

Presbyterian Support Central - Cashmere Heights

Introduction

This report records the results of a Partial Provisional 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: Presbyterian Support Central

Premises audited: Cashmere Heights

Services audited: Dementia care

Dates of audit: Start date: 4 April 2014 End date: 4 April 2014

Proposed changes to current services (if any): PSC Cashmere Heights was previously certified to provide rest home and hospital (medical and geriatric) care services; however, ceased to provide services in April 2022 when registered nurse vacancies reached critical levels. The building was used for training and other purposes since then. The organisation has notified HealthCERT on 21 December 2023 of their intention to reopen the facility as a dementia care unit. The proposed reopening date is set for 15 May 2024.

This partial provisional audit was completed in respect of verifying the current building as suitable for a 33-bed dementia unit. Room 25 has been verified to be suitable to be shared.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

PSC Enliven Cashmere Heights is part of Presbyterian Support Central – Enliven and is located in Wellington. Presbyterian Support Central (PSC) oversee fourteen aged care facilities across the lower North Island. The facility closed April 2022 and has remained vacant.

This partial provisional audit was conducted to assess the facility for preparedness to provide dementia level care across 33 beds. The service plans to open on 15 May 2024. PSC Enliven is experienced in providing dementia level of care in four of their fourteen facilities.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

There is an experienced management team. The facility manager and clinical nurse manager of the sister facility Cashmere Home will also oversee the facility, with support from the clinical director. PSC Enliven has set a number of quality goals around the opening of the facility and these also link to the PSC Enliven strategic plan and Cashmere Home and Cashmere Heights business plan.

Improvements are related to opening of the completing of induction and competencies; front door and perimeter to be secured; approval of the fire evacuation scheme; electrical compliance; completion of hot water temperatures; completion of fire drill; and civil defence kits in place.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

The strategic plan includes a mission statement, values and operational objectives. There is transition plan around the safe transition of residents to the facility. The clinical nurse manager oversees the service in the absence of the facility nurse manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete the required dementia unit standards. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level and increase in numbers.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is a documented activity plan which will be implemented by caregivers and overseen by the PSC diversional therapist peer support group.

Medication policies reflect legislative requirements and guidelines. There is a secure medication room. The registered nurses and medication competent healthcare assistants will be responsible for administration of medications. There is an appropriate planned induction plan documented.

All food and baking is prepared and cooked at Cashmere Home and transported in hotboxes in a modified van to the facility. Residents' food preferences and dietary requirements are identified at admission. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. There is a current food control plan.

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

There are three wings in the facility in a U shape. Two wings are off a central entrance and reception area. Only two of the three wings are currently being opened.

There is a full-time maintenance person that is shared between two facilities. There is preventative maintenance work sheet in place. Hot water tests have yet to be completed. A building Warrant of Fitness expires in November 2024.

Spaces within the unit can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau.

All new equipment is in place and retested for compliance. Equipment/furniture is ready and installed. All resident rooms are single and communal bathrooms are available.

The dementia unit is yet to be secured. The wings have one communal lounge and dining room and kitchenette off the side of the lounge. The communal area is spacious and allows for groups or individual activities and space for mobility equipment. The secure

garden outdoor area also includes access from the lounge and smaller lounges, which includes seating. There is plenty of places to wander.

The approved fire evacuation scheme is undergoing amendment. Staff will receive training around emergency management during the induction period. There is a call bell system. There are security procedures in place. There is plenty of space for medical equipment, continence products and storage with shelving for personal protective equipment.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator will initially be the clinical manager. Education is to be provided to staff at induction to the service and is included in the education planner. Antimicrobial data is to be collated and monitored monthly. Surveillance processes are documented to ensure infection incidents will be collected and analysed for trends and the information used to identify opportunities for improvements.

There is a secure sluice. Laundry will be done off site at Cashmere Home and visual inspection evidence a clear dirty to clean flow. Clean linen will be transported in a hygienic way by van between facilities.

Here taratahi | Restraint and seclusion

There is commitment from governance to work towards a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. Restraint is considered the last resort, only after all other options and alternatives were explored.

