

Vinada Limited - Voguehaven Rest Home

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Vinada Limited

Premises audited: Voguehaven Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 November 2023 End date: 17 November 2023

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 23

Executive summary of the audit




Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Voguehaven rest home provides rest home level of care for up to 26 residents. There were 23 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Te Matau a Māui Hawke's Bay. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

There is a care manager (director/owner) who has been in the role since the service began under Vinada Limited. They are supported by the house manager who has been in the role for almost twelve months. They are both supported by a registered nurse who has been in the role for one month. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous shortfall in relation to staff job descriptions.

This surveillance audit identified that improvements are required in relation to development of a Pacific Health plan, aspects of the quality system, education, staff files, care plan interventions and monitoring, aspects of medicine management, dietitian review of the menu, first aid certificates and surveillance data.

Ō tātou 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.

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

Voguehaven Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights. There is a Māori health plan which is implemented. The service recognises Māori mana motuhake, works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

The management and staff demonstrated their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

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

The business plan includes a mission statement and operational objectives. The service has a documented and implemented quality and risk management system in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented.

Quality data is analysed to identify and manage trends. The service complies with statutory and regulatory reporting obligations. Human resource management policies are implemented. The service has an induction programme in place that provides new staff with relevant information for safe work practice. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Staffing levels and skill mix meet the cultural and clinical needs of residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurse is responsible for each stage of service provision. Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

Medicines are safely managed and administered by staff who require competency assessment to do so. Residents and their family/whānau are supported to understand their medications when required.

Voguehaven Rest Home has in-house food services for the facility. Resident's individual cultural and dietary needs were identified and accommodated.

Transfer between services is coordinated and planned.

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

Includes two 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 are partially attained and of low risk.
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The building has a current building warrant of fitness. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose.

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

Includes five 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 are partially attained and of low risk.
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust pandemic response plans in place (including Covid-19). There has been one outbreak since the previous audit, which was well managed, and appropriately notified.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the registered nurse. There is a commitment to eliminate restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. At the time of the audit the service had no residents using restraints. Restraint minimisation practice is part of the annual education and training plan.

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	10	0	8	1	0	0
Criteria	0	38	0	11	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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>Voguehaven Rest Home has policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. The Māori health plan, cultural policy procedure acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The policy is understood by staff who confirmed in interview that mana motuhake is recognised. At the time of the audit there were Māori residents and no Māori staff in the service. The service has a working relationship with current residents, their whanau and local marae.</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>	PA Low	<p>The service is working towards the development of a Pacific health plan. There were no residents or staff that identified as Pasifika. Individual cultural beliefs are documented in the residents care plans reviewed.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The care manager and house manager (both interviewed) demonstrated how it is also given in welcome packs in the language most appropriate for the resident to ensure they are fully informed of their rights. Staff have completed training around the residents code of rights.</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>Voguehaven Rest Home policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>All staff at Voguehaven Rest Home are aware of professional boundaries as evidenced in orientation documents and ongoing education records. When interviewed (two caregivers, registered nurse, cook, maintenance), staff demonstrated an understanding of professional boundaries in relation to their role.</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>FA</p>	<p>There are policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents including for Māori (who may wish to involve whānau for collective decision making) when admitted and during service delivery. There were appropriately reviewed and signed admission agreements and consent forms in the files reviewed.</p> <p>Interviews with one family and four residents confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>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 complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or family/whānau 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 and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been no complaints received from residents or family/whānau. There has been one complaint in 2023 year to date from external provider related to staff practice, follow up is still ongoing.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed by management. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The care manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>Voguehaven Rest Home is privately owned, and the director is involved in the overall management of the service as the care manager of the facility. The management team consists of two directors (one being the care manager of the service), house manager, senior caregiver, and the</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>registered nurse. As a team they are responsible for the smooth, uninterrupted, and continuing operation of Voguehaven Rest Home.</p> <p>The service is certified for rest home level of care for up to 26 beds including two double rooms. Of the two double rooms, one was occupied by a couple and the other had single occupancy. On the day of the audit there were 23 residents. This included three on long-term support chronic health contract (LTS-CHC) and one private paying respite. The remaining residents were under the age-related residential care agreement (ARRC).</p> <p>The care manager (director) has been managing the facility since its purchase and has over 20 years of experience in office administration responsible for staff management and smooth running of different types of businesses as well as aged care. The other director also has over 20 years' experience in office administration and currently working in a senior position related to the legislative industry. The care managers accountability includes (but not limited to) having direct relations with funders; assisting to develop and implement strategic plan; overseeing activities, education, and quality systems; staff recruitment and all office duties, including payroll. They are supported by a house manager who has been in the role for almost a year; a senior caregiver, registered nurse who provides clinical oversight and a stable team of caregivers, kitchen, and housekeeping staff. The care manager and director were knowledgeable around legislative and contractual requirements.</p> <p>There is a 2023/2024 business and strategic plan which includes a mission statement and operational objectives. Operational objectives reflect a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies. The management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. Goals are defined; however, not regularly documented as being reviewed in the meeting minutes (link 2.2.2). The management team is involved in the quality and risk management system and processes for the service. The organisation collates quality data, analyses these and reports through the staff meetings. The clinical governance is managed and overseen by the registered nurse role, who works in partnership with other clinicians from the medical practice for professional supervision and clinically related reviews.</p> <p>The care manager, house manager and the registered nurse have</p>
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		<p>demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending training. They have also attended training in excess of eight hours over the past year appropriate to their roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Voguehaven rest home implements a quality and risk programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The care manager, house manager, and registered nurse implement the quality programme.</p> <p>The service is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls; however, progress against quality goals is not evaluated.</p> <p>Management and staff meetings were not evidenced as being completed as scheduled. Staff meeting minute schedule included: quality data; health and safety; infection control/pandemic; complaints received (if any); staffing; clinical issues; and education. There is evidence that the data tabled at meetings is discussed and used for improvements to the service.</p> <p>Resident and family/whānau (consumer) satisfaction surveys are completed annually. The survey results for June 2023 have been collated and analysed and demonstrated satisfaction with care and services received. All survey forms have a complaint/compliments form attached to provide residents and relatives with the opportunity to provide detailed feedback. Results have been communicated to staff during meetings.</p> <p>Reports are completed for each incident or accident with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Family/whānau are notified following incidents. The registered nurse collates all the data monthly and this is analysed. Results are discussed in meetings and at handovers.</p> <p>There are monthly health and safety meetings included as part of the full staff meetings. Not all staff have completed regular training related to health and safety (link 2.3.4). A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in</p>

