

# Thornton Park Retirement Village Limited - Thornton Park Retirement Lodge

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Thornton Park Retirement Village Limited
<b>Premises audited:</b>	Thornton Park Retirement Lodge
<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: 24 July 2023    End date: 25 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>	38



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

## General overview of the audit

Thornton Park is privately owned and operated. The service provides care for up to 43 residents with all dual-purpose beds in the facility and one dual bed in a detached unit. On the day of the audit, there were 38 residents.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Hauora a Toi Bay of Plenty. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, relatives, staff, management, and a general practitioner.

The service is managed by a clinical nurse manager who has extensive experience in the healthcare sector and is supported by an administrator/support and the owner/director. The residents and relatives spoke positively about the care and support provided.

The service has addressed three of six previous certification shortfalls relating to completion of monitoring charts, medication room temperatures and a preventative maintenance plan. Improvements continue to be required around staff appraisals, education, and implementation of the quality programme.

This surveillance audit identified improvements are required around policies; staffing; completed orientation; building warrant of fitness; and inclusion of ethnicity data around infections.

## 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.

The service provides an environment that supports resident's rights, and culturally safe care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitably qualified Māori staff. The governance body and management have committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Pacific health and wellbeing action plan (Ola Manuia) is in place.

Residents who identify as Māori are treated equitably and their self-sovereignty/mana motuhake is supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service has a well-established organisational structure. Services are planned, coordinated, and appropriate to the needs of the residents and family/whānau. The clinical nurse manager is supported by the administration/support, and the owner/director oversees the day-to-day operations of the facility. Goals sighted in the business plan are formulated and approved by the owner/director. There is a documented quality and risk management system which includes processes to meet health and safety requirements. All incidents are being reliably reported and recorded.

Workforce planning is fair and equitable. The management team, and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is in place.

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.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate in the care plans reviewed.

There are planned activities developed to address the needs and interests of the residents as individuals and in group settings. The activities plan provides the opportunity for residents to participate in te ao Māori.

The organisation uses both an electronic and paper-based medicine management system for prescribing, and administration of medications. The general practitioners are responsible for all medication reviews. The policy requires that staff involved in medication administration are assessed as competent to do so. Medications are stored securely.

The food service caters to residents' specific dietary likes and dislikes. Residents' cultural and nutritional requirements are met.

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

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

The building warrant of fitness had expired, and an approved fire evacuation scheme was not verified. Fire drills were not occurring six-monthly as per policy requirement. There is a planned and reactive maintenance programme in place. The facility is secure at night.

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

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

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

A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support this plan if it is activated. The clinical nurse manager implements the programme.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in February 2023, and March 2023 reported since the last audit that were managed effectively.

## 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.

There are policies documented around restraint. At the time of the audit, the facility had residents with restraints. The restraint coordinator is the clinical nurse manager. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation 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	14	0	4	4	0	0
Criteria	0	47	0	8	4	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>	FA	<p>The Māori health plan was updated and meets the requirements of the NZS 8134:2021: Ngā Paerewa Health and Disability Services Standard. The service works with Māori communities to support Māori individuals and their families/whānau. Nine healthcare assistants (HCAs), clinical nurse manager (CNM), activities coordinator, and cook interviewed demonstrated awareness of cultural safety and the need for the service to recruit more suitably qualified Māori staff. The management is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation and this is identified in policy and procedure. There were staff who identified as Māori employed at the facility.</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</p>	FA	<p>The Pacific Health and Wellbeing Plan (Ola Manuia) 2020-2025 is the basis of the service’s Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families/whānau, and providing high quality healthcare. The service has linkages with Pacific groups in the community who will assist</p>

