

# Nelson Bays Primary Health Trust - Golden Bay Community Health

## 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:

<b>Legal entity:</b>	Nelson Bays Primary Health Trust
<b>Premises audited:</b>	Golden Bay Community Health
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 9 April 2024      End date: 10 April 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	24

# Executive summary of the audit

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Golden Bay Community Health operates as part of the Nelson Bays Primary Health Organisation. The Golden Bay Community Health provides integrated health care services. There is a 24-bed rest home/hospital (geriatric and medical), one birthing unit and maternity bed, and five GP acute admission beds, including a respite bed and palliative care bed. There were 24 residents and one resident in the respite bed at the time of the audit. There were no clients using the birthing unit.

This surveillance audit was conducted for aged residential care and the maternity service against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora- Nelson Marlborough. The audit process included the review of residents/a client and staff files, observations, and interviews with residents/a client, family/whānau, management general practitioner and staff.

The service is managed by a general manager with quality and health services management experience. They are supported by a clinical director/general practitioner, two nurse managers, facility coordinator manager, and associate nurse manager. There are quality systems and processes being implemented. Feedback from residents/a client and family/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 all six previous certification shortfalls relating to monitoring of resident and whānau fridge temperatures. Shortfalls for maternity services included equipment and infection surveillance and in aged care, assessment timeframes and monitoring of restraints.

The surveillance audit identified no improvements required for the maternity services.

This surveillance audit identified further areas for improvement for aged residential care around the informed consent process; implementation of staff competencies; compulsory staff training topics; annual staff appraisals; and documentation of medication effectiveness.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service are partially attained and of low risk.
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Golden Bay Community Health provides an environment that supports resident and clients' rights and safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents/clients and family/whānau. Staff demonstrate an understanding of resident/client's rights and obligations. A Māori health plan is documented for the service. This service supports culturally safe care delivery to all residents/clients. Residents/ clients receive services in a manner that considers their dignity, privacy, and independence.

The rights of the resident/client and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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There is a strategic plan that includes mission and vision statements, organisational and service goals. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents/clients and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Health and safety is a focus of all meetings.

There is a documented policy for the development of the roster. There is a policy that guides staff education, required competencies and staff appraisals. A role specific orientation programme is in place.

## Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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The organisation provided a model of care that ensured holistic resident/client centred care was provided. Resident/client assessments informed care plan development. Care plans were implemented with input from the resident/client and family/whānau. The care plans contributed to achieving the resident/client goals. Staff who administered medication were competent to do so. The

food service catered for the resident/client's dietary needs and cultural requirements. The discharge and/or transfer of residents/clients was safely managed.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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Testing and calibration of equipment is completed as required. There is a current building warrant of fitness.

## **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 are fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme are in place. Education is provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed by the quality and clinical governance committee. Benchmarking occurs. There have been no outbreaks 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 are fully attained.
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The governing body was committed to eliminating the use of restraints. Where restraints were used, these were implemented with input from the resident. Care plans included sufficient information to ensure the restraint was initiated, monitored and reviewed in a safe manner.

## 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	15	0	4	0	0	0
Criteria	0	48	0	4	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori Plan is documented to guide practice and service provided to residents/clients at Golden Bay Community Health (GBCH). At the time of the audit there were residents who identified as Māori. Interviews with the management team (general manager, property and facilities manager, clinical director/GP, associate nurse manager (aged residential care), nurse manager (urgent care) and kitchen manager identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe.</p> <p>The service has provided training sessions on cultural safety/diversity in August 2023. Seven care staff (five healthcare assistants (HCAs), one registered midwife and one registered nurse (infection control nurse) were interviewed and described their commitment to supporting Māori residents/clients (if any) and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. Care plans for residential aged care reviewed evidence interventions are based on individual goals and strengths. The care plan reviewed for maternity evidence client's choice is respected.</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 organisation has a Pacific health plan and cultural policy that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. There were no Pacific residents on the day of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, will be documented. The resident and family/whānau will be encouraged to be present during the admission process, including completion of the initial care plan. All resident's individual cultural beliefs are documented in their care plan and activities plan. Maternity clients' cultural beliefs are taken into consideration and documented in the maternal care plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents/clients and their family/whānau. The associate nurse manager or registered nurses/midwives discuss aspects of the Code with residents/clients and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Seven residents (one hospital and five rest home), three family/whānau (one hospital and two rest home) and one maternity client (phone interview) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were observed to be respectful.</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>	FA	<p>Golden Bay Community Health policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document; sighted in the staff files. Staff completed abuse and neglect training as part of Code of Rights training. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the staff (seven care staff, one maintenance and one administrator) confirmed their understanding of professional boundaries, including the boundaries of their</p>