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	11	0	3	0	0	0
Criteria	0	85	0	5	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSC Enliven Cashmere Heights is part of Presbyterian Support Central – Enliven and is located in Wellington. Presbyterian Support Central (PSC) oversee fourteen aged care facilities across the lower North Island. Four of the fourteen facilities provide dementia level of care.</p> <p>PSC Cashmere Heights was previously certified to provide rest home and hospital (medical and geriatric) care services; however, ceased to provide services in April 2022 when registered nurse vacancies reached critical levels. The building was used for training and other purposes since then. The organisation has notified HealthCERT on 21 December 2023 of their intention to reopen the facility as a dementia care unit. The proposed reopening date is set for 15 May 2024. The funder has completed a visit prior to the audit. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.</p> <p>PSC Enliven Cashmere Heights is a satellite site managed alongside Cashmere Home, which is situated five minutes' walk down the road.</p> <p>This partial provisional audit was completed in respect of verifying the current building as suitable for a 33-bed dementia unit divided in two units, and to assess the preparedness of the organisation to reopen the building. This audit was completed with an on-site tour of the environment, review of documentation, equipment requirements, staff</p>

	<p>roster, transition plans and interview with the PSC clinical director, facility manager (FM) and clinical nurse manager (CNM). This audit verified Cashmere Heights to be suitable to provide dementia level care upon completion of corrective actions prior to occupancy and endorsement from the funder.</p> <p>The facility manager has been newly appointed to the role and has a background in social work and health services management. The clinical nurse manager has been working for PSC as a clinical consultant for five years before moving into the CNM role. The CNM will oversee the clinical effectiveness of both facilities.</p> <p>The clinical director interviewed confirmed the governance structure and changes as set out in the report. PSC Cashmere Heights Home and PSC Hospital has a combined business plan (2023-2024) that aligns with PSC Enliven overarching strategic plan (2020-2025) and has in place clear business goals to support their Enliven philosophy, including dementia level of care specific goals. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focussed meetings.</p> <p>PSC has a Board of seven directors, which includes Pasifika representation and a position for Māori. There is also support from the organisation cultural advisor providing advice to the Board in order to further explore solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The Board receives a director's reports monthly from the chief operating officer and clinical director. There are two regional managers, and three nurse consultants, who are supported by a clinical director. Individual members of the Board have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a term of reference for board members.</p> <p>There is a working group established that work closely with management and stakeholders to implement initiatives and enhance overall effectiveness of governance of Cashmere Heights. The working group is tasked with responsibilities and operates under the guidance of the governance body to achieve its objectives and support the revised level of dementia level of care. The audit and risk committee meets monthly to review and enhance standard and quality of services at PSC. The meetings provide a platform to discuss and address any emerging risks,</p>
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	<p>ensure compliance with regulations, and evaluate the effectiveness of quality assurance mechanisms. Feedback is provided at Board meetings.</p> <p>The PSC Enliven strategic plan reflects the organisations commitment to collaboration with Māori. This aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery.</p> <p>The Board is committed to the meaningful Te Tiriti partner representation. The Enliven Cultural Advisory Group (CAG) is made up of Māori staff, residents, whānau, kaumātua and iwi representation from the local area, where the group meetings are currently held. Advice from the cultural advisory group have resulted in changes to policy and procedures, introduction of regular mihi whakatau at each site, inclusion of karakia mō e kai at mealtimes, and updates to the mandatory training programmes for all staff to ensure clear understanding of the Te Tiriti obligations, as it applies to individuals.</p> <p>Enliven advisory groups include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory Groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. Senior Enliven staff are expected to sit on at least one of these groups. The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pasifika staff.</p> <p>The quality programme includes a quality programme policy and quality goals (including site specific business goals) that are reviewed monthly in clinical focused (quality) meetings and quality action forms that are completed for any quality improvements/initiatives during the year. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Tāngata whaikaha will have meaningful representation through monthly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering and safe staffing ratios. The roster provides sufficient and appropriate coverage for the initial opening of the facility. There are further rosters available that cover the increase of resident numbers. The service has employed sufficient staff to date to cover the initial roster of the dementia unit. The facility manager advised they will be interviewing for more staff as they progress with occupancy.</p> <p>The initial draft roster is developed in stages; the first draft includes staff efficiently care for 18 residents and include four HCAs on morning and three in the afternoon shift and two on nights shift. The number in the roster makes allowance for staff to provide activities and supervision in the lounge. There are five healthcare assistants from Cashmere Home (sister facility) that is familiar with the site, policies and procedures, that will work across the two facilities. There are two RNs employed and two ENs that will work between the two facilities to ensure clinical effectiveness; all with appropriate dementia experience. There is initially 24 hours allocated per week, excluding the hours of the clinical nurse manager. Both RNs are interRAI trained and one EN is enrolled to complete interRAI. The clinical nurse manager is appropriately experienced and will provide clinical oversight. There will be a RN Monday to Friday.</p> <p>The service has two PSC Enliven GPs to provide medical services that will visit weekly initially, and more frequently as resident numbers increase. The clinical nurse manager and clinical director shares after hours on call, with support from the two GPs who will be available on call afterhours.</p> <p>There is a PSC Enliven physiotherapist and a contract is in place with a Lower Hutt pharmacy.</p> <p>There are currently 18 staff employed (14 healthcare assistants, two RNs and two ENs). There is sufficient numbers of staff to cover the roster for the initial opening of the facility. The majority of healthcare assistants have completed New Zealand Qualification Authority (NZQA) qualifications through Careerforce; four healthcare assistants have completed the required dementia standards. The remaining staff will be</p>

