

Bupa Care Services NZ Limited - Whitby Rest Home and Hospital

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: Bupa Care Services NZ Limited

Premises audited: Whitby Rest Home and Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 20 February 2024 End date: 21 February 2024

Proposed changes to current services (if any): Since the last audit, Bupa Whitby Rest Home and Hospital have reconfigured their certified beds from 100 to 101; with 17 psychogeriatric beds reconfigured to 18; and five of nine rest home beds to dual purpose beds. The final bed configuration is four rest home, five dual purpose (rest home/hospital), 41 hospital, 18 psychogeriatric and 33 dementia care beds. Total beds are 101, as confirmed in the Manatū Hauora (Ministry of Health) reconfiguration letter dated 18 August 2023.

Total beds occupied across all premises included in the audit on the first day of the audit: 100

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Bupa Whitby Rest Home and Hospital provides hospital (geriatric and medical), rest home, dementia, and psychogeriatric services for up to 101 residents. There were 100 residents at the time of the 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 - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff and nurse practitioner.

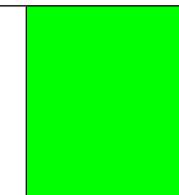
Bupa Whitby Rest Home and Hospital have reconfigured their certified beds from 100 to 101; with 17 psychogeriatric beds reconfigured to 18; and 5 of 9 rest home beds to dual purpose beds. During the audit, there was a visual verification completed on the five dual purpose beds in the rest home to confirm that they were suitable for hospital level of care.

The facility manager is supported by a clinical manager, three unit-coordinators and a team of experienced staff. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed one of the three previous shortfalls relating to the storage of adequate water supplies. Ongoing improvements are required in relation to the review of annual facility goals and staff education.

This surveillance audit identified areas for improvement related to meetings and corrective actions; annual staff performance appraisals; care plan timeframes; interventions; monitoring; and medicine management.

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.		Subsections applicable to this service fully attained.
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There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Bupa Whitby Rest Home and Hospital demonstrates 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 partially attained and of medium or high risk and/or unattained and of low risk.
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Bupa Whitby Rest Home and Hospital has a well-established, and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme, regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</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 registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner, general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritional snacks are available 24/7. All residents' transfers and referrals are coordinated with residents and families/whānau.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. There is a current building warrant of fitness. Electrical equipment has been tested and tagged.

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.

Subsections applicable to this service fully attained.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at Board level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan. Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been eight outbreaks (Covid-19) recorded and reported on since the last audit.

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 fully attained.

The restraint coordinator is a registered nurse. The facility had residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	2	4	0	0
Criteria	0	43	0	4	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

