet activities, dining, and private meetings with family/visitors.</p> <p>All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. There are sufficient toilets situated in close proximity to communal areas. All resident rooms have their own full ensuites.</p> <p>All electrical equipment, machinery and medical equipment are included as part of the annual maintenance and verification checks. There are three sling hoists (one is currently away for repair), a sara steady and two standing hoists which have been calibrated and checked. An additional older hoist is verified not fit for use and is in storage pending disposal.</p> <p>The building is appropriately heated and ventilated. There is radiator heating powered by a wood chip boiler in all communal areas and resident rooms and heat pumps in the kitchen and laundry. The temperature in each room can be individually managed. There is plenty of natural light in the rooms.</p> <p>The service is not currently engaged in construction. Plans are under consideration for future development. The CNM and Mother Superior described how they would utilise their links with their cultural advisor</p>
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		and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan and a business continuity plan, outline 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 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. A fire evacuation drill (16 February 2023) has been completed and this occurs every six months. 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 regularly.</p> <p>In the event of a power outage, there is a diesel power generator on site which is checked monthly. There are adequate supplies in the event of a civil defence emergency including 15,000 litres of water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings. The volunteer van driver has a current first aid certificate.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors. All staff carry pagers to alert care staff to who requires assistance. Residents were observed to have their call bells within reach. Residents and 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. When the front/main door alarm is activated, it goes to the duty phone and alerts the nurse in charge. There are external doors at the ambulance bay and staff entrance which are alarmed. This alarm is activated whenever the doors are unsecured. If the doorbell at the ambulance entrance rings outside of reception hours, a visual and</p>



		<p>auditory monitor is activated in the nurse's station and reception. All staff are issued with a swipe card to reset the door alarms. CCTV are in use at all entrances (main entrance, ambulance bay, staff entrance and villa entrance).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The CNM is the infection prevention control coordinator and oversees the infection control programme. The job description outlines the responsibility of the role. The infection prevention control programme: content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. There is documentation regarding the May and December 2022 outbreaks which were reported to Mother Superior, Mother Provincial and Te Whatu Ora - Southern. Infection prevention control is part of the quality committee that meets monthly. Infection rates are presented and discussed at quality and staff meetings and presented in a CNM report to the Mother Superior, this information is shared with the board. Infection prevention and control are part of the strategic, business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Southern. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, Mother Superior and the Assistant Manager, the GP, and the public health team.</p> <p>All visitors and contractors are required to wear masks and complete screening protocols before they enter the facility. Visitors are asked not to visit if unwell.</p> <p>Hand sanitisers and portable Covid-19 stations are placed strategically around the facility. Residents and staff are offered influenza and Covid-19 vaccinations (logs sighted), with staff and</p>

		residents offered vaccinations.
<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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention control coordinator has been in the role since 2019. During Covid -19 lockdown there were regular meetings with Te Whatu Ora - Southern which provided a forum for discussion and support relating to the Covid-19 response framework for aged residential care services. The service has a Covid-19 response plan including easily accessible resources for the preparation and planning for a further outbreak.</p> <p>The infection prevention control coordinator has completed external infection control training with Te Whatu Ora - Southern. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The infection prevention control coordinator has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight and training and education of staff. Policies and procedures are reviewed annually by the external contractor and the Sacred Heart Home and Hospital clinical staff can make alterations through the CNM/infection control coordinator and Mother Superior. Policies are available to staff.</p> <p>Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies acknowledge importance of te reo Māori information around infection control for Māori residents and encourage culturally safe practices acknowledging the spirit of Te Tiriti o Waitangi. Infection prevention control practices include laundry and cleaning practices that reflect</p>

		<p>Māori participation when required and consultation in infection prevention to promote culturally safe practice. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection prevention control policy states that the service 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. There has been additional training and education around Covid 19. Staff have completed handwashing and personal protective equipment competencies.</p> <p>Resident education occurs as part of the daily cares and resident meetings. Residents and family/whānau were kept informed and updated on Covid-19 protocols through resident meetings, newsletters, and emails.</p> <p>There was no construction, installation, or maintenance in progress at the time of the audit. Given the intention for further building there will be a communication pathway to include infection prevention control advice as required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The antibiotic use and stewardship policy covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. Compliance in antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the multidisciplinary meeting and discussed with the GP. Infection rates are analysed for antimicrobial use and the CNM reports to the quality meeting and in the monthly clinical manager nurse report to Mother Superior. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Infection surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based</p>

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs internally and monitors infections rates in comparison to previous months. The CNM documents a comprehensive six-monthly report and submits this to the board. Infection control surveillance is discussed at the monthly quality meeting. Staff are informed through staff meetings (link 2.2.2) and at handover. Staff interviewed confirmed they can access the monthly graphs on the electronic resident management system and RN's discuss infections and trends at handover.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are scheduled as part of the annual monitoring programme; however, scheduled infection control audits have not been implemented in 2023 (link 2.2.2). The service receives email notifications and alerts from Te Whatu Ora - Southern for any community concerns. Ethnicity data is collected on the electronic surveillance form submissions and analysed by the CNM. The data will then be used to inform future strategic planning and service delivery.</p> <p>There were two Covid-19 events in May and December 2022. The outbreak was documented with evidence of comprehensive management, regular outbreak meetings and comprehensive debrief meetings. The CNM/infection prevention and control coordinator interviewed described the daily update and debrief meetings that occurred. The service completed a review after the outbreak to prevent, prepare for and respond to future infectious disease outbreaks. The CNM/infection prevention and control coordinator confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce proved to be challenging but</p>
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		<p>successful. Staff confirmed that during the Covid-19 outbreak had sufficient resources including PPE were adequate.</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in at the door and wear masks when moving around the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally 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>FA</p>	<p>The facility implements a waste and hazardous management policy that confirm to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough protective equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was routinely used wherever appropriate.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site.</p>