	<p>enrolled to complete the required dementia standards following the post induction review.</p> <p>Activities will be provided by caregivers with support from the PSC diversional therapy peer support group.</p> <p>A chef, kitchenhands and driver are already employed at Cashmere Home where the food will be prepared and transported from. There are six hours of household for cleaning and laundry tasks.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. Orientation has been planned for staff between 19 April-1 May; prior to admitting residents. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include: medication; Medimap (electronic medication system); safe moving and handling; infection prevention and control; hand hygiene; cultural competency; and restraint. Staff induction also includes dementia related training, including management of challenging behaviour training (link 2.4.4).</p> <p>The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information supporting health equity and cultural safe care is available on the intranet. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is readily available to all staff.</p> <p>There is annual staff training program to support a rights-based approach to education and sits within the framework of Eden alternative philosophy. The PSC Pae Ora platform is a comprehensive platform with toolkits, expert created videos on a wide range of topics, and it includes case studies and best practice guidelines (for RNs). The education plan includes a mix learning approach. Staff training is assessed and evaluated as part of the quality programme.</p> <p>Topics include care delegation; core skills to improve critical thinking; residents' Code of Rights, including informed consent; privacy and confidentiality; abuse and neglect; dementia and the ageing process; communication; pain management; falls prevention and management; effective communication; complaints management; continence management; nutrition and hydration; wound management; cultural safety and Treaty of Waitangi; management of adverse events; documentation;</p>
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		<p>and care planning.</p> <p>The provider supports initiatives to provide a positive workplace culture.</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. A register of completed staff orientations, three-month reviews and annual appraisals were sighted. Current practising certificates are maintained.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Individual files are kept for each staff member on an electronic platform. The service validates professional qualifications as part of the employment process.</p> <p>A register of practising certificates is maintained. There is an appraisal policy. Three-month appraisals are scheduled to be completed following induction.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice. Orientation has been planned for staff between 19 April-1 May; prior to admitting residents. Competencies will also be completed at this time. Competencies that are required to be completed by staff at induction include: medication; Medimap (electronic medication system); safe moving and handling; infection prevention and control; hand hygiene; cultural competency; and restraint. Staff induction also includes dementia related training, provision of activities and management of challenging behaviour training. Staff will complete first aid certificates at induction.</p> <p>The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Information supporting health equity and cultural safe care is available on the intranet. PSC Enliven Wai Ora learning package and Whanau Ora Te Reo education and dictionary is readily available to all staff.</p> <p>There is a personnel file policy. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment application stage. The service promotes a diverse workforce.</p>