		<p>handovers, and meetings.</p> <p>Discussions with the care manager, house manager and registered nurse evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be submitted since last audit. There have been one Covid-19 outbreak since last audit which was well managed, and notifications completed appropriately to Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The care manager works part time onsite and remotely. They are supported by the house manager who works full time. The registered nurse is responsible for providing clinical oversight and works three days a week as well as providing clinical on call cover. Any clinical concerns are escalated to the registered nurse 24/7, who will either visit the facility or provide guidance on the phone.</p> <p>Cleaning and laundry staff are rostered, with some having dual roles in the kitchen or as caregivers. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes (but not limited to) code of rights, informed consent, restraint, dementia, Pasifika values, Māori health outcomes and disparities, health equity, pressure injury and medication management; however, staff do not always participate in learning opportunities as per training attendance records. Staff confirmed that they were provided with resources during their cultural awareness training. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Educational courses offered include in-services, online, competency</p>

		<p>questionnaires and external professional development through Te Whatu Ora – Te Matau a Māui Hawke's Bay. The registered nurse and selection of caregivers have completed first aid training; however, there is not always a first aid trained staff on duty 24/7 (link 4.2.3). The registered nurse and caregivers who administer medications are expected to have current medication competencies; however, there was no evidence of medication related competencies having been completed by staff (link 3.4.3). All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the eleven caregivers, seven have level three and above NZQA qualification.</p> <p>The registered nurse is supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments, including (but not limited to) medication, controlled drugs, manual handling, restraint, wound, syringe driver and emergencies. At the time of the audit, there was one registered nurse and they were interRAI trained with a current syringe driver competency.</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 Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one registered nurse, two caregivers, one housekeeper, one cook), evidence employment contracts. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. The previous audit shortfall HDSS:2008 # 1.2.7.3 related to job descriptions has been addressed. A register of practising certificates is maintained for all health professionals; however, police checks were not always completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed; however, orientation has not always been completed and evidence of completion provided. Competencies are completed at orientation. Staff interviewed confirmed that they had not had relevant and comprehensive orientation. The service demonstrates that the orientation programmes are to support registered nurse and caregivers to provide a culturally safe environment to residents and those who identify as Māori. All staff who have been employed for a year or more have a current</p>

		performance appraisal on file.
<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>Five resident files were reviewed. These included one respite, one long-term support chronic health contract (LTS-CHC) resident and the rest of the files were for residents under the age-related residential care (ARRC) agreement. The registered nurse (RN) is responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, skin, continence, falls risk, cultural assessment, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed in a timely manner for residents, detailing needs, and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI sampled (except for the resident on respite and one recently admitted resident) had been completed within three weeks of the residents' admission to the service. Documented interventions and early warning signs do not always meet the residents' assessed needs and do not provide enough detail to provide guidance for staff in care delivery.</p> <p>Short-term care plans are developed for acute problems such as infections, wounds, behaviour, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted (acute or long term), it is reported to the registered nurse, and these are documented in the care plans. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. However, there is no evidence of an interRAI reassessment being completed for a resident who now requires hospital level of care. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their rooms.</p> <p>There was evidence of family/whānau involvement in care planning and</p>