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>A Māori health plan is documented for the service which Bupa Whitby Rest Home and Hospital utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were Māori staff and residents who confirmed in interview that mana motuhake is recognised. The service has a relationship with a local Māori Church. A kaumātua from the local community visits the facility when needed.</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>	FA	<p>The Ola Manuia Pacific Health and Action Plan, and Te Mana Ola are the chosen models for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit, there were Pacific staff and residents who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Bupa Whitby Rest Home and Hospital.</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 clinical manager (interviewed) demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their 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>The Bupa organisational policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances which are implemented. All staff at Whitby Rest Home and Hospital are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviews (six caregivers, two unit-coordinators, four registered nurses (RN), one maintenance person and one chef) demonstrated an understanding of professional boundaries.</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</p>	<p>FA</p>	<p>There are organisational policies around informed consent. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Interviews with family/whānau and residents confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>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.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and 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. A complaints register is being maintained which includes all complaints, dates and actions taken. There has been one complaint received (2023) since the previous audit related to resident care.</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/whānau members confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility 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>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,</p>	<p>PA Moderate</p>	<p>Bupa Whitby Rest Home and Hospital is certified to provide rest home, hospital (geriatric and medical), psychogeriatric (PG) and dementia levels of care for up to 101 residents.</p> <p>Occupancy at the time of the audit was 100 residents in total. There were 18 of 18 residents in the PG unit (one new room since the last audit); 33 of 33 residents in the dementia unit; 9 of 9 residents in the rest home unit; and 40 of 41 residents in the hospital unit. One dementia care resident and one rest home resident were on respite care and one hospital level resident was on younger persons with a disability (YPD) contract. Psychogeriatric residents were all on the aged residential hospital specialised services (ARHSS)</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>contract. The remaining residents were on the aged related residential care (ARCC) contract.</p> <p>Bupa Whitby Rest Home and Hospital have reconfigured their certified beds from 100 to 101, with 17 psychogeriatric beds reconfigured to 18, and 5 of 9 rest home beds to dual purpose beds. During the audit, there was a visual verification completed on the five dual purpose beds in the rest home to confirm that they were suitable for hospital level of care. There are no double/ shared rooms.</p> <p>The Leadership team of Bupa is the governing body of Bupa and consists of directors of clinical; operations; finance; legal; property; customer transformation; people; risk; corporate affairs; and technology. This team is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. Bupa has developed a te ao Māori health strategy to introduce and implement te ao Māori related standards with a Māori cultural adviser. Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa has a three-year strategic business and operational plan which aligns to Bupa global strategy and the ambition to be the world's most customer-centric healthcare company.</p> <p>The business and operational plan is reviewed annually by the leadership team as part of strategy and planning. This consists of three key performance indicators (KPI's), that will measure customer care touchpoints and feedback, and six strategic and enabling pillars of Customers, Growth, Transformation, Sustainability enabled by Data and an Agile Culture. A Bupa process is determined by head office whereby facility managers develop measurable and specific annual goals for their facility; however, there was no documented evidence at the time of the audit that the goals had been developed or reviewed as required for Whitby Rest Home and Hospital. The previous audit shortfall in # 2.1.1 continues.</p> <p>The enabling sustainability pillar include plans to: strengthen policies, governance, and transparency to support health and wellbeing of residents, and improved outcomes for all residents. Increase diversity and inclusion of the principles of Te Tiriti o Waitangi and growth of te ao Māori and Pacific world view in the organisation. Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings, which includes review of quality and risk management systems.</p>
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		<p>There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems.</p> <p>The customer service improvement team (CSI) includes clinical specialists in restraint, infection control, and adverse event investigations, and a customer engagement advisor. The organisation benchmarks quality data across Bupa and with other NZ aged care providers. Each region has a clinical quality partner who supports the on-site clinical team with education, trend review and management. Bupa has a Māori Health Strategy and Health Equity policy. Bupa engaged an external consultant who has worked closely with the Bupa Leadership team and the Bupa Australia and New Zealand (Bupa ANZ) Board to understand current state and develop plans for maturity in this area. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>The facility manager (who was not present at the time of the audit due to being at a Bupa facility manager conference) has been in the role for six and a half years and has experience in managing aged care services. The facility manager is supported by a clinical manager who has been in the role for one year and has worked at Bupa Whitby Rest Home and Hospital for five years. They are also supported by three unit-coordinators and the wider Bupa management team, which includes the regional operations manager and regional quality manager.</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</p>	<p>PA Low</p>	<p>Bupa Whitby Rest Home and Hospital is implementing the established organisational 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. Monthly quality 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; however, meetings have not occurred as per the annual schedule. Where corrective actions are required, these have been documented in the meeting minutes, however there is no evidence of follow up and sign off when completed. Quality goals and progress towards attainment are discussed at meetings.</p>

<p>and our health care and support workers.</p>		<p>Quality data and trends are added to meeting minutes and displayed on noticeboards in the staffroom. Benchmarking occurs on a national level against other Bupa facilities. Resident and family satisfaction surveys have been completed quarterly in 2023. These have been correlated and analysed at head office and indicate that residents have reported satisfaction with the service provided. The service has been working on quality improvement related to the activities programme, in relation to the outcome results from the September 2023 survey. Results have been communicated to residents in the resident and family/whānau meetings and through the newsletter (sighted). Bupa Whitby Rest Home and Hospital has a suite of organisational policies and procedures, which guide staff in the provision of care and services.</p> <p>Policies are regularly reviewed and have been updated to align with Ngā Paerewa NZS 8134:2021. New policies or changes to a policy are communicated to staff. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers, meetings, and via toolbox talks. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident records reviewed. Incident and accident data is collated monthly and analysed. The electronic system generates a report that goes to each operational team/governance team and generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the last audit there has been one Section 31 notification completed to notify HealthCERT of a stage IV pressure injury in December 2023. There have been eight outbreaks since the previous audit which were notified appropriately.</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</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Agency staff are contacted if necessary.</p>