		<p>The service has implemented policies related to a debriefing process following incidents. There are staff wellbeing support programmes in place.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Activities will be facilitated and supported by the healthcare assistants. The activities programme is developed by PSC diversional therapist peer review group. The proposed roster and sample calendar provided provides for activities Monday to Sundays to 4.30 pm. The clinical director advised there are plenty of resources being procured and will be available to deliver the activities. The resources will be accessible and available to staff.</p> <p>The programme is planned monthly, and an example of the calendar includes themed cultural events, church services, entertainment, music therapy van drives and links with the community. The activities programme is based around the Eden Philosophy of care. A copy of the programme which has the daily activities will be displayed and includes individual and group activities. Activities will also be designed around daily routines, which may include chores and baking. Example of planned activities sighted meet the cognitive, physical, intellectual and emotional needs of the residents with dementia. The main lounge is spacious to provide for group activities and quieter spaces for residents that choose not to be involved in group activities.</p> <p>The service will facilitate opportunities to participate in te reo Māori through the use of Māori language on planners; on doors of key areas; participation in Māori language week; Matariki; Māori phrases are incorporated into the activity's planner; and culturally focused activities are planned for. There are links with the local marae.</p> <p>There is documentation policy related to activities that include a Oranga Kaumātua wellness map that provide a social and cultural profile based on Te Whare Tapa Whā and include the residents past hobbies and present interests, likes and dislikes, career and family connections. A social and cultural plan that will be developed by the registered nurses within 21 days and to be reviewed six-monthly. A resident attendance list will be maintained for activities, entertainment and outings.</p> <p>There will be an opportunity to provide feedback on activities at the</p>

		meetings and through annual surveys.
<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>	FA	<p>Policies and procedures are in place for safe medicine management. Medication in the dementia unit will be secured in a locked trolley in the secure treatment room. The registered nurse and enrolled nurses are medication competent and other dementia unit staff who will administer medications will complete competency at orientation as part of the medication education around Medimap (link 2.4.4). The clinical director manager advised that all medication will be blister packs and will be checked on delivery against the electronic medication charts, as per their current process. There will be no resident's self-administering medication in the dementia unit. There are no standing orders. Medication errors will be collated as part of the quality and risk management programme.</p> <p>There is a medication room with a medication fridge in the nurse's station and temperatures of the fridge and the room will be monitored daily. There is a room temperature gage to monitor room temperature. The medication room is secure with a handbasin, flowing soap and handtowels and bench for medication preparation. There is appropriate shelving for medication and wound product stock. There is a wound trolley. There is a second medication and wound trolley if required. There is a secure safe for controlled medication storage and a medication register.</p> <p>There are two PSC Enliven general practitioners (GPs) that will provide medical services to residents. The general practitioner(s) will visit according to the current arrangement to complete three-monthly reviews, admissions and see all residents of concern. Medications will be supplied by Lower Hutt Pharmacy. Residents and relatives will be informed about changing medications and their side effects. All over the counter vitamins, supplements or alternative therapies will be reviewed, and prescribed by the GPs.</p> <p>The clinical nurse manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a chef. All meals and baking are prepared and cooked off site at Cashmere Home by a qualified chef/cook. A visual inspection of the kitchen was completed, and the chef interviewed. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires March 2025. The five-weekly menus have been approved and reviewed by a registered dietitian in October 2023. Pure food moulds are used for modified food.</p> <p>There are kitchenhands on a morning shift and afternoon shift. The chef receives resident dietary profiles electronically via the resident management system and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food will be probed for temperature before transferred to the hot box for transfer from Cashmere Home to Cashmere Heights and then it is transferred to the bain-marie and served. The internal audit schedule includes a food service audit. The servery area is secure and fully functional, with all appliances and dishwasher retested for compliance. Dishes will be washed in the servery. Chemicals are stored safely.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as required. Snacks will be available 24/7 in the dementia unit, with daily plated sandwiches to be kept in the dementia unit fridge. Breakfast will be made in the dementia unit kitchenette. All appliances in the dementia unit, such as boiling water system, are not accessible.</p> <p>Family will be provided with opportunities to provide feedback on the meal service through family meetings and annual surveys.</p> <p>The chef stated they are involved in the activities theme months, particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The chef can</p>
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		<p>cater for cultural needs specific to te ao Māori.</p> <p>There is one big lounge sitting within the dementia unit and accessible by all wings. There is a sunlounge room that easily can be converted to a dining room for a more quieter space. There is a PSC Enliven policy 'Risk management for using a dining room with residents requiring dementia care', to ensure: the dining room layout allows for easy navigation and supervision of residents; the consideration of the arrangement of furniture to minimise congestion and allow for wheelchair access; there is a phased approach to admissions to determine the maximum capacity of the dining room based on its size and layout; and a process of the implement of a reservation or scheduling system to manage the number of residents present at any given time</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The facility across one level and is spacious. There is a building warrant of fitness 10 January 2025.</p> <p>There is a double door foyer. First door provides entry to the foyer by intercom and sign in for visitors and has a door release from the inside; staff can access through a swipe card. The second door provides access to the dementia unit. The second foyer door is still to be secured.</p> <p>The care centre is shaped as the letter U, with wing one and wing three down each side of a centralised foyer and atrium, with connecting offices, sun lounge, whānau room, main lounge and dining room. Wing two completes the U shape. There is a large, shared lounge with easy access from either side of the building.</p> <p>The funder has endorsed a 33-bed unit in a staged approach, with further consultation prior to opening of wing three.</p> <p>Wing one and wing two (total number of beds are 21) will serve as one unit to accommodate a stage approach of the first 18 residents.</p> <p>There is a total of 14 beds in wing one; all are single occupancy (room 1-14). Room 1 and 2; 4 and 8 share an ensuite between two rooms. Room 3 has a full ensuite. These rooms are classified as premium rooms. The rest of the rooms are standard rooms with a handbasin. There is a communal shower and two toilets that are sufficient for the number of residents in the wing. There are two seating alcoves and a sunroom at the</p>