	<p>documented ongoing communication of health status updates. Family interviews evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The service contracts a general practitioner from a local health centre for weekly visits and they are available on call after hours for the service. The general practitioner has seen and examined the residents within two to five working days of admission and completed three-monthly reviews. The general practitioner interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. Medical documentation and records reviewed were current. Services completes referrals for community physiotherapist if required. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora- Te Matau a Māui Hawke's Bay.</p> <p>An adequate supply of wound care products were available at the facility. There were no active wounds or pressure injuries being managed at the time of the audit. Policies and procedures are in place to provide guidance to staff. Where wounds would require additional specialist input access to a wound nurse specialist is available.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. A range of monitoring charts are available for the care staff to utilise. These include but not limited to monthly blood pressure and weight monitoring, blood glucose levels, bowel records and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet the needs of the residents. Each event involving a resident reflected an initial clinical assessment and follow-up by the registered nurse. Opportunities to minimise future risks are identified by the registered nurse; however, neurological observations were not consistently recorded for unwitnessed falls or when head injury was suspected.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily and as necessary by caregivers and</p>
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		<p>registered nurse. The registered nurse further adds to the progress notes if there are any incidents or changes in health status.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have not been assessed for competency on an annual basis. Education around safe medication administration needs to be provided as part of the competency process. The registered nurse has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular, and short course medication and packs and pottles for pro re nata (PRN) 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 area; however, there were medications for discharged/ deceased residents still stored in the facility (including controlled drugs). The medication fridge and medication room temperatures are to be monitored weekly; however, these have not been completed as scheduled. Eyedrops have been dated on opening. Controlled drugs are stored safely, and prescriptions demonstrate compliance with legislative requirements. Stock take for controlled drugs has not been consistently completed weekly by staff.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was not always documented in the electronic medication management system and clinical records. There was one rest home resident self-administering insulin including checking their blood glucose levels. Medications were stored safely in the residents' rooms. Self-administration assessments had not been completed for the resident and therefore not reviewed three-monthly by the GP. No vaccines are kept on</p>

		site and no standing orders are used.
<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>	PA Low	<p>Voguehaven rest home provides their own food services for the resident. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurse. Dislikes and special dietary requirements are accommodated, including food allergies. There is a four-week menu but no evidence of dietitian input or review of it.</p> <p>The kitchen manager advised that they provide food for the cultural themed days, such as Matariki, Waitangi, in line with the theme. The kitchen manager reported they accommodate residents’ requests.</p> <p>There is a verified food control plan expiring May 2024. The residents and family/whānau interviewed were complimentary regarding the standard of food provided and this was also sighted in the resident food survey completed July 2023.</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>	FA	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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,</p>	FA	<p>The current building warrant of fitness expires 17 April 2024. The buildings, plant, and equipment are fit for purpose at Voguehaven rest home and comply with legislation relevant to the health and disability services being</p>

<p>and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>provided. The environment is inclusive of people's cultures and supports cultural practices.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>There is not always a first aid trained staff member on duty. Training is provided around management of emergencies including fire drills and trial evacuations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation 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>	<p>FA</p>	<p>The designated infection control coordinator is the registered nurse and has been in the role since October 2023. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team annually and all policies are available to staff. The service has incorporated monitoring of infection prevention and control practices through their internal audit process and reporting of these through staff meetings.</p> <p>Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Education related to infection control and outbreak management is completed as part of the mandatory training with the last one completed in February 2023 (link 2.3.4).</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Voguehaven Rest Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is reported on an infection notification form; however, surveillance data does not include ethnicity data.</p> <p>The registered nurse completes a monthly infection report, and this is reported to all staff as part of the staff meetings. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Te Matau a Māui Hawke's Bay. Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infection, with information on care and prevention.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). There has been one outbreak since the previous audit; Covid-19 outbreak (October 2023), which was well contained to six residents. The outbreak was well documented, managed, and reported to public health.</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 policy identifies the organisation's commitment to minimising restraint use. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At the time of the audit, there were no residents using restraint. Management and staff interviewed were knowledgeable around maintaining a restraint free environment.</p> <p>Regular training occurs related to restraint minimisation and management of challenging behaviour as part of mandatory training plan. Last training was completed April 2023 (link 2.3.4).</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 1.2.1</p> <p>My service provider shall ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced.</p>	PA Low	The service is working towards the development of a Pacific health plan which will ensure cultural safety for Pacific people.	The service does not have a Pacific health plan in place.	<p>Ensure a Pacific health plan is developed and implemented.</p> <p>90 days</p>
<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	Management and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education with corrective actions identified and documented. Review of the meeting folder confirmed that there have not been management meetings completed since last audit and staff meetings were not completed as	<p>(i). There was no evidence of any management meetings since last audit.</p> <p>(ii). Staff meetings were not evidenced as being held as scheduled.</p>	<p>(i).& (ii). Ensure that meetings are completed as scheduled.</p> <p>90 days</p>