<p>tino rangatiratanga. 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>with the implementation of the Pacific plan. There were residents that identify as Pasifika residing in the facility who stated they were happy with the content of their care plans. There is currently staff employed that identify as Pasifika who assist in the implementation of the Pacific Health Plan.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. The Māori health plan in place identified how the service supports Māori mana motuhake. Staff have not completed cultural training which includes Māori current issues and rights in relation to health equity (link 2.3.4).</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. The CNM reported that te reo Māori and tikanga practices are incorporated into all activities undertaken. Residents and family/whānau interviewed reported that their values, beliefs, and language are respected in the care planning process.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. Opportunities for participating in te ao Māori, including blessings of rooms and karakia, are included in daily service delivery. The service has a cultural advisor.</p> <p>The service responds to residents' needs. Seven residents (four rest home and three hospital, including one young person with disability (YPD), and five family/whānau (two rest home, and three hospital, including one YPD), confirmed they are treated with respect. Staff have not completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care (link 2.3.4).</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff are encouraged to address the issue of any abuse. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. Staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Training on cultural safety, understanding, prevention of discrimination, racism, stigma, and bias was still to completed (link 2.3.4).</p> <p>Cultural diversity is acknowledged, and the Māori health plan describes how care is provided. There are monitoring systems in place, such as resident and family satisfaction survey, to monitor the effectiveness of the processes in place to safeguard residents. The Māori cultural policy in place identifies strengths-based, person-centred care and general healthy wellbeing outcomes for any Māori whānau admitted to the service. This was further reiterated by the CNM who reported that all outcomes are managed and documented in consultation with residents, family/whānau, enduring power of attorney (EPOA), and Māori health organisations and practitioners.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	<p>FA</p>	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The management team stated that additional advice can be accessed from the local or facility cultural advisors, or through Te Whatu Ora- Hauora a Toi Bay of Plenty if required. Staff reported that they are encouraged to refer to the Māori health policy on tikanga best practice. Māori health plan includes best practice tikanga guidelines.</p> <p>All residents' files reviewed contained signed consent forms.</p>

<p>their ability to exercise independence, choice, and control.</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. 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 service has a complaints' register in place. There were six complaints in 2022 and six complaints lodged in 2023 year to date. The complaints in 2022 and 2023 have since been investigated and closed out in accordance with the timeframes set out by the Health and Disability Commissioner. The service has implemented corrective actions as a result of the complaints received.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they have raised, have been addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. Residents and family/whānau interviewed described the process of making a complaint that includes being able to raise these when needed, or directly approaching staff, the management team, or the owner.</p> <p>There have been external complaints made since the last audit that are still under investigation. The CNM reported that the service was in the process of investigating, providing all the required information to Te Whatu Ora-Hauora a Toi Bay of Plenty, and implementing changes as required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities</p>	<p>FA</p>	<p>Thornton Park Retirement Lodge is privately owned and operated. The CNM has been in the role for a year. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health</p>

<p>they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>sector.</p> <p>The service is certified for 43 beds. On the days of audit, there were 38 residents. There were 14 residents assessed as requiring hospital- level care (including one YPD), and 24 were receiving rest home- level care. All remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Meeting minutes reviewed included staff meetings, organisational management meetings, and resident/family meetings.</p> <p>The business and strategic plan includes the scope, direction, goals, values, and mission statement of the organisation. The document describes annual and long-term objectives and the associated operational plans. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha. The CNM reported that the service ensures that residents maintain links with the community in all aspects of their care.</p> <p>The owner/director, and management team have not yet completed cultural training to demonstrate expertise in Te Tiriti, health equity and cultural safety in the day to day running of the facility. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The service works in partnership with Māori organisation in the community and through an employed cultural advisor, and Te Whatu Ora- Hauora a Toi Bay of Plenty.</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</p>	<p>PA Moderate</p>	<p>The service has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; and clinical incidents, including falls, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities; however, the resident/</p>

<p>focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>family satisfaction survey, and internal audits and have not always been held according to schedule. The previous shortfall (NZS 8134:2008 criteria # 1.2.3.6) around internal audits, and relative/resident satisfaction surveys remains ongoing.</p> <p>Regular meetings are held including organisational management, staff meetings, and laundry meetings. Meeting minutes reviewed evidenced discussion around quality data around infection prevention and control, complaints, incidents/accidents, internal audits, and general issues. The service is still in the process of reviewing and updating policies to align with the HDSS:2021 Standard.</p> <p>The risk management plan and policies and procedures clearly describe all potential internal, and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. There was a hazard register in place and evidence of completed environmental audits. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed since the previous audit and these were related to the registered nurse staffing shortage.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The CNM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>A sample of 10 incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>The CNM reported that they collect resident's ethnicity data to support improving health equity.</p>
<p>Subsection 2.3: Service management</p>	<p>PA</p>	<p>There is a documented and implemented process for determining</p>