	<p>end of wing one, with easy access to the outdoors.</p> <p>Wing two has seven bedrooms and all single occupancy (room 15-21). Room 22 has been converted into a lounge/whānau room. All rooms have handbasins. There is a communal shower and two toilets that are sufficient for the number of residents in the wing.</p> <p>Room 19 and 20 were still being refurbished.</p> <p>Phase two of the transition plan:</p> <p>Wing three has a further 11 bedrooms and will only be occupied with further consultation from the funder. However, there is a process where these rooms will be individually closed off; but the hallway still can be used. There was not yet a determination of where a second secure door will be placed and will only be determined when the numbers increase above 21.</p> <p>Room 25 is verified to be suitable as a shared room or couples' room. This room has two call bells and privacy curtains. PSC Enliven has a shared room policy in place. Room 26-30 are single occupancy rooms with a handbasin. There is a separate communal shower/toilet and another toilet available for use. There is access to the outdoors and walkway via a sunroom and access to the internal courtyard. There is a seating alcove in the hallway. Room 26,29 and 31 were still under refurbishment.</p> <p>Flowing soap, hand gel dispensers and paper towels were installed in all areas.</p> <p>The clinical director advised that the toilet seats will be changed to coloured toilet seats. Memory boxes are on order to provide cues.</p> <p>There is a servery kitchen adjacent to an open plan spacious main dining room/lounge. The funder is aware that there is only one main lounge/dining room area. The provider has documented mitigation risk strategies in place that sits within the Eden philosophy model of care should the numbers increase to more than 21 (see narrative in 3.5).</p> <p>There is a reception like desk opposite the dining room/main lounge where staff can sit and provide for ease of supervision over the lounge areas. There is a secure nurse's office behind the reception desk. There are handrails in the corridor to promote independence. Carpets and</p>
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	<p>flooring in communal areas are sufficient for residents with dementia and decrease depth perception.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Rooms are spacious and are similar in size (except those with ensembles) to provide for dementia care. Door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. The flooring is a mix of carpet and vinyl and provide for easy cleaning. All rooms (except those five under refurbishment) had a hospital bed (high/low), appropriate seating, wardrobe and soft furnishings in place. There is appropriate heating within the rooms that can be individually dialled by staff when required. There is appropriate lighting that minimise glare and a light above the bed. Rooms are light and windows have a security latch and stay on the inside. Rooms have appropriate call bells and plug in for sensor mats.</p> <p>There are handrails in ensembles, and communal bathrooms. Taps are of traditional appearance (separate hot and cold taps). The hallways are wide and include a number of sitting areas for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space in each new wing for storage of linen and continence products. There is plenty of space for medical equipment, and personal protective equipment storage with shelving.</p> <p>There is an enclosed internal courtyard that is accessible from the atrium where the dining room and main lounge is situated. There are communal toilets in the foyer area and off the lounge. The outdoor space has raised gardens, seating and shade. There is safe access to the outdoors, with a wide pathway around the building. There are secure gates at each end. The garden area is secure; however, the provider is in the process to secure the fence at two identified areas with the appropriate height and to deter from climbing. There are external lights.</p> <p>The building is nearly fully furnished. The service has all equipment for the facility in place. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme. There is a full-time maintenance person that shared his time between the two facilities. Reactive and preventative maintenance is in place. Hot water tests have</p>
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		<p>not been completed in resident areas. Essential contractors/tradespeople are available as required.</p> <p>The working group, with support from CAG and mini-CAG, provide assurance that the building reflect the aspirations and identity of Māori.</p> <p>There is increased lighting in hallways and communal areas; however, the provider stated they will review the lighting in the dining room/lounge</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The emergency management policy outlines the specific emergency response and evacuation requirements for each site as well as the duties/responsibilities of staff in the event of an emergency.</p> <p>An approved fire evacuation plan was not available on the day of the audit. The clinical director stated amendments are in the process to be added. There are not yet civil defence supplies, outbreak kits and first aid kits in key areas. There are processes documented in the policy to ensure the supplies are regularly checked. There is emergency water stored in two tanks in excess of 5,000 litres.</p> <p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and is included as part of the annual training programme.</p> <p>Key staff are required to hold a first aid certificate. The clinical manager, and enrolled nurses hold first aid certificates. All other staff will complete first aid training on induction; this will occur during the orientation week (link 2.4.4).</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The facility has a generator in the event of a power failure.</p> <p>The service has a van and this is shared with Cashmere Home. There is a policy that guide transfer of residents.</p> <p>The call bell system links to staff cell phones. Call bells are available in all resident areas (i.e. bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is a security policy in place. The front door is accessible through an intercom system; the second entry door to the dementia unit still needs to</p>