		scheduled. This was also confirmed during interviews with staff.		
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Voguehaven Rest Home implements a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The care manager and house manager take accountability to ensure that staff are aware of and adhere to the quality and risk processes for Voguehaven Rest Home. There are documented quality goals; however, there is no evidence of progress being monitored and progress measured.</p>	<p>There was no evidence of quality goals being monitored and progress measured.</p>	<p>Ensure quality goals are monitored and progress measured.</p> <p>90 days</p>
<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 a documented annual training programme for Voguehaven Rest Home that includes clinical and non-clinical staff training that covers mandatory topics. The care manager and house manager acknowledge the importance of a well-trained workforce in terms of outcomes for the residents. Policy expectation is for training and education to be provided monthly and can include guest speakers. The annual education programme since last audit has been implemented; however, attendance records and staff completion records sighted during the audit confirm that although the training</p>	<p>Compliance of attendance has been very low with most training sessions having two to five staff attending. There was no evidence of ongoing learning and development for staff who have not attended training and competencies required (e.g, moving and handling) in the first instance in order to provide high quality safe services.</p>	<p>Provide evidence that learning, and development is being completed by all for all staff as per annual education and training plan.</p> <p>90 days</p>

		schedule / programme has been fully implemented since last audit the compliance with staff completion of training has been very low. Some of the training sessions had two to four staff attending. There was no evidence that staff who had not attended or completed the training were updated with current best practice and mandatory training as per planner.		
<p>Criterion 2.4.3</p> <p>Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.</p>	PA Low	There are human resources policies to support recruitment practices including employment agreements to be signed by each staff. Not all staff files reviewed had signed employment agreements or evidence of police checks being completed.	<p>(i). Four of five employment agreements were not signed by employees.</p> <p>(ii). Five of five files did not provide evidence of police checks being completed.</p>	<p>(i)-(ii)Ensure that pre-employment and employment processes are completed.</p> <p>90 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	There is a policy in place that documents support required for new staff in terms of induction and orientation. Two recently employed staff (one caregiver and one registered nurse) did not have completed induction and orientation workbooks on file. Interview with RN confirmed that they received a handover from the outgoing registered nurse; however, no formal orientation was completed about the role. One caregiver who started work in March 2023 did not have completed orientation workbook on file. Internal audits related to staff files have been completed; however,	Two of five staff files reviewed did not have evidence of completed orientation and induction.	<p>Ensure the orientation and induction process is completed for staff.</p> <p>90 days</p>

		orientation process was not monitored at the time.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect</p>	PA Low	<p>The service has policies related to assessment, support planning and care evaluation. Assessment tools including cultural assessments were completed to identify key risk areas. The registered nurse is responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The registered nurse interviewed understands their responsibility in relation to care planning. The outcome of assessments inform the long-term care plans with appropriate interventions to deliver care. However, interventions in long term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. Interviews with residents, relatives and staff and observation of service delivery confirmed that this finding relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>(i). One ‘hospital’ level care resident did not have detailed care plan interventions related to management of nutrition and pressure risk documented.</p> <p>(ii). There was no interventions documented in the care plan related to falls minimisation and management, recurring urinary tract infection and nutritional management (currently losing weight) for one resident.</p> <p>(iii). There were no detailed interventions documented to assist care staff to manage diabetes management, including monitoring, risks, signs and symptoms of hypo and hyperglycaemia for one rest home resident. The same resident did not have reference about self-medicating and the care plan.</p> <p>(iv). There were no detailed interventions documented around continence management for one rest home resident with an indwelling catheter.</p>	<p>(i-iv) Ensure care plans have detailed interventions to provide guidance to staff on care management.</p> <p>90 days</p>