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Moderate</p>	<p>staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Rosters from the past four weeks showed that all (afternoon and night shifts) were not covered by the registered nurses. Current first aid certificates for staff were not verified in the files reviewed.</p> <p>Currently there are three RNs including the CNM, available to support resident care in the facility. Deficits are covered by HCAs who are health and wellbeing qualified at level four, and who are internationally qualified nurses awaiting registration with the Nursing Council of New Zealand.</p> <p>The morning shift consists of a registered nurse who is rostered from 6.00am- 3.15pm and is supported by a total of seven HCAs from 6.00am – 3.00pm.</p> <p>The afternoon shift consists of a senior HCA (coordinator) who works 2.45pm- 11.00pm and is supported by a total of six HCAs from 2.45pm– 11.00pm, and kitchen hand 3.00pm-6.30pm.</p> <p>The night shift consists of a senior HCA (coordinator) who covers works 11.00pm-8.00am, supported by two CGs who work from 11.00pm – 8.00am. The service is currently recruiting for a position of four registered nurses to do afternoon and night shifts. They have three level four overseas trained registered nurses who are awaiting registration.</p> <p>Additional staff include three housekeeping staff 7.00am- 2.30pm, cook 6.00am- 3pm, kitchen hand 7.00am-1.30pm, and activities coordinator 9.00pm- 4.30pm.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements; however, not all mandatory trainings was conducted as per the annual training plan. The only documented training completed was continence management.</p> <p>The CNM reported that related competencies are assessed as per policy requirements; however, these were not completed as required. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s funding and service agreement. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The CNM reported that the model of care ensured that all residents are</p>
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		<p>treated equitably.</p> <p>The provider has an environment which encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori.</p> <p>The service supports people’s right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been distributed to staff and in-service education is ongoing.</p> <p>Registered nurses (RNs) have current annual practising certificates; however, the service had no registered nurses who were interRAI trained.</p> <p>The previous shortfall (NZS 8134:2008 criteria # 1.2.7.5) around mandatory training has not yet been addressed.</p> <p>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.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. Each position has a job description. A total of eight staff files (CNM, two registered nurses, four healthcare assistants, and cook) were reviewed. Staff files included: reference checks, police checks, appraisals, competencies, individual training plans, professional qualifications, orientation, employment agreement, and position descriptions. Orientation and performance appraisals were not verified in all of the staff files reviewed.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records</p>

		<p>for all staff and contractors that required them.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed.</p> <p>The previous shortfall (NZS 8134:2008 criteria # 1.2.7.3) around staff appraisals has not been addressed.</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 person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There were Māori residents at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is being implemented. The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and family/whānau. The CNM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>A total of six files were reviewed and these included four hospital, one resident on young people with disabilities contract (YPD), and two rest home were sampled. These identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the registered nurses and healthcare assistants.</p> <p>Resident, family/whānau, and general practitioners (GPs) involvement is encouraged in the plan of care. Policies and procedures are clearly documented to support Māori and whānau to identify their own pae ora</p>

	<p>outcomes. The CNM reported the service provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.</p> <p>The GPs complete the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP interviewed was complimentary of the care provided at the facility, and felt notifications were timely. The GP visits weekly and is on call 24/7.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were three active wounds at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The CNM reiterated that where wounds required additional specialist input, this will be initiated, and a wound nurse specialist consulted. The wound care plans assessments will be developed, and evaluations, with supporting photographs completed.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CNM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>The CNM reported that the service has been completing internal nursing risk assessments since the service does not have any interRAI trained registered nurses to complete residents' interRAI assessments. InterRAI assessments and reassessments were not completed for long-term</p>
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		<p>residents as per policy and contractual requirements with Te Whatu Ora Hauora a Toi Bay of Plenty. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs; however, these were not consistently completed.</p> <p>Not all long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The previous shortfall (NZS 8134:2008 criteria # 1.3.6.1) around completing monitoring charts has been addressed. Monitoring charts that include position charts, two-hourly toileting, overnight checks, and weight monitoring were completed. Evidence of this was sighted in the files reviewed.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau with the support from the cultural advisor.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in</p>	<p>FA</p>	<p>The activities programme is conducted by an activities coordinator. The activities coordinator reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups, and use of basic Māori words. The planned activities and community connections are suitable for the residents. The activities</p>

<p>meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>coordinator reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated. The local cultural advisor supports the activities team to have more links with different community groups.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy is in line with the Medicines Care Guide for Residential Aged Care and is in the process of being updated (link 2.2.2). A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were not current, and these were not completed in the last 12 months for all staff administering medicines (link 2.3.3). Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit. The senior HCA was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. The previous shortfall (NZS 8134:2008 criteria # 1.3.12.1) around medication room temperature monitoring has been addressed. Monitoring of medicine fridge and medication room temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p>

