

# Residential Management Limited - Terence Kennedy House

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## Introduction

This report records the results of a Certification 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>	Residential Management Limited
<b>Premises audited:</b>	Terence Kennedy House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 April 2024    End date: 19 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>	39

# Executive summary of the audit

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## Introduction

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

- ō 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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

## General overview of the audit

Terence Kennedy House is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 45 residents. There were 39 residents on the days of audit.

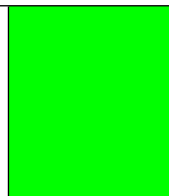
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora Waitemata. The audit process included the review of policies and procedures, residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The hospital manager (non-clinical) is appropriately qualified and experienced and is supported by a clinical manager and the general manager (director). There are quality systems and processes documented. Residents and families/whānau interviewed were very satisfied with the care and the services provided. An induction and orientation programme is in place with an ongoing in-service education programme implemented.

This audit identified improvements required to the quality programme; evidence that residents and family/whānau had been involved in care planning; medication management; food safety; planned/preventative maintenance; and the inclusion of ethnicity data with surveillance data.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



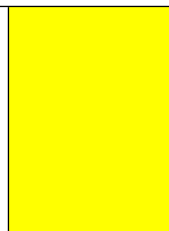
Subsections applicable to this service fully attained.

Terence Kennedy House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented, and managers and staff work collaboratively with others in the community to embrace, support, and encourage a Māori worldview of health and to provide high-quality and effective services for residents. This service also supports culturally safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen to and respect the opinions of the residents and effectively communicate with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, with evidence of investigation and discussions with the complainants.

## Hunga mahi me te hanganga | Workforce and structure

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



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

Terence Kennedy House has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business, quality and risk management plan inform the site-specific operational objectives which are reviewed on a regular basis. Quality and risk data is tabled at staff meetings and reported to the management (governance) team.

There are human resources policies that include recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Terrence Kennedy House has an admission package available prior to, or on entry to the service. The hospital manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All the rooms are single occupancy and have full ensuite. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents, managers, staff, and visitors. The infection control programme is implemented. Information and resources are provided to staff and to residents as required. Information and training around infection prevention and control is provided to staff and documentation evidenced that this was part of staff orientation and the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Antimicrobial usage is monitored and reported on.

A pandemic and outbreak management plan is in place, including a Covid-19 response procedure. The internal audit system monitors for a safe environment. There has been one Covid-19 outbreak in the past year.

Documented processes are in place for the management of waste and hazardous substances. Policies and procedures for the cleaning and laundry services are in place, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis.

### 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	24	0	4	1	0	0
Criteria	0	172	0	4	1	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff members who identified as Māori. Terence Kennedy House is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and these are documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have completed a cultural competency and training around Te Tiriti o Waitangi. Terence Kennedy House evidenced a commitment to a culturally diverse workforce in the business plan, Māori health plan and equitable recruitment processes.</p> <p>Terence Kennedy House has committed to partnering with Māori providers, including Matua Hakiha – Ngāti Awa, Ngai Tuhoe, a kaumatua from Hospice West Auckland, and a rongoā Māori practitioner for guidance and support. The service also has links with Māori staff and external providers who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident’s care planning, their activities and their dietary needs.</p>

		<p>The service has signage throughout in Māori and Te Tiriti o Waitangi is displayed in Māori and English with pamphlets around The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the philosophy of care in Māori. There is an implemented Māori Health Assessment on the electronic resident management system. Recruitment advertisements encourage Māori to apply using Māori wording. Māori team members are encouraged and permitted to take leave during Matariki without the required notice period.</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>	<p>FA</p>	<p>The cultural, Samoan, Tongan and Cook Island policies and procedures commit to treating people equally, regardless of their difference in culture; of treating the whole person by sharing respect, meaning, knowledge and experience; and of providing specific cultural support for Pacific people as per their individual cultural needs. All residents inform the service of their ethnicity on admission. There were residents who identified as Pasifika at the time of the audit. Files of residents who identify as Pasifika include individualised cultural needs that reflect the Pacific Island they come from.</p> <p>At the time of the audit there were staff who identified as Pasifika. They are predominantly long serving Pacific team members who are connected within the local community and they are available for guidance if required. When interviewed, the Pacific staff confirmed that they can also get support from other providers and churches in the community if required. Pamphlets around the Code are available in Pacific languages.</p> <p>Interviews with 13 staff (four HCAs, two registered nurses (RN), one activities coordinator, a chef, one kitchenhand, one laundry staff, one maintenance staff, the hospital administrator, one property manager), four managers (including the general manager (director), hospital manager, clinical manager and village manager) and documentation reviewed identified that the service provides person centred care.</p> <p>Terence Kennedy House partners with their Pacific employees to</p>

		ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people to improve outcomes. A Pacific plan has been developed and implemented in partnership with Pacific communities and is underpinned by Pacific voices and Pacific models of care.
<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 and their family/whānau. The clinical manager, supported by the registered nurses (RNs), discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Information on the Nationwide Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Ten residents (two rest home and eight hospital) and three family/whānau (hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>Healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Residents interviewed stated they had choice.</p>

<p>experiences.</p>		<p>The Terence Kennedy House annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. Te reo Māori is promoted in the workplace and opportunities are created for residents and staff to participate in te ao Māori. Staff complete a cultural competency and training around Te Tiriti o Waitangi, both of which encompass tikanga Māori and equitable healthcare. The RNs interviewed confirmed that when Māori residents are admitted, the service would actively support Māori by identifying needs and aspirations through a cultural assessment process and this was sighted in care plans reviewed.</p> <p>Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names.</p> <p>Information about resident's values and beliefs is gathered on admission with family/whānau involvement, and this information is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. Terence Kennedy House policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity, with one observed</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>taking place on the day of audit.</p> <p>Policies address the elimination of discrimination, harassment, and bullying, including the discrimination racism human rights sexual harassment policy. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are educated at orientation and annually on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, and the code of conduct. Training also includes workplace bullying, harassment and discrimination, and professional boundaries.</p> <p>Staff interviewed understood the concept of institutional racism and stated that they had received training as listed above. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre-employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with registered nurses (RNs) and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Meeting minutes and the staff survey results evidenced a supportive working environment that promotes teamwork. The service promotes a holistic model of health which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information on the services provided is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents and complaints alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident, and communication is also documented in the progress notes. Resident files reviewed identified that family/whānau are kept informed of any changes, and this was confirmed through the interviews with family/whānau. Seventeen accident and incident forms reviewed confirmed that</p>

		<p>family/whānau were specifically informed of this in a timely manner. Family/whānau confirmed that they were kept up to date with any concerns or incidents/accidents with notification as soon as this had occurred.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used when indicated. At the time of the audit, there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical manager and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirmed they know what is happening within the facility through emails, regular newsletters, resident and family meetings, and through involvement in development and review of care plans.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to</p>	<p>FA</p>	<p>There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately, either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The advance directive policy and the end-of-life policy have been implemented. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorney were activated when required, and all associated documentation was evident in resident files. The GP, clinical manager and other managers and staff provide information and</p>

<p>exercise independence, choice, and control.</p>		<p>cares related to end of life choices, with family/whānau interviewed congratulating all on the personalised and compassionate care and support provided.</p> <p>The service follows relevant best practice tikanga guidelines and welcomes the involvement of family/whānau in decision making, when the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's 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 response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service and complaints forms are available at the entrance to the facility. Discussions with residents and family/whānau confirmed they were provided with information on complaints.</p> <p>The hospital manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints were logged on a register and allocated a risk severity rating. There have been two complaints logged in the register in 2023 and none in 2024 year to date. All complaints reviewed included acknowledgement and investigation in two to three days, with follow up and replies to the complainant. Complainants are made aware of other avenues of support when they are not satisfied with the outcome of an investigation. There have been no complaints received from external agencies.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held where concerns can be raised. Family/whānau confirmed during interview that management are available to listen to concerns and act promptly on issues raised, with two interviewed confirming that concerns they had raised had been dealt with the next day. Residents or family/whānau making a complaint can</p>