		role and responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	PA Low	<p>Aged care</p> <p>The informed consent process aligned with the Code. Residents and their family/whānau are actively involved in determining their plan of care, in accordance with the Code of Health and Disability Services Consumer's Rights 1996 and Health and Disability Services Standards. Residents are provided with the necessary information to make decisions in accordance with resident rights and their ability to exercise independence, choice and control. The informed consent policy stated 'General (non-clinical) consent for receiving care and service, displaying of photograph or name on door, involvement in social media (eg, Facebook page or newsletters), and going on outings, are included in the 'Admission Agreement.' This is uploaded into the online resident file for ease of access. The admission agreements were available on resident's file, but not the general consent form.</p> <p>At the time of the audit, residents were obtaining information and signing consent relating to the administration of the 2024 influenza vaccination. Observation during the audit verified that residents provided verbal consent prior to the administration of medications.</p> <p>Maternity</p> <p>Maternity clinical records documented that verbal consent was obtained prior to the administration of any medication, for the client or baby. Verbal consent was also obtained prior to suturing. Written consent was obtained prior to administration of Anti D. The midwife provided other examples of when consent was obtained, for example prior to using a nipple shield.</p> <p>Clients and residents confirmed they were provided suitable information and timeframes to enable informed consent for all aspects of their care.</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</p>	FA	<p>The complaints procedure is provided to residents/clients and family/whānau during the resident's/client's entry to the service. Complaint forms and a suggestion box are in a visible location within the facility. Residents/client or family/whānau making a complaint can involve an independent support</p>