		<p>Twelve medicine charts were reviewed. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Pro re nata (PRN) medications were prescribed appropriately; however, indications for use were not always indicated, and effectiveness of PRN medications was not consistently documented in the electronic medication management system and progress notes. Over the counter medications were reviewed and prescribed by the GPs.</p> <p>The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. The GP reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the CM, registered nurse, and Māori family members.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The cook stated that culturally specific menu options were available and is offered to Māori and Pacific residents when required. These included ‘boil ups’ and ‘Island’ food.</p> <p>EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</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</p>	FA	<p>A standard transfer notification form from Te Whatu Ora- Hauora a Toi Bay of Plenty, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>completed.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. The previous shortfall (NZS 8134:2008 criteria # 1.4.2.1) around having a preventative maintenance schedule has been addressed; however, the building warrant of fitness has expired. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures were monitored and recorded. Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups. There are no current plans for building or renovations at the service; the CNM interviewed was aware of the requirement to consult with Māori if this is envisaged in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies direct the service in their preparation for disasters and described the procedures to be followed. The service is required to have an approved evacuation plan signed off by Fire and New Zealand for the safety of the residents; however, this was not verified on audit days. Trial evacuation drills have not been completed six-monthly. The staff orientation includes fire and security training. Staff have been trained and knew what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region.</p> <p>Residents were familiar with emergency and security arrangements. Appropriate security arrangements are in place and access to Thornton Park is currently controlled as a precaution to prevent the spread of Covid-19. External doors and windows are locked at a predetermined time each evening.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has not yet printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies to white and coloured pillowcases. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CNM reported that the GPs are informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>Surveillance of healthcare-associated infections was not including ethnicity data. There were infection outbreaks of Covid-19 reported in February, and March 2023 since the previous audit. These were managed appropriately with appropriate notifications completed.</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</p>	FA	<p>Restraint policy including acute and emergency restraint policy confirm that restraint consideration and application is done in partnership with families/whānau, and the choice of device must be the least restrictive possible at all times when restraint is considered, and works in partnership with Māori, to promote and ensure services are mana</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>enhancing. The CNM is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation in the facility. On the day of the audit, there were seven residents with restraints. There were two residents with bed rails, three residents with a lap belt, and two residents with recliner chairs.</p> <p>The reporting process includes restraint data that is gathered and analysed monthly. A review of the files for the residents requiring restraint included assessment, consent, monitoring, and evaluation. The GP on interview confirmed involvement with the restraint approval process. Family/whānau approval was gained as the resident was unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. A review of restraint use is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and is planned annually (link 2.3.4). The restraint coordinator reported that staff have an understanding of restraint minimisation.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</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	Policies and procedures are approved by the owner in consultation with the CNM; however, not all policies and procedures were updated to reflect the HDSS:2021 Standard. These include infection prevention and control, medication policies, abuse and neglect, complaints management, restraint management, and service delivery.	Not all policies and procedures were updated to meet the requirements of the new Standard.	<p>Ensure all policies and procedures are updated to reflect the requirements of the new Standard.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Moderate	The policy requires that internal audits are completed as per the internal audit schedule. The only audits completed included medication management system, complaints management, and health and safety. Not all internal audits have been completed since the previous audit, and these have not been discussed in the staff meeting minutes. There was no evidence of a relative/resident	<p>(i). Not all internal audits have been completed and results discussed during meetings since the previous audit.</p> <p>(ii). There was no evidence of a relative/resident feedback survey</p>	<p>(i). Ensure internal audits are completed as per the audit schedule and results including corrective actions, conformities, and non-conformities are discussed during meetings.</p> <p>(ii). Ensure residents/relatives are surveyed to gather</p>

		feedback survey completed since the previous audit.	completed since the previous audit.	feedback on key components of the survey and the outcomes are communicated to residents, staff, and families as per policy.  90 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a significant shortage of RNs in the service, and this is evidenced in some shifts; especially afternoon and night shifts are not always covered by the registered nurses, and this has been going on for the past six months. The CNM works on the floor each week and reported that the service currently has a vacancy for four full time equivalent RNs. The CNM is available on-call 24/7 a week. The staff work as a cooperative team carrying out tasks and duties that are documented according to each shift.</p> <p>Four weeks of roster were analysed (28 days). During the four weeks, there was no registered nurse available in the facility to cover all afternoon and night shifts. The CNM reported that the shifts were currently being covered by internationally qualified registered nurses. The CNM advised that they are actively working to ensure the overseas trained nurses are registered in New Zealand to cover all available shifts.</p>	All night and afternoon shifts each week were not covered by a registered nurse, therefore not meeting the ARRC contract D17.4 a- i.	<p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4 a-i.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the</p>	PA Low	<p>The policy requires core-competencies are completed as per the annual training plan. There was no evidence to verify competencies such as medication, first aid, fire, and hand</p>	Competencies for staff that include medication, first aid, fire, and hand washing were not	Ensure competencies are completed as per policy requirements.