		<p>involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Contact details for interpreters were available. The hospital manager acknowledged their understanding that Māori prefer face-to-face communication and often wish to include family/whānau participation in the complaints process.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) as part of the staff meetings (meeting minutes sighted).</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, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Terence Kennedy House is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 45 residents in dual purpose beds. There were 39 residents on the days of audit, including nine residents using rest home level of care and 30 at hospital level, including one resident on an ACC contract and one on a long term support-chronic health care (LTS-CHC) contract. All other residents were under the aged related residential care (ARRC) contract.</p> <p>Terence Kennedy House was incorporated on 9 August 2000 and has a well-established organisational structure. The governance team has four directors, one of whom is the general manager (GM). The GM has 18 years' experience in aged care and attends continual training via external organisations to keep up to date with legislation and requirements. Terence Kennedy House is a member of the Aged Care Association (ACA) and the GM attends education and training sessions conducted by the ACA. The governance team continually works with the hospital and clinical managers to ensure that the service is meeting Nga Paerewa Standard and current legislation. If required, external expertise would be sought and contracted to assist. The clinical governance structure in place is appropriate to the size and complexity of the service provision.</p> <p>The organisation has recently convened a monthly management meeting that includes the directors, the village manager, accountant and legal counsel, along with the hospital manager. The clinical manager is invited to attend as required. The management team</p>



		<p>ensures that the necessary resources, systems and processes are in place that support effective governance and service delivery. These include operations, mitigation of risks and a focus on continuous quality improvement. Members of the management team and governing group have completed training provided on Te Tiriti o Waitangi, health equity, and cultural safety. All members have the required skills to support effective governance over operational, clinical services, and quality of resident care.</p> <p>There is a business, quality and risk management plan and programme documented. The organisation philosophy reflects a resident and family/whānau centred approach to all services. The philosophy of care at Terence Kennedy House is a belief that ‘each resident is a unique person who possesses his or her own individual physical, psychological, emotional, spiritual and cultural needs. Respect of these needs is a major cornerstone of our care.’</p> <p>Policies and plans reflect a leadership commitment to collaborate with Māori, with strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated. Cultural safety is embedded within the business and quality plan and staff training.</p> <p>The governance group and management team provide leadership for ensuring the business, quality and risk management plan is implemented and for leadership for the quality programme.</p> <p>The hospital manager (non-clinical) has been in the role at this service for four years, with 15 years’ experience in aged care in Australia and New Zealand. They attend relevant conferences and training related to their role and to aged care, including the ACA – Managers and Aspiring Leaders in Aged Care training. The hospital manager is supported by the clinical manager, who has been in the role at Terence Kennedy House for over four years, with a further five years in other aged care services. All managers have completed the required training hours related to the management of a care facility.</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>	<p>PA Low</p>	<p>The current business, quality and risk management plan describes specific and measurable goals that are reviewed annually. Quality goals for 2024 are related to all aspects of operations. A new quality plan is in draft, and this includes key performance indicators and goals related to quality improvement. The hospital manager has been submitting a monthly report to the management team since January 2024 with risks escalated, tabled and discussed.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of data. The monthly staff meeting includes all staff and managers and covers all aspects of the quality and risk programme. Data is tabled; however, there is insufficient evidence of discussion about the data, evaluation of progress against quality outcomes, or use of trend analysis to improve services. RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Meeting minutes were documented and included collation of data. Corrective actions were documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. An external consultant reviews all policies, with these updated to reflect practice at Terence Kennedy House if required. As an organisation that includes a sister site (also in Auckland), there is now a dedicated team member (human resource and payroll administrator) to oversee the system of review of policies and procedures. Managers and administrators have delegated tasks to ensure the policies and procedures are up to date, accurate and relevant. A document control system is in place. Staff are informed of policy changes through meetings and notices. The comprehensive suite of policies and procedures guides staff in the provision of care and</p>
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		<p>services.</p> <p>A resident and family/whānau satisfaction survey was completed in March 2024 and again in September 2024, as there was a low return rate in March. Both surveys evidenced a high level of overall satisfaction related to the areas surveyed. A summary of the data is recorded; however, there is no evidence that data was used to improve service delivery.</p> <p>A health and safety system is in place. Health and safety is discussed at the staff meeting and a summary of health and safety is reported to the management meeting for discussion. Staff representatives attend the meeting and can raise issues from other staff if required. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed. Health and safety policies are implemented and monitored by the health and safety committee (staff meeting).</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, as evidenced in the 17 accident/incident forms reviewed. Results are confirmed by staff and managers interviewed, as being discussed in the staff meetings and at handover. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed related to lack of RNs on shift (9 in 2022, 46 in 2023 and 9 in 2024 year to date). The last notification was completed in February 2024. There has been one Covid-19 outbreak reported in the past year. The outbreaks were reported to health authorities appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>resident acuity. The hospital and clinical managers both work 40 hours per week Monday to Friday. The managers are on-call 24/7, with the hospital manager escalating any clinical issues to the clinical manager if they are the one on call first. There have been shifts that have not been able to be fully staffed with RNs in 2022, 2023 and to February 2024. The service now has a full complement of RNs and there have been no further gaps in staffing since that time. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents.</p> <p>The rosters reviewed evidenced RN cover 24/7. The number of HCAs on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are separate staff dedicated to activities, cleaning, and laundry for seven days a week. Maintenance staff are available over five days. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews. Residents interviewed confirmed that their care requirements are addressed in a timely manner. There is a staff member with a first aid certificate on each shift.</p> <p>A hospital administrator was employed in 2023 to assist the hospital manager; and a shift co-ordinator position was filled in April 2024 to assist RNs in the mornings; weekdays only.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training completed at orientation and annually with competencies completed for Te Tiriti, equity and cultural safety. All staff have been enrolled with Te Whatu Ora online learning platform Ko Awatea, with paid support to complete modules one and two, Tiriti o Waitangi. There have been cultural policy toolbox education sessions for staff over the past year with a bespoke Māori culture and protocol practices workshop delivered by the kaumātua. A dedicated noticeboard provides staff with up-to-date information on te ao Māori (eg, tangihanga practices and commonly used words in Māori).</p> <p>All staff files reviewed evidenced completion of the competencies. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed</p>
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		<p>that they were provided with resources during their cultural training. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 24 HCAs employed in total. Two HCAs have achieved level two, five have completed level three, and nine have completed level four NZQA qualification. Eight are currently not qualified; however, one is in training and one is enrolled in the NZQA programme. External training opportunities for care staff, including RNs, include training through Health New Zealand, Hospice and from the pharmacist.</p> <p>A professional development policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific competencies that include medication, restraint, manual handling, and infection prevention and control. Two of the five RNs and the clinical manager are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control, including Covid-19 preparedness; end of life and palliative care; and dementia. All HCAs are required to complete annual competencies, including (but not limited to) restraint; moving and handling; hand hygiene; and personal protective equipment (PPE) donning and doffing. A selection of HCAs have completed medication administration competencies and 'second checker' competencies. A record of completion is maintained.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff have access to an Employee Assistance Programme (EAP). The staff and management collaborate to ensure that there is a positive workplace culture. Implementation of the Human Force rostering/timekeeping system, allow staff to be responsible for their own rostering/attendance requirements, including being educated on leave entitlements. There are also 'morning encouragements', which are positive thoughts to encourage and motivate staff.</p>
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<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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Terence Kennedy House managers are supported by the GM for recruitment processes. Eight staff files were reviewed (the clinical manager, two RNs, three HCAs, one HCA shift coordinator, and one chef), and evidenced implementation of the recruitment process, employment contracts, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were completed as per the appraisal schedule. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A new staff member confirmed that they were buddied and supported with an orientation to all shifts. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Documentation is archived following the passing of a resident. The</p>