<p>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>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>There is a policy for neurological observations being undertaken for unwitnessed falls or where there is suspected injury to the head; however, not all unwitnessed falls incidents reviewed had neurological observations completed according to policy.</p> <p>The assessment and care planning policies provide clear guidelines regarding needs and risk assessments being completed ongoing and changes documented to reflect resident status; however, the service has a resident who has been bedridden, requiring full assistance with all activities of daily living, with no active treatment being implemented but comfort cares. Interview with staff confirmed that the resident is hospital level and staff are familiar and equipped to support them. There is no evidence of reassessment referral being completed for an assessment and sign off by NASC for hospital level care and notification to the Ministry of Health for one hospital-level resident to be cared for in a rest home service area.</p>	<p>(i). Neurological observations were not completed for four of four unwitnessed fall incidents. (ii). There was no evidence of re-assessment being completed for a resident who is fully dependent for all activities of daily living and review of level of care thereof.</p>	<p>(i). Ensure all neurological observations are consistently completed post unwitnessed falls or head injuries as per policy requirements. (ii). Ensure risk assessments are completed to reflect resident needs, referral for reassessment with NASC and appropriate notification for one hospital-level resident to be cared for in a rest home service area to the Ministry of Health.</p> <p>90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurse, and caregivers are responsible for the administration of medications. There is a policy and process on safe medicine management including that of controlled drug storage, stock take and reconciliation. Reviewed medication charts demonstrated that medications were prescribed in line with legislative requirements including controlled drugs. Weekly stock take of controlled drugs was not consistently completed by staff in the controlled drug register reviewed. Medication related audits have been completed in line with the audit schedule. There were expired medications and those of discharged/deceased resident still in stock at the facility, including controlled drugs. Temperature monitoring of room and fridge has not been completed as per policy. Where pro re nata (PRN) were administered, there was no evidence of effectiveness being documented.</p>	<p>(i). Weekly stock take for controlled drugs has not been completed consistently.</p> <p>(ii). Expired and discontinued medications as well as those for discharged/deceased resident have not been returned back to the pharmacy (including controlled drugs).</p> <p>(iii). The temperature of the room where medications are stored is not being monitored and recorded.</p> <p>(iv). Medication fridge temperature monitoring has not been consistently monitored.</p> <p>(v). Outcomes of pro re nata (PRN) medications have not been documented</p>	<p>(i). Ensure that stock take of controlled drugs is completed weekly.</p> <p>(ii). Ensure medication management system is followed in relation to expired and discontinued medications.</p> <p>(iii)-(iv). Temperature monitoring for medication fridge and room where medications are stored to be completed as per schedule.</p> <p>(v). Ensure outcome / effectiveness of PRN medications is documented.</p> <p>60 days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to</p>	<p>PA Moderate</p>	<p>The registered nurse and care givers are responsible for the administration of medications. There is no evidence that those responsible for medication administration have all completed current medication competencies and education related to medication management. There is a policy and process on safe medicine</p>	<p>Current medication competencies not sighted for all caregivers who administer medications.</p>	<p>Ensure that competencies are completed for all care givers who administer medications</p> <p>60 days</p>

pharmacy.		management.		
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>There is a policy and process on safe medicine management including resident self-administration processes. A self-administration competency is completed with the resident, and this is reviewed at least three monthly. For one rest home resident administering insulin, there was no competency completed. Interview with the resident confirmed the process followed with medication administration and how they documented their blood glucose levels and insulin administered each day.</p>	<p>The resident self-administering medications did not have a competency completed as per policy.</p>	<p>Ensure processes for self-administration are implemented.</p> <p>60 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>Voguehaven rest home provides their own food services for the resident. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents by the registered nurse. Dislikes and special dietary requirements are accommodated, including food allergies. There is a four-week menu but no evidence of dietitian input or review of it. The menu on the notice board evidences that changes are being trialled, specifically on the weekend.</p>	<p>No evidence of dietitian input and review of the four-week menu.</p>	<p>Ensure that the menu is reviewed by the dietitian.</p> <p>90 days</p>

<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>Emergency management policies outline specific emergency responses as well as the duties and responsibilities of staff in the event of an emergency. However, review of the records indicate that there was no first trained staff on the night shift seven days a week.</p>	<p>For seven nights each week there is no first aid trained staff on duty. There was no evidence of these two staff having completed first aid training.</p>	<p>Ensure that there is a first aid trained staff on duty 24/7.</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>	<p>PA Low</p>	<p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection report. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at handover, communication book and staff meetings. Voguehaven is working towards incorporating ethnicity into surveillance methods and data captured around infections.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.