competencies of health care and support workers to meet the needs of people equitably.		washing were completed.	completed as per policy requirements.	90 days
<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 Moderate	The service has a documented annual training plan in place; the only sighted training completed in 2023 was continence management. Training has not been completed as per the annual training plan covering all key components of the service delivery. This is an ongoing shortfall.	Not all training was completed for staff as per the documented annual training plan in place.	<p>Ensure training is completed as per the annual training plan.</p> <p>60 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	Some of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.	Two of the eight staff files reviewed had no completed orientation in place.	<p>Ensure orientation is completed for all staff as per policy requirements.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Moderate	The CNM reported that the policy requires that performance appraisals are completed annually; however, not all staff files sampled had completed performance appraisals in place. This is an ongoing shortfall.	Two of the eight staff files reviewed had performance appraisals that were overdue for review.	<p>Ensure staff performance appraisals are completed as per policy requirements.</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the</p>	PA Low	The CNM reported that the service has been completing internal nursing assessments since the service does not have any interRAI trained registered nurses to complete residents' interRAI assessments. InterRAI assessments and reassessments were not completed for long-term residents as per policy and	<p>(i). Four of the six files reviewed had no completed interRAI assessments for new residents.</p> <p>(ii). Two of the six files reviewed had interRAI</p>	<p>(i)-(ii). Ensure interRAI assessments are completed as per contractual requirements.</p> <p>(iii). Ensure long-term care plans are reviewed at defined intervals as per policy and</p>

<p>person receiving services requests this.</p>		<p>contractual requirements with Te Whatu Ora Hauora a Toi Bay of Plenty. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs; however, these were not consistently completed.</p>	<p>assessments that were overdue for review.  (iii). Five of six resident files reviewed had long-term care plans that were overdue for review.</p>	<p>contractual requirements  90 days</p>
<p>Criterion 3.4.2  The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>A total of 12 medicine charts were reviewed. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. The GPs completes three-monthly medication reviews, as per policy and legislative requirements; however, not all medication charts were reviewed in a timely manner. Indications for use are noted for pro re nata (PRN) medications, including over the counter medications and supplements on the medication charts. However, 3 of 12 medication charts reviewed had no documented indications for use documented. Effectiveness of PRN medications was not consistently documented in the electronic medication management system and progress notes.</p>	<p>(i). Ten of twelve medication charts sampled were overdue for review.  (ii). Three of the twelve medication charts reviewed had no PRN indications for use documented.  (iii). PRN outcomes were not consistently documented in 8 of 12 resident files reviewed.</p>	<p>(i). Ensure medication charts are reviewed as per policy and legislative requirements.  (ii). Ensure PRN indications for use are consistently documented.  (iii). Ensure PRN outcomes are documented as per policy requirements.  90 days</p>
<p>Criterion 4.1.1  Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the</p>	<p>PA Low</p>	<p>Regular monthly building, plant, and equipment checks were completed by the external contractor. The building warrant of fitness sighted expired on 26 June 2023, and the maintenance officer reported that the</p>	<p>There was no current building warranty of fitness in place.</p>	<p>Ensure there is a current building warranty of fitness in place.</p>

health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.		automatic or manual doors and mechanical ventilation or air condition needed to be fixed and signed off.		90 days
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	Regular monthly building checks are completed and documented. Evidence of this was sighted. The service is required to have an approved evacuation plan signed off by Fire and New Zealand for the safety of the residents; however, this was not verified on audit days. There were no records to evidence when the last fire drill was completed.	Approved fire evacuation plan and six-monthly fire drill records were not verified on audit days.	<p>Ensure there is an approved fire evacuation plan in place and fire drills are completed six-monthly as per legislative requirements.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	Monthly surveillance of infections is completed by the CNM; however, surveillance of healthcare-associated infections was not including ethnicity data and the data was not being reported in staff and management meetings.	Surveillance of healthcare-associated infections was not including ethnicity data.	<p>Ensure surveillance of infections includes ethnicity data.</p> <p>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.