<p>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>Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The facility manager, clinical manager and three unit-coordinators (PG, dementia and hospital/rest home) are rostered Monday to Friday.</p> <p>On-call cover for all Bupa facilities in the region is covered by a seven-week rotation of the facility managers and clinical managers. Registered nurse cover is provided 24 hours a day, seven days a week. Unit coordinators and RNs are supported by an experienced team of caregivers. A selection of RNs and caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>There is a 2024 annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti o Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora - Capital, Coast and Hutt Valley and hospice. Staff participate in learning opportunities so that they can provide high-quality safe services and meet the needs of people equitably. Training is offered via online training, one day (six hour) blocks of training for mandatory topics and impromptu toolbox talks. All staff are required to complete competency assessments as part of their orientation.</p> <p>There are approximately 60 caregivers employed. Staff are supported to achieve New Zealand Qualification Authority (NZQA) qualifications. There are 17 caregivers rostered across the dementia unit. Two of seventeen caregivers who have worked in the dementia unit for over eighteen months, have not completed the required Careerforce dementia standards qualification. There are 15 caregivers rostered across the PG unit. Three of sixteen caregivers who have worked in the PG unit for over eighteen months, have not completed the required Careerforce PG standards qualification. The previous audit shortfall in # 2.3.2 continues.</p> <p>Caregivers who have completed NZQA level 4 and undertaken extra training, complete many of the same competencies as the RN staff. Annual competencies include (but not limited) to restraint, hand hygiene, moving and handling, and correct use of personal protective equipment. Additional RN specific competencies include subcutaneous fluids, syringe driver, and</p>
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		interRAI assessment competency. Of the 16 RNs employed, 11 are interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible. A record of completion is maintained on an electronic register.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files (one clinical manager, two unit -coordinators, three caregivers and one head chef) were reviewed, with evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>There is a staff performance appraisal policy documented. Not all staff who have been employed for a year or more have a current performance appraisal on file. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori.</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 Moderate	<p>Six resident files were reviewed: two dementia, including one on a respite contract; two hospital resident files, including one younger person with a disability; one rest home resident and one psychogeriatric resident. The RNs are 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 (but are not limited to): dietary needs; pressure injury risk; falls risk; social history; and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>Initial assessments and initial care plans were completed for residents,</p>

	<p>detailing needs, and preferences; however, not all were completed within required timeframes. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. However, not all interRAI assessments and long-term care plans were completed within three weeks of admission.</p> <p>Documented interventions and early warning signs meet the residents' assessed needs; however, not all care plans had detailed interventions to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are scheduled for six-monthly evaluations, in conjunction with the interRAI re-assessments and when there is a change in the resident's condition; however, not all care plan reviews were completed as required timeframes. Evaluations are documented by an RN 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 bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records 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. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>Residents in the dementia unit and psychogeriatric unit have behaviour assessments and behaviour plans with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine that reflects a 24-hour reflection of resident's usual pattern and behaviour management strategies to assist caregivers in management of the resident behaviours.</p> <p>The initial medical assessment is undertaken by the general practitioner</p>
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		<p>(GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are two GP's, and one NP who provide scheduled visits each week and as required. Medical documentation and records reviewed were current. The NP interviewed stated that there was good communication with the medical practise and that they were informed of concerns in a timely manner. The contracted GP and NP are also available on call after hours for the facility. A physiotherapist visits the facility for six hours a fortnight and on request to review residents referred by the RNs. 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 Te Whatu Ora – Capital, Coast and Hutt Valley.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 16 active wounds from 14 residents, including skin tears, venous ulcer, incontinence associated dermatitis. There were no pressure injuries.</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. Neurological observations are recorded following un-witnessed falls and neurological observations reviewed were completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure, weight monitoring, and bowel records; however, some residents did not have monitoring charts completed as scheduled for restraint and repositioning. 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 those needs. Staff receive handover at the beginning of their shift.</p>
Subsection 3.4: My medication	PA	Staff were observed to be safely administering medications. The RNs and medication competent caregivers interviewed could describe their role