<p>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>person in the process if they choose. There is a resident advocate available to support residents if required. 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. There was one complaint made in 2023 (since the last audit). The complaint reviewed has been acknowledged and addressed within the required timeframes and demonstrate management of the complaint was in accordance with guidelines set by the Health and Disability Commissioner. There have been no external complaints received since last audit in June 2022.</p> <p>Residents/clients and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings. Interview with the general manager confirmed their understanding of the complaints process. The general manager reported the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with family/whānau are preferred in resolving issues for Māori. Staff are informed of complaints (and any subsequent corrective actions) in the staff meeting (HCA forum and registered nurse meeting minutes sighted). Discussions with residents/client and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>There were no complaints received in relation to the maternity services provided.</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>	FA	<p>Golden Bay Community Health (GBCH) is an Integrated Family Health Centre in the remote area of Golden Bay. Golden Bay Community Health - Te Hauora o Mohua is part of Nelson Bays Primary Health organisation (NBPHO). The NBPHO oversee twenty-two general practices, including the integrated community Golden Bay site. The service provides care for up to 24 residents at rest home and hospital level care, five acute admission beds [including a palliative care bed/post-natal care bed and a respite care bed] and one maternity birthing suite.</p> <p>On day one of the audit, there were 24 residents in the aged care service (16 rest home level, including one resident on a younger person with a disability</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>(YPD) contract, and eight residents at hospital level of care. There was one resident on respite patient in the acute admission beds. Remaining residents were all on the age-related residential care contract. The post-natal beds have not been occupied in the last 18 months. There were 17 recorded births in 2023 and one in 2024, with post-natal care provided at home.</p> <p>GBCH has an overarching strategic plan with clear organisational and service goals. One of GBCH's key goals is to provide equity and proactive care across all its services, including aged care. The strategic plan (2022-2025) includes a mission statement and operational objectives with site specific goals related to facility development, workforce development, leadership, and governance. The overarching aim of the strategic plan is to meet all relevant standards and legislative guidelines and to ensure the service meets obligations under Te Tiriti. Outcomes to improve services and achieve equity for Māori is recognised in the strategic plan.</p> <p>There has been a change in the management team since the last audit. The general manager (non-clinical) has commenced their role in December 2022 and has been with GBCH for more than six years, previously in a quality role. The general manager is supported by a clinical director/GP, nurse manager (aged residential care), nurse manager (practice/acute care), associate nurse manager (aged residential care), property and facilities manager, and the kitchen manager. There is a clear reporting structure to the general manager. The operational goals of the strategic plan are reviewed quarterly.</p> <p>The nurse manager (ARC) has been appointed to their role in October 2023, with previous management in healthcare services. The nurse manager (ARC) was not available on the day of the audit.</p> <p>There is a clinical/quality governance committee that oversee clinical governance for the integrated practice. The clinical/quality governance committee meets monthly where several reports are presented and discussed. Gaps in service delivery are analysed and improvement plans are discussed. These improvement plans are cascaded to each area for implementation. The GBCH general manager reports to the Board of NBPH and includes monthly monitoring of GBCH's compliance with its policies and procedures on quality health and safety and relevant legislation and contractual requirements, as a part of its responsibilities.</p> <p>The general manager (previous registered nurse) has been in the role for since October 2022 and previously held a quality role at GBCH.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>GBCH has an established quality and risk management programme. Quality goals are documented as part of the strategic plan and reviewed quarterly. The nurse manager (practice) provides the quality leadership and oversee the implementation of the 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. Internal audits are completed as per the internal audit schedule. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours, pressure injuries and restraint) is collected, with evidence of data shared in quality and staff meetings. Clinical data related to aged residential care are benchmarked and reported through the clinical/quality governance committee.</p> <p>Golden Bay Community Health is accredited for Baby Friendly Hospital Initiative (BFHI).</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; internal audit results; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident and family/whānau satisfaction surveys are completed each year, and surveys completed in 2023 reflect high levels of resident and family/whānau satisfaction. This was also confirmed during interviews with residents and family/whānau. Maternity clients are provided with feedback forms on discharge from the service. One client interviewed stated they were satisfied with all aspects of service delivery.</p> <p>A health and safety system is being implemented with the support of the property and facilities manager in the role of health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually.</p> <p>Ten accident/incident forms reviewed (witnessed falls, unwitnessed falls, medication errors and behaviours of concern) indicated that the forms are completed in full and are signed off by a RN and the nurse manager. Incident</p>

		<p>and accident data is collated monthly and analysed by both the nurse manager and the general manager. Results are discussed in the staff and quality meetings. There were no incidents reported related to maternity services.</p> <p>Discussions with the general manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Two HealthCERT notifications were completed for change in management and one Section 31 was completed for an unexpected death (October 2023). In the absence of the nurse manager, the Section 31 form was not sighted on the day of the audit. There have been no outbreaks since the last audit. There has been no reporting required to the Health Quality and Safety Commission in relation to provision of maternity services.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, registered nurses, and 20 casual staff. The associate nurse manager performs the nurse manager's role in her absence. The staff have access to after-hours advice. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The nurse manager and associate nurse manager are available Monday to Friday. There is two registered nurses or a registered nurse and an enrolled nurse on in the morning and the afternoon with two RNs on at night, covering ARC , short stay and urgent care areas.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learn and clinical topics), which includes cultural awareness training. Staff attend regular cultural awareness training facilitated by the Māori cultural advisor (currently vacant) which includes the provision of safe cultural care, Māori world view and the Treaty of Waitangi.</p> <p>External training opportunities for care staff include training through the</p>