		be secured (link 4.1.2).
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the PSC Strategic plan and objectives of the quality and risk management plan.</p> <p>PSC Enliven provide expertise in IPC and AMS, with support from Health New Zealand Te Whatu Ora- Capital, Coast and Hutt Valley. There is an infection control committee scheduled to meet monthly as part of the quality meetings.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the clinical director through the reporting structure. On opening, monthly collation of data will be collected by the infection control nurse, trends are to be analysed and an agenda item at the relevant meetings. Internal benchmarking occurs across the organisation and externally with other aged care providers.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse, the organisation's clinical director, nurse consultants, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, the general practitioners, wound nurse, and Health New Zealand Te Whatu Ora - Capital, Coast and Hutt Valley when required.</p> <p>The clinical nurse manager will initially be the infection control nurse and has completed training for the role. There is a documented IPC role description.</p> <p>There are adequate resources to implement the infection control programme</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</p>	FA	<p>The designated infection control nurse (IC) is in the role for Cashmere Home and will oversee Cashmere Heights.</p> <p>There are policies in place to manage all aspects of infection control related to all areas of service delivery. The infection control policies</p>

<p>infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>include management of an outbreak and pandemic. The response plan is suitable to be extended to the dementia unit. The infection control programme has been approved by the governance body and link to the quality programme. There are clear escalation pathways and reporting structure in place for significant events. The infection control programme is reviewed quarterly.</p> <p>The infection control coordinator has completed external IPC training. There is good external support and advice available from the GPs, laboratory and microbiologist.</p> <p>There are not yet outbreak kits readily available for set up for the dementia unit (link 4.2.3). Personal protective equipment will be stored in the available storeroom once transferred after procurement. There are current supplies of extra PPE equipment as required. The IC nurse has input into the procurement of good quality PPE, medical and wound care products. Consumables will be checked for expiry dates as part of the internal audit system.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee and training and education of staff. Policies and procedures are reviewed annually by the clinical director, in consultation with infection control nurses. Policies are available to staff on the electronic library.</p> <p>Policies include aseptic techniques through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap and paper towels. Hand sanitisers were not yet fully installed in all the areas.</p> <p>There are policies and procedures in place around decontamination of reusable and use of single use equipment. There is a process documented to ensure shared equipment is appropriately disinfected between use. The service's IPC policies acknowledge the importance of providing information around infection control for Māori residents in te reo Māori and encourage culturally safe practices. Handwashing and sneeze etiquette posters can be accessed in te reo Māori. The Māori Health plan includes the importance of ensuring culturally safe practices in infection prevention. The IPC nurse has access to a Māori health advisor as</p>
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		<p>needed.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation when required. The service included the checking that appropriate cleaning processes occur through cleaning, environmental and maintenance of equipment audits. Cleaners are currently employed and are allocated to the dementia unit. Both received training in cleaning protocols and procedures and safe chemical use.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of the new staff orientation and included in the annual training plan. Competencies will be completed in the week of orientation and the proposed orientation includes PPE and handwashing competencies (link 2.4.4). Resident education will occur as part of the daily cares. Residents and families/whānau will be kept informed and updated on infection matters in emails, and newsletters.</p> <p>The IC nurse and clinical director had IC input into the refurbishment.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial will be evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. Currently, the organisation benchmarks antimicrobial use.</p> <p>Monthly infection control committee meetings will be used as an avenue to discuss antimicrobial use. The clinical nurse manager reports this to the clinical director. Prophylactic use of antibiotics is not considered to be appropriate. Judicious, careful and rational use of monotherapy will be encouraged.</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</p>	FA	<p>There is an established surveillance programme that is an integral part of the infection control programme (ICP). The ICP is extended to include the dementia unit.</p>