		<p>On the day of interview, the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. Residents' clothing is labelled and personally delivered from the laundry to their rooms. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system with oversight from the infection control coordinator. Residents and family/whānau confirmed satisfaction with housekeeping and laundry services during interviews, and in satisfaction surveys.</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>The restraint approval process, as described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An experienced RN (clinical nurse manager) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator and Mother Superior described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. There are six residents currently utilising restraint (one lap belt and five bed rails). Restraint minimisation training for staff, which includes a competency assessment begins during their orientation, and is updated annually.</p> <p>The reporting process to the Board includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A comprehensive six-monthly restraint report is tabled at six monthly board meetings. The restraint policy ensures resident, family/whānau approval is sought whenever restraint was being considered. Any impact on family/whānau would also be considered.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the three of the six residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>strategies, managing behaviours). All six residents were using restraint as a last resort and/or at their or their family/whānau insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraints have been required.</p> <p>Paper based monitoring forms are completed for each resident using restraint and uploaded to the electronic resident management system. Restraints are required to be monitored at least two-hourly. Monitoring includes resident's cultural, physical, psychological, and psychosocial needs, and addresses cultural needs. No accidents or incidents have occurred because of restraint use.</p> <p>Restraints are regularly reviewed and discussed in the quality meetings and at handover with care staff. The formal and documented review of restraint use takes place three-monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>Sacred Heart Home and Hospital is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit goes through to the restraint coordinator, quality, and staff meetings and to the Board. Every three months a review of all residents' requiring restraint is undertaken by the restraint coordinator and the GP. This includes a review of restraint use, restraint incidents (should they occur), and education needs. Restraint data including any incidents are reported as part of the restraint coordinator (CNM) report to the Mother Superior. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Sacred Heart Home and Hospital Home and Hospital is implementing a quality and risk management programme, including performance monitoring through collation of clinical indicator data and internal auditing; however, not all internal audits have been implemented as scheduled. Where audits have been completed, corrective actions have been implemented and signed off. Meetings to share quality information including corrective actions is scheduled three monthly; however, these meetings have not occurred as planned and where meetings have occurred evidence of discussion on quality is not documented.</p>	<p>(i) The internal audit schedule has not been fully implemented with 15 planned audits not completed over the previous 12 months; (ii) Three monthly staff meetings have been held once in 2022 (June) and once in 2023 (July); (iii) Meeting minutes do not evidence discussion of quality data.</p>	<p>(i). Ensure the internal audit schedule is fully implemented. (ii) Ensure staff meetings are held as scheduled (iii) Ensure staff meeting minutes reflect discussion of quality data</p> <p>90 days</p>



<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Low</p>	<p>As per the ARC contract with Te Whatu Ora - Southern, a hospital level aged care facility is required to roster an RN on duty at all times. The service is short of cover for two afternoon or night shifts per week. These shifts are currently covered by an enrolled nurse with cover provided by a Sister (RN) who lives on site. Additional cover is provided by the CNM who lives close by and can be at the facility within five minutes of contact. An overseas nurse has been employed and is awaiting NZ registration. There are sufficient care staff rostered for all shifts</p>	<p>Two shifts per week do not evidence a RN on duty</p>	<p>Ensure a RN is rostered on all shifts to meet have a registered the requirements of the ARC contract D17.3 e i-viii.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Low</p>	<p>There is an annual education and training schedule being implemented including mandatory training requirements. Competencies are completed on orientation to the service and the staff training policy confirms annual competencies are required; however not all of these have been completed as per policy. Annual competencies have been completed for hand hygiene, PPE, chemical storage, medication, restraint, and fire evacuations. Training has been provided around moving and handling and falls prevention; however, competency assessments for individual staff has</p>	<p>Annual competencies have not been completed for moving and handling</p>	<p>Ensure all competencies are completed as per policy</p> <p>90 days</p>

		not been assessed.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is an annual education and training schedule for 2023 being implemented including mandatory training requirements. The 2022 training programme was not implemented as planned and training was rescheduled for 2023. The two-yearly mandatory training has not been fully completed.</p>	<p>Not all 2 yearly mandatory training has been completed around code of rights, privacy, confidentiality, challenging behaviour, and emergency management.</p>	<p>Ensure that all mandatory training requirements are completed 2 yearly.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes</p>	PA Low	<p>Comprehensive assessments occur and care plans are developed by the RN and includes input from the resident and their family/whānau. A range of interventions are in place including spiritual and cultural interventions.</p>	<p>Shortfalls were noted in two of the four long-term care plans where the interventions to ensure care and support is provided are absent or limited in the information provided for the caregivers.</p> <p>i). In one rest home resident's file the need to decrease weight is identified in the medical notes; however, interventions for managing weight are limited and do not include dietary management strategies such as including dietary high fibre and increasing exercise/attending the residents exercise programme. In the same residents file interventions for the indications and management of controlled drugs are absent.</p> <p>ii). In one hospital resident's file, sacral pressure management strategies and goals are documented in the wound management plan; however, there are no interventions in the long-term care</p>	<p>Ensure interventions for i) and ii) are in the residents' care plan to guide the caregivers in the care and support they provide.</p> <p>90 days</p>

<p>traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;  (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;  (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;  (h) People’s care or support plan identifies wider service integration as required.</p>			<p>plan regarding pressure injury management.</p>	
<p>Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>A medication management system is implemented appropriate to the scope and size of Sacred Heart Home and Hospital. Two of the twelve medication files that were reviewed had up to date photographs.</p>	<p>Ten of the twelve electronic medication charts reviewed did not have a current photograph to enable resident identification.</p>	<p>Ensure all photographs are current.   90 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.