		<p>Nelson Bays Primary Health organisation and Health New Zealand-Nelson Marlborough</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen HCAs are employed and twenty casual HCAs. One of the managers is a Careerforce assessor. Fifty percent of HCAs have achieved a level 3 or level 4 NZQA qualification.</p> <p>The Golden Bay orientation programme and annual education programme ensure core competencies and compulsory knowledge/topics are addressed; however, not all of the compulsory competencies and key components of the orientation programme has been signed off as completed.</p> <p>All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete annual competencies for restraint; handwashing; correct use of personal protective equipment (PPE); cultural safety; and moving and handling, A record of completion is maintained on an electronic register; however, not all employees completed their annual competencies related to restraint, cultural safety, and correct use of PPE.</p> <p>Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Four RNs (including the nurse manager) are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available.</p> <p>There are 3.4 full time equivalent midwives employed to do antenatal and postnatal care in the community, attend home births, in facility births, and oversee postnatal care at home. Midwives have a caseload of approximately 40 clients each. There is a first and second on-call midwife rostered for the birthing unit at all times. The midwives have completed infection prevention education and attend education that meets the requirements of the Midwifery Council recertification programme. They have also completed four hours of breastfeeding education annually to comply with the Baby Friendly Hospital Initiative (BFHI).</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</p>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Professional registrations and annual practising certificates are kept on file (for GPs/NPs, occupational</p>



<p>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>therapist, physiotherapist, dietitian, registered nurses, midwives). There is an appraisal policy documented; however, not all staff who had been employed for over one year have an annual appraisal completed as per policy. The children's worker safety as a requirement of the Vulnerable Children Act 2014 has been completed for the midwives.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying over ten shifts when first employed. Competencies are required to be completed at orientation as part of the key topic training components; however, not all newly employed staff for residential aged care have completed the relevant compulsory training components and competencies at orientation (link 2.3.3).</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>	FA	<p>Age Care</p> <p>Residents had individualised support provided that met their physical, cultural, spiritual, and social dimensions of their wellbeing. The documented assessments demonstrated that the resident's holistic wellbeing was considered and included, for example skin integrity; pain; falls risk; sleep patterns; and behaviour. Clinical records verified that a registered nurse had completed the assessments and developed an individualised care plan for all residents, reflecting their goals and strengths.</p> <p>Six clinical records for aged residential care were sampled (three rest home including a resident on a YPD contract and three hospital) and confirmed that residents had admission assessments, initial care plans, interRAI assessments and reviews (except the YPD resident), and long-term care-plans were developed and reviewed within the contractually required timeframes. The previously identified shortfall (3.2.1) relating to ensuring initial assessments, interRAI assessments and care plan development is completed within the required timeframes, has been addressed. Interventions documented in the clinical records reviewed, were sufficiently documented to ensure all their needs are met. The previously identified area (3.2.2) related to appropriate oral care interventions has been addressed. Care plan evaluations were completed and evidence progress towards meeting goals. Care plans were updated at the time of review or earlier as care needs changed.</p>