		service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The hospital manager and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Terence Kennedy House is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.</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>	FA	Seven files were reviewed for this audit: five hospital residents (including one resident on ACC funding, and one resident on a LTS-CHC contract), and two rest home residents. The clinical manager and the registered nurses are responsible for conducting all assessments and for the development of care plans. Residents and

<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>	<p>family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the electronic files reviewed.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (including those under ACC and LTS-CHC contracts) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A general practitioner (GP) from a contracted local practice ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. Residents can retain their own GP if they choose to. The GP provides on-call service for after hours until 10pm and visits the facility twice a week for clinics. The clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Terence Kennedy House. The GP was complimentary of the clinical assessment skills, as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for three hours a week. A podiatrist</p>
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	<p>visits six to eight-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by healthcare assistants and registered nurses. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were seven residents with wounds, including two pressure injuries (one stage III and one stage II) on the day of audit. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist can be accessed for input to chronic wounds and pressure injuries. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries</p>
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		according to policy.
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  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>	FA	<p>There is one activities coordinator who provide activities full time during the weekdays. They have current first aid certificates. The programme is supported by the healthcare assistants, and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. A copy of the monthly calendar is delivered to each resident and placed in large print on the noticeboards in all areas. There is a monthly newsletter which captures events and activities to keep residents, family/whānau updated. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-based activities are offered. There are lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, books and specific resources.</p> <p>A resident's social and cultural profile in the electronic resident management system, includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are regular van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p>