<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>Moderate</p>	<p>regarding medication administration. The service currently uses robotics rolls for regular medication and blister pack for controlled drugs and short course, and bottles for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily; however, these were not recorded consistently and did not always meet required ranges. All stored medications are checked weekly. Eyedrops have not always been dated on opening. Controlled medications are stored as required; however, weekly checks have not always been completed as per policy.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the NP 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 consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; however, there are policies in place should a resident wish to self-administer their medications. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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</p>	<p>FA</p>	<p>The four-week seasonal menu is reviewed by a registered dietitian. 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. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager interviewed reported they accommodate residents' requests. Nutritious snacks were available 24/7 in all units. There is a verified food control plan expiring on 18 August 2024.</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned 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, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Whitby Rest Home and Hospital and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 26 June 2024. The environment is inclusive of peoples' cultures and supports cultural practices. There are five maintenance request books located in each nurse station and reception. Books are checked daily for repair and maintenance requests. Equipment failure or issues are also recorded in the maintenance books. These are checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recordings reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency management is</p>

<p>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>included in staff orientation and is also ongoing as part of the education plan. There are food supplies and stored water available in the event of a civil defence emergency, with sufficient water stores to meet the Civil Defence Greater Wellington emergency requirements. The previous audit shortfall in # 4.2.7 has been addressed.</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>There is an infection, prevention, and antimicrobial programme and procedure that includes the pandemic plan. This links to the overarching quality programme and is reviewed, evaluated, and reported on annually. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic register, the electronic database, and the electronic resident management system. Surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality, infection control, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern.</p> <p>Internal infection control audits are completed with corrective actions for</p>

		<p>areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Capital, Coast and Hutt Valley. Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. The service has recorded eight outbreaks since the previous audit (Covid-19 in October and November 2022, February, June, August and November 2023); a gastroenteritis outbreak in March 2023 and an influenza A outbreak in January 2024. All the outbreaks were well documented, with quality improvement corrective action plans put in place for each outbreak. They were well 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>Achieving a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level. At the time of the audit, there were 23 residents (hospital, psychogeriatric and dementia level care) using restraints: 18 residents using hand holding and five hospital residents using bed rails. All documentation including assessments, monitoring, reviews, and updated care plans were in place for the records reviewed; however, monitoring of bedrails has not always occurring as scheduled (ink #3.2.4).</p> <p>When restraint is used, this is a last resort when all alternatives have been explored. The designated restraint coordinator is a RN who is responsible for the coordination of the approval of the use of restraints and the restraint processes. Training for all staff occurs at orientation and annually as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually for all staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.1</p> <p>Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.</p>	PA Moderate	A Bupa process is determined by head office, whereby facility managers develop measurable and specific annual goals for their facility. There was no documented evidence at the time of the audit that the goals had been developed or reviewed as required for Whitby Rest Home and Hospital.	There was no documented evidence that measurable and specific annual facility goals have been developed or reviewed as required.	<p>Ensure measurable facility measurable and specific goals are developed each year and regularly reviewed.</p> <p>60 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	Monthly quality meetings 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. However, quality meetings and staff meetings have	<p>(i). Meetings have not been completed as per the annual schedule.</p> <p>(ii). There is no evidence of corrective actions being followed up and signed off in the meeting minutes.</p>	<p>Ensure that corrective actions identified in monthly quality meetings and staff meetings, are followed up and sign off as completed.</p> <p>90 days</p>