		<p>Progress notes, observation during the audit and interview with the resident's, confirmed that assessments and care plans had been developed in collaboration with the resident and/or family/whānau as required. Progress notes documented the resident's daily activities and any observed changes in health status or behaviour. Staff stated that changes in a resident's behaviour were considered an early warning sign of a residents change in health status.</p> <p>Monthly vital signs and the weight of residents were completed. Any required monitoring has been fully implemented. Where progress was different to that expected, or the resident had displayed signs or symptoms of illness, vital signs were documented, and further assessments were performed as appropriate. The registered nurse notified the general practitioner (GP) or nurse practitioner (NP) in a timely manner if required and this was verified by the GP (clinical director). Short-term care plans were utilised for short-term acute issues and signed off when resolved. Incident reports reviewed evidenced timely RN follow up and investigations. Neurological observations were completed for all unwitnessed falls.</p> <p>Staff interviewed confirmed they have all the equipment and consumables available for provision of care. There were two stage II pressure injuries documented in the wound register and the provision of pressure relieving strategies were documented in the care plans and implemented. Wound care plans and associated documents were appropriately utilised and completed where required.</p> <p>Medical oversight of the residents was provided by the integrated GP practice, which consisted of a team of GPs and two NPs. Each resident had a named GP or NP to enable continuity of care. Clinical records, the GP and the associate nurse manager confirmed that residents were seen and medically assessed at least every three months.</p> <p>The GP stated that Golden Bay Community Health had strong relationships with other health services (eg, the gerontology service), which resulted in an integrated service that benefited the health of the resident.</p> <p>Residents and family/whānau advised they were satisfied with the provision of care, and that they were included in care planning and decision making. Family/whānau also confirmed they were updated of the resident's health and wellbeing.</p>
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		<p>Maternity Service</p> <p>Clients admitted to the maternity unit had assessments and notations in their clinical record that pertained to the physical, cultural, spiritual, and social dimensions of their wellbeing. The one clinical record sampled confirmed that a registered midwife planned their care in partnership with the client and other relevant disciplines (eg, the obstetric team). The record included assessment and resultant interventions to achieve the client's goals. The client's life experiences, cultural and spiritual beliefs had been documented by the midwife. Each client/midwife interaction was documented, and the care plan and interventions updated as required. The midwife was responsible for documenting the client and baby early warning scores, and the midwife did not handover postnatal care to the nursing team unless the client and baby had stable vital signs that were within normal parameters.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>An electronic programme was used for the prescribing and recording of the administration of medication. Medications were dispensed by the pharmacy using a pre-packaged system. Twelve medication charts were reviewed.</p> <p>A staff member of the Golden Bay Community Hospital returned unwanted medications and collected required medications from the local pharmacy on business days. Controlled medications were delivered to the hospital by the pharmacy as required. A registered nurse checked the medications prior to them being placed in the medication trolley. Medication administration was performed by registered nurses and HCAs who had completed the annual medication competency programme.</p> <p>Medications, including the medication trolley, was kept in a locked room. Controlled medications were stored appropriately and documentation of these reflected legislative requirements. The medication fridge was temperature monitored, and the medication room was temperature controlled by an air-conditioning unit set at 22 degrees Celsius.</p> <p>A quality improvement project was in progress at the time of the audit relating to the rationalisation of stock supply medications held for the hospital residents. The clinical director and associate nurse manager were leading the project.</p> <p>All medication prescriptions included the documentation of allergies and</p>