		<p>There are resident meetings planned monthly with minutes available to residents, and family/whānau. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. Terrence Kennedy House uses rolls for regular use and bottles and packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were two residents self-medicating inhalers on the days of audit, with safe storage of the medicines observed. Both residents have the appropriate assessment, competency, and reviews on file.</p> <p>Pro re nata (PRN) medications are administered as prescribed;</p>

		<p>however, effectiveness has not been documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</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>PA Low</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in July 2024. Dry ingredients were decanted into containers for ease of access; however, not all dry goods evidenced a decanting and/or expiry date. Not all food stored in the chiller had dates of opening / expiry on the containers.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian (22 July 2023). The chef is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whanau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well</p>

		<p>presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are plated and served directly to residents in the dining room or transported using the hot box to those in the rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area as well as the rooms, and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The clinical manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
Subsection 4.1: The facility	PA Low	The building holds a current warrant of fitness which expires 1 June

<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>2024. There is an experienced maintenance person (interviewed) who works full time five days a week to address day to day repairs and completed planned maintenance. They are supported by a full-time gardener who manages gardens across the village and Terrence Kennedy House. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (next due November 2024); however, there is no evidence of completion or sign off of scheduled tasks on the preventative plan when completed. Monthly testing of hot water temperatures occurs; however, where the temperature recordings were out of expected range, there is no evidence of corrective actions being put in place. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned and is next due in November 2024.</p> <p>Most of the facility is carpeted with vinyl surfaces in bathrooms/toilets, kitchen areas and some of the bedrooms. The service is in the process of adding vinyl flooring to the resident bedrooms, with 19 completed to date and 11 on the plan for 2024. They have also added new drapes in common areas and resident rooms. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All resident rooms are single occupancy and have ensuites. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways, ensuites and communal toilets. The hallways are wide, and the bedrooms includes ample room for the placement of armchairs and smaller communal areas for residents to sit in. The large well-appointed dining room is adjacent to the kitchen servery. All resident rooms and communal areas provide sufficient room to enable safe use of resident equipment. Activities take place in the large communal lounge.</p>
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		<p>All 45 rooms are dual purpose rooms which are designated into A (17 rooms), B (8 rooms) and C (20 rooms) wings. All the bedrooms open up and have access to a well-maintained balcony. There are outdoor areas with outdoor seating, shaded areas and raised garden. The service has recently fitted a canopy to allow for all year use and garden beds installed for resident activities on the deck between B and C wing. The laundry area is located on the lower level of the building which can be accessed by an internal lift. The lift is serviced, checked, and maintained. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is underfloor heating throughout the facility. There is plenty of natural light in the rooms.</p> <p>The service is involved in ongoing room refurbishments and renovation. There is flooring of the rooms, painting, replacement of bedroom furniture and a stainless-steel kitchen splashback has been installed. Terrence Kennedy House is currently not engaged in construction. If this were to happen, the hospital manager and the general manager described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori.</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>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 19 November 2001. Fire evacuation drills are held six-monthly and was last completed March 2024. Civil defence supplies are stored in an identified cupboard and at the nurses' station and are checked six-monthly. In the event of a power outage, there is access to back- up generator available and gas cooking (BBQ with gas bottles). There is adequate food supply available for each resident for minimum of three days.</p>

		<p>There are adequate supplies in the event of a civil defence emergency, including water supplies (swimming pool and water containers) to provide residents and staff with three litres per day per person, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. There are panels in the hallways to alert staff of who requires assistance. Call bells are tested as per maintenance schedule. The residents were observed to have their call bells in close proximity and staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there are security cameras located at reception/entrance, throughout the facility and outdoors. Footage can be accessed by management. The main entrance gates are set to automatically close each day at 7pm and open at 6.30am.</p>
<p><b>Subsection 5.1: Governance</b></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>	<p>FA</p>	<p>An infection prevention and control programme, including antimicrobial stewardship (AMS), is an integral part of the Terence Kennedy House business, quality and risk management plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, and Health New Zealand. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by the clinical manager; with this completed last in January 2024.</p> <p>There is a facility infection control committee (staff meeting) that meets monthly. Infection rates are presented and staff and managers state that these are discussed at staff meetings and registered nurse meetings (link 2.2.3). Any significant events are managed using a collaborative approach that involves the clinical manager, management team (including the hospital and general managers), GP, and the public health team.</p> <p>There is a documented pathway for reporting of infections and AMS</p>