		not been completed as per the annual schedule. The meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off.		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Moderate	There are five staff working with residents in the dementia and PG units (two in dementia and three in PG) who have been employed for over eighteen months and have not completed the required Careerforce dementia and PG standards qualification as per Te Whatu Ora - Capital, Coast and Hutt Valley contractual requirements.	i). Two of seventeen caregivers who have worked in the dementia unit for over eighteen months have not completed the required Careerforce dementia standards qualification.	<p>i). – ii). Ensure staff working in either the dementia unit or the PG unit complete all required Careerforce qualifications as per Te Whatu Ora - Capital, Coast and Hutt Valley contractual requirements.</p> <p>60 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 Low	A performance appraisal policy is established. Staff are scheduled to have annual performance appraisals completed. Three of seven staff files reviewed had no documented evidence of an annual performance appraisal being completed.	Performance appraisals have not been completed for three staff who have been employed for more than 12 months.	<p>Ensure that staff performance appraisals are completed annually as scheduled.</p> <p>90 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 person receiving services requests</p>	PA Low	All assessments are completed by an RN in partnership with residents and family/whānau. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. This was sighted in six resident files. For the sample files reviewed, not	<p>(i). One initial assessment and care summary for a respite resident in the dementia unit was completed on day eight following admission.</p> <p>(ii). One initial interRAI assessment was</p>	<p>(i-v). Ensure that all assessments care planning and reviews are completed in line with policy and legislative requirements.</p>

<p>this.</p>		<p>all initial interRAI and long-term care plans were completed within required timeframes. InterRAI reassessments were completed for each resident; however, these were not completed in required timeframes. There are policies and procedures that provide guidance on assessment and support planning timeframes and processes. Six-monthly reviews were completed for one resident within required timeframes as per policy (there was one resident who had not been in the facility for six months and the respite resident did not require a review).</p>	<p>completed six weeks after the resident commenced permanent placement.</p> <p>(iii). One initial long-term care plan was completed six weeks after the resident commenced permanent placement.</p> <p>(iv). InterRAI reassessments were not completed six-monthly for four of four resident files where this was required.</p> <p>(v). Six-monthly care plan evaluations had not been completed in required timeframes for three of four residents who required review.</p>	<p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are 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; however, not all resident records reviewed provided evidence of detailed interventions to provide guidance</p>	<p>(i). One psychogeriatric resident assessed with behavioural challenges, mobility requirements, pain and falls did not evidence interventions to manage the risks.</p> <p>(ii). One hospital resident assessed with ongoing pain had insufficient interventions documented to guide staff in management.</p>	<p>(i).-(ii). Ensure care plans have detailed interventions documented to provide guidance to staff on care management.</p> <p>90 days</p>

<p>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 a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>to care staff in the delivery of care to the residents.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(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;</p>	<p>PA Low</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise. Monthly observations such as weight and blood pressure were completed and are up to date. However, not all resident records reviewed provided evidence of monitoring records such as restraint monitoring, and repositioning charts were not always completed as per policy.</p>	<p>(i). One repositioning chart for a hospital level resident did not have monitoring completed as per care plan timeframes.</p> <p>(ii). A hospital level resident requiring regular repositioning did not have a repositioning chart in place as documented in the care plan interventions.</p> <p>(ii). Two of two restraint monitoring charts reviewed did not have</p>	<p>(i). – (iii). Ensure monitoring records are completed as per care plan and policy requirements.</p> <p>90 days</p>

<p>(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>monitoring completed as per care plan or policy timeframes.</p>	
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There is a policy and process on safe medicine management including reconciliation, storage, and documentation requirements; however, medication room temperature monitoring and medication in current use was not consistently demonstrating compliance with policy, standards, and legislative requirements. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.</p>	<p>(i). Medication room temperatures are not consistently recorded in the rest home and dementia communities. (ii). Medication room temperatures recorded above 25 degrees in the psychogeriatric community did not evidence corrective actions have been implemented. (iii). Expired midazolam was evidenced in current use in the hospital and dementia communities. (iv). The controlled drug register in the psychogeriatric and dementia communities did not evidence weekly drug checks had been completed as scheduled.</p>	<p>(i). Ensure that medication room temperature monitoring is consistently recorded. (ii). Ensure corrective actions are implemented when temperatures are above maximum ranges. iii). Ensure expired medications are discarded as per legislative requirements. (iv). Ensure controlled drugs medications are checked weekly. 60 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.