<p>the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections is entered into electronic infection register. All infections are reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs and is discussed at monthly infection control/quality meetings and reported to governance. Staff are informed of surveillance data.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service will receive email notifications and alerts from Health New Zealand Te Whatu Ora for any community concerns. There are communication pathways where staff, residents and family/whānau are notified of any infections.</p> <p>Visitors are requested to sign in through a screening process and health declaration at entry. There is an electronic sign in at the main entrance of the dementia unit. Ethnicity data is collected on the electronic resident management system and analysed by PSC Enliven. The data is used to inform future strategic planning and service delivery.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>The facility has a documented waste and hazardous management policy that conform to legislative and local council requirements. Policies include (but are not limited to) considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available on all chemicals and accessible in relevant places in the facility, including the laundry and cleaning storerooms. Waste management and infection control is a component of the annual mandatory training and included in</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>the initial orientation programme for new staff.</p> <p>There is enough PPE and equipment available such as aprons, gloves, and masks. This will be stored within the medical equipment storeroom.</p> <p>All laundry will be done offsite at the nearby Cashmere Home and transported in a modified van to the site. There is a separate entry where laundry will be received in bags and sorted by cleaner/household person. Residents' clothing will be labelled, and personals will be delivered from the laundry to their rooms using a basket trolley.</p> <p>The proposed draft roster evidence cleaning, and housekeeping services will be provided seven days a week in the dementia unit. There is a sluice room with appropriate PPE and eyewear. The use of commodes is discouraged. A list of cleaning duties will be available. There a documented policy related to cleaning and laundry practices.</p> <p>Cleaning products are dispensed from an in-line closed system. There is designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning trolleys are ready for use. There is a secure chemical storeroom near the sluice. Waste bins are available for transport of hazardous waste and can be transported to and from the facility using a separate entrance next to the kitchen. There is a folding and sorting area with enough bench space. A covered trolley will be used for the safe and hygienic transport of laundry items from the folding areas to the linen cupboards in the dementia unit.</p> <p>Visual inspection of the laundry in Cashmere Home has a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. The effectiveness of the cleaning and laundry processes are monitored through the internal audit system, with oversight from the IC nurse. The internal audits related to cleaning and laundry will be extended to include the dementia unit.</p> <p>Residents and families/whānau will have the opportunity to give feedback on cleaning and laundry services through annual satisfaction surveys.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>The PSC Enliven strategic plan describes the organisation`s commitment to provide a restraint-free environment in all their facilities. The 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>approval process is described in the restraint policy and procedures meet the requirements of safe restraint and aligns with Ngā Paerewa Standard 2021. The policy provides guidance on the safe use of restraints (updated May 2022). This policy includes guidance related to emergency restraint. The clinical nurse manager is the restraint coordinator and will provide support and oversight for restraint management in the facility.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</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	An induction week for new staff has been planned. This will include training courses based around policies and procedures and competencies/quizzes. All staff will complete a fire drill, and specific equipment training during these weeks. Registered nurses and enrolled nurses hold a current first aid certificate; HCAs will complete theirs during induction.	The induction week scheduled has yet to occur. During this week, all staff will complete required inductions packages, competencies, first aid and orientation to new equipment.	<p>Ensure staff commence and complete induction and competencies on opening of the facility</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of</p>	PA Low	There is a maintenance person that oversee the maintenance schedule. On observation, all equipment in the kitchen and rooms were in good condition; there was a process in place at the time of the audit to recheck all equipment in the kitchen and rooms, and clinical equipment to be verified for safety and compliance.	<p>(i). The process of checking of electrical equipment and other machinery/clinical equipment was not yet completed.</p> <p>(ii). Hot water tests have not been completed in resident</p>	<p>(i). All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks.</p> <p>(ii). Hot water tests have not been completed in</p>