		<p>sensitivities. An improvement in the documentation of the effectiveness of pro re nata (PRN) medications is required.</p> <p>The Golden Bay Health Services medication policy was valid for the aged residential care service and the maternity service. The policy documented the medication self-administration process. There was one resident in the rest-home self-administering medication who had been assessed as competent to manage this by a registered nurse and the GP. This was documented on the resident's medication chart. The medication was stored safely in the resident's room. The resident maintained a record of the name, date, and time medication was taken.</p> <p>Standing orders were not used in the aged care or maternity service.</p> <p>Maternity Service</p> <p>Medications were prescribed on the national one-day medication chart. The two charts sampled reflected current recommended best practice, legislative requirements, and included documentation of allergies/sensitivities. A medication fridge was in the locked midwives' office. Daily temperature monitoring of the fridge had been recorded. Medications used in the maternity service were stored in a locked cupboard in the birthing room. Emergency medications were clearly labelled and documented emergency procedures were kept with the medication to enable the safe administration and monitoring of the medication.</p> <p>The blood product Anti D was stored in a cold chain approved fridge in the GP/urgent care practice. The process to access, prescribe, gain consent, administer, and record the batch number reflected the New Zealand Blood Service (NZBS) policy. Fractionated plasma products were not used in this service.</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>	FA	<p>A dietary profile of the aged residential care resident's needs was completed in consultation with the resident and family/whānau. A copy of the profile was kept in the kitchen and in the clinical record. The cook and healthcare assistants were familiar with the individual requirements and preferences of each resident. The menu catered for persons with specific dietary requirements and/or preferences (eg, diabetes, vegetarian, dairy free and modified food textures).</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>Midwives notified the kitchen staff when a maternity client had been admitted, and this notification included the client's dietary needs and preferences. A selection of snacks and light meals was available 24 hours per day for the maternity client/s.</p> <p>The fridges and freezers in the kitchen had documentation to verify that they were temperature monitored. Fridges in communal areas (e, the whanau room and rest home resident's bedrooms) also had temperature monitoring records. The previously identified area (3.5.6) requiring improvement relating to fridge temperature recording has been addressed.</p> <p>There was a current food control plan that was valid until 30 June 2024.</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>Aged care residents requiring an acute transfer were referred to the on-call GP or NP by the registered nurse on duty. The GP or NP made the referral via the GP practice software. The aged care registered nurse on duty arranged the transport of the resident via the ambulance service. A handover of care was provided to the ambulance staff and documents were provided that supported continuity of care (eg, medication files, recent progress notes and the care plan). The registered nurse notified the family/ whānau of the situation.</p> <p>Planned discharges were coordinated by the nurse manager and GP/NP, in collaboration with the resident and family/whānau.</p> <p>Maternity</p> <p>The client and support persons were advised of transfer indications and the discharge policy prior to admission by their midwife. Transfers to the secondary service occurred due to an acute care need of the client or/and the neonate. These transfers were coordinated by the midwife, with the support of the back-up midwife, or a facility staff member as required, in consultation with the secondary service and with the consent of the client.</p> <p>Planned discharges were part of the continuum of care commencing on admission, and this was confirmed in the clinical record sampled and during staff interviews. The plan had been developed in collaboration with the midwife, client and support person/whānau.</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>	FA	<p>The building had a warrant of fitness certificate that expires on 24 June 2024. There is a maintenance person (interviewed) that oversees the preventative maintenance plan. There is a fire suppression and alert system that is checked by an external agency each month; records were sighted to verify. Electrical equipment is tested and tagged annually. In the aged care unit, hoists are checked and calibrated annually; confirmed by tags sighted. Medical equipment in the aged care and maternity unit, including oxygen concentrators, electric beds, air mattresses, infant resuscitaire and scales, had tags and/or reports to confirm that calibration had been performed within the past year. Hot water temperatures are monitored monthly; records sighted evidence temperatures were within the required parameters.</p> <p>The maternity unit had an infant resuscitaire with medical air. A cardiotocograph (CTG) was available. The previous finding (4.1.1) related to the availability of appropriate equipment for the maternity unit, 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>A RN oversees infection control and prevention across the service. The infection control nurse has completed infection control training. The infection control nurse has access to education and all organisational policies are available to staff.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed three yearly, with input and approval by the clinical quality governance committee and external consultant for aged care. Infection data are gathered and analysed for trends. Aged care infections are benchmarked. The clinical/quality governance committee discuss any improvements required and cascades the improvement plans to the nurse managers to implement and sign off when completed. The implemented infection control programme is reviewed annually by the clinical/quality governance committee.</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 staff orientation and included in the annual training plan. All staff have</p>

		<p>completed hand hygiene training; however, not all newly employed staff have completed the infection control component at orientation, including the correct use of personal protective equipment (PPE), and not all staff have completed an annual competency related to the correct use of PPE (link 2.3.3).</p> <p>There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Resident education occurs as part of the daily cares.</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>Surveillance of healthcare associated infections in the aged care unit of the GBHC is appropriate to the size and type of service. The surveillance programme is documented, and standard definitions are used relating to the type of infection acquired.</p> <p>The infection control nurse reports the collated and analysed surveillance of aged care data/ maternity data (when available) and report at clinical/quality and governance meetings. Trends and possible causative factors are discussed and plans to reduce causative factors are developed. The service captures ethnicity data as a part of the surveillance report for aged care.</p> <p>Maternity infections are included as an agenda item to report on in the monthly clinical/quality governance committee meetings. The infection control nurse and general manager reported there have not been any post-natal beds used in the last 18 months and no infections were reported. There is a reporting mechanism for the surveillance of maternal infections should this occur. The previous finding (5.4.1) related to the collation of maternal infection data has been addressed.</p> <p>Since the last audit, there has been no outbreaks.</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>	FA	<p>The governance body is committed to eliminate restraint in the service, as documented in the strategic plan. This was evidenced in the Board approved restraint policy that provided for restraint alternatives for staff to consider. Restraint numbers are reported to the Board at monthly meetings. There were five residents (four hospital and one rest home resident) using restraint.</p> <p>Although staff discussed the types of restraints in use, and the monitoring requirements, there was no documented evidence that staff received training</p>