		<p>issues through the clinical manager to the hospital manager, who reports to the general manager and to the management team. The GM (director) attends the staff and management meetings and was able to articulate their responsibilities for delivering the infection prevention and control and antimicrobial programmes and stated that they would seek additional support where needed to fulfil these responsibilities. They also stated that they were kept informed by the hospital and clinical managers on a day-to-day basis and confirmed that they also update other members of the governance team. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system.</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>	<p>FA</p>	<p>The clinical manager (a registered nurse) is designated as the infection prevention and control (IPC) coordinator. The IPC coordinator oversees and coordinates the implementation of the infection prevention and control programme. The IPC coordinator's role, responsibilities and reporting requirements are defined in the job description. The IPC coordinator has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection prevention and control programme implemented that was developed initially with input from external infection prevention and control services. The programme was approved by the GM, with an external consultant supporting the development of policies. Policies comply with relevant legislation and accepted best practice, reflect the requirements of the infection prevention and control standards, and include appropriate referencing.</p> <p>An annual report was sighted for 2023 and this confirmed that a full review had been completed. The review highlighted any updates or changes to the programme, including implementing a reusable medical equipment cleaning log for HCAs and RNs and updating the disinfection and decontamination policy to include reusable/single use medical equipment guidelines as per the Nga Paerewa Standard, with education for staff around changes. The governing</p>

	<p>body has approved the infection control programme, with this continuing to be reviewed and reported on annually. The infection control programme is linked to the quality and risk management programme, with all aspects of infection control discussed at relevant meetings.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. Family/whānau confirmed that they had been kept up to date with any changes to managing outbreaks.</p> <p>The IPC coordinator liaises with the hospital manager and GM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The IPC coordinator stated that the governance team is involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were</p>
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		readily available around the facility. The kitchen linen is washed separately. These were culturally safe practices observed with care staff able to give examples of what these practices were. The IPC coordinator reported that residents who identify as Māori are consulted on infection prevention and control requirements as needed. In interviews, staff understood these requirements. The service has educational resources in te reo Māori.
<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>The service has an antimicrobial use policy and procedure and the IPC coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Terence Kennedy House has an infection control and antimicrobial stewardship programme that aligns with the business quality and risk management plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at staff and management meetings. Significant events are reported to the hospital manager, general manager and the governance team. Prophylactic use of antibiotics is recorded and monitored by the clinical manager and the GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented if there are any concerns. Data reviewed for the past year evidenced a low rate of infections (between one and three per month excluding an outbreak of Covid-19). The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service does not yet use ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of</p>

		<p>infection rates and regular audits outcomes at staff meetings, with minutes readily available and accessible thereafter. Any new infections are discussed at shift handovers and management meetings for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau were also informed where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one outbreak reported since the last audit (Covid-19 outbreak) in August 2023. External providers were appropriately notified, with cases reported and well managed.</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.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels. Cleaning chemicals are kept in a locked cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a sanitiser, separate hand hygiene/washing facilities and flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of cleanliness to ensure standards are maintained. Audits have not revealed any significant issues.</p> <p>All clothing and linen is laundered on site. The laundry is located</p>

		<p>downstairs in the village resident area, which is accessible from the care centre floor via a lift and stairs. The laundry was secure when not in use. The laundry is small, with a dirty area on one side and clean area on the other. Personal laundry is delivered back to residents and linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The IPC coordinator oversees the implementation of the cleaning, laundry, and audits.</p>
<p><b>Subsection 6.1: A process of restraint</b></p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager (CM). There are four hospital level care residents listed on the restraint register as using restraints. The residents use bed rails to provide safety, minimise risk of injury, assistance with bed mobility, and repositioning.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings and to the governance Board. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Seclusion is not used at Terrence Kennedy House.</p>

<p><b>Subsection 6.2: Safe restraint</b></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>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the four hospital residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The residents were using restraint as a last resort and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed annually. No emergency restraints have been required; however, the use of emergency restraint is included in the restraint policy.</p> <p>Monitoring forms are completed for each resident using restraint and review of the resident records confirmed that they have been completed as scheduled. Restraints are scheduled to be monitored two to four-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, spiritual and psychosocial needs. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place annually, with the last one completed in February 2024.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings and is reported to the Board. The restraint coordinator meets registered nurses monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data, including any incidents, are reported as part of the restraint coordinator reporting to the hospital manager. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>The GM has documented a draft quality and safety plan that includes outcomes, perspectives of the resident, areas of action and performance measures (KPIs). This is currently being reviewed by the management team