peoples' cultures and supports cultural practices.			areas	resident areas
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Refurbishment was ongoing. Entry to the dementia unit is through a main door that leads to a foyer. The main door can be accessed by intercom for visitors or swipe card for staff. The door has a door release button accessible from the foyer. The second door that leads to the dementia unit still needs to be secured. At the time of the audit there were trades people attending to this. It was determined that as numbers increase, there will be a secure door placed at room 25 to divide the three wings in two units (one with 21 beds and one with 11 beds)</p> <p>There is a perimeter fence with two secure gates. The walkway on the outside of the building is level and promotes purposeful walking. There is easy access to the outdoors.</p> <p>There were two areas identified in the perimeter fence where climbing can occur. There was not yet a determination of where the second door within the facility will be placed.</p>	<p>(i). The second door that leads to the dementia unit needs to be secured.</p> <p>(ii). There are two identified areas in the perimeter fence where the fence needs to be heightened and shrubbery put in place to deter climbing.</p> <p>(iii). Room 19, 20, 26, 29, 31 was still to be refurbished.</p> <p>(iv). A secure door is yet to be placed at room 25 to close off the three wings in two units</p>	<p>Prior to occupancy days</p> <p>(i). Ensure the door that leads to the dementia unit (second foyer door) is secure.</p> <p>(ii). Ensure the perimeter fence is secure, of appropriate height with shrubbery to deter residents from climbing.</p> <p>(iii). Ensure 19 and 20 is refurbished prior to opening of phase one and the rest prior to opening when numbers increase above 21(in wing three)</p> <p>(iv). Ensure to place a secure internal door before the implementation of phase two when numbers increase to more than 21.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-</p>	PA Low	<p>An approved fire evacuation plan was not available on the day of the audit. The clinical director stated amendments are in the process to be added. Smoke alarms, sprinkler system</p>	<p>A fire evacuation plan is documented and has been lodged for approval with the New Zealand Fire Service</p>	<p>Ensure the fire evacuation scheme is approved.</p>

approved evacuation plan.		and exit signs are in place in the building.		Prior to occupancy days
<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>	PA Low	<p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in emergency management and a fire drill is to be completed for all staff, commencing at the induction prior to opening.</p> <p>There are emergency management policies that include contingency plans in case of IT failure. There are emergency flip charts in key areas with important contact numbers for staff to refer to. There are not yet civil defence supplies, outbreak kits as part of pandemic planning and first aid kits in key areas.</p>	<p>(i). Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.</p> <p>(ii). There are not yet civil defence supplies, outbreak kits as part of pandemic planning and first aid kits in key areas</p>	<p>(i). Ensure a fire drill and emergency management training is completed for new staff prior to opening.</p> <p>(ii). There are not yet civil defence supplies, outbreak kits as part of pandemic planning and first aid kits in key areas</p> <p>Prior to occupancy 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.