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		<p>in all aspects of restraint management. Restraint competencies were not current (link 2.3.3).</p> <p>This standard is not applicable to maternity services.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>There were five residents using a restraint during the audit; all of which were bedrails. A restraint register was maintained in the electronic records management system. Two of the residents who were using a restraint were interviewed; both stated they wanted/requested the bed rails because it made them feel safe and secure. One resident advised that the request was initiated in response to a previous fall out of bed.</p> <p>Two clinical records sampled documented the type of restraint and the rationale for its use, the timeframes the restraint was to be used, and the monitoring requirements. All restraints in use were reviewed and evaluated monthly at the quality and clinical governance committee meeting. Restraint monitoring records were maintained in paper format and kept at the resident's bedside. Review of these confirmed that monitoring had occurred as per the care plan and the resident's risk assessment. The previously identified area requiring improvement (6.2.4) relating to restraint monitoring, has been addressed.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Low	The informed consent policy stated 'General (non-clinical) consent for receiving care and service, displaying of photograph or name on door, involvement in social media (eg, Facebook page or newsletters), and going on outings are included in the 'Admission Agreement'. This is uploaded into the online resident file for ease of access. However, the admission agreement was available on the resident's file, but not the general consent form.	A signed general consent form was not present in the aged care resident records reviewed.	<p>Ensure the signed informed consent form is available and accessible at all times.</p> <p>90 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health</p>	PA Low	There is a staff training policy (HR29) that includes the required competencies to be completed and include personal protective equipment (PPE) competency, hand hygiene, restraint, and manual handling.	(i). Four HCAs and one RN employed in the last nine months have not completed restraint competencies or restraint training, infection control training including PPE competencies,	(i)-(ii) Ensure competencies and training topics related to compulsory competencies are

care and support workers to meet the needs of people equitably.		<p>There is a schedule of competencies and training available with dates of when staff have completed their competencies. The nurse manager ensures staff are alerted to when their competencies are due; however, not all competencies have been completed as planned.</p> <p>All staff have completed Code of Rights; food safety handling; chemical safety; manual handling and transfer training; health and safety; and fire training. All RNs and two HCAs are medication competent.</p>	<p>and Te Tiriti/tikanga training at orientation and since commencement of employment.</p> <p>(ii). Two HCAs employed for longer than 12 months had competencies and training last completed in June 2022 related to correct use of PPE, cultural safety, restraint for staff employed more than 12 months.</p>	<p>completed as required.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>There is a policy that guides the requirements around staff appraisals. There is a specific form for each position. Two files were reviewed for staff working more than 12 months, and both did not have a performance appraisal for 2023.</p>	<p>Two HCAs employed for longer than 12 months did not have a performance appraisal on file for 2023.</p>	<p>Ensure performance appraisals are completed annually for all staff.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Twelve medication records in the aged residential service were sampled, and all of these records had a PRN medication prescribed and administered. The documentation of the effectiveness of the medication administered was inconsistently documented in all records sampled. For example, in two of the records sampled, there was in excess of six episodes of a PRN medication being administered; however, only two of the administered doses had the effectiveness documented.</p>	<p>The effectiveness of PRN medications administered is not consistently documented.</p>	<p>Ensure the effectiveness of PRN medications administered is consistently documented.</p> <p>90 days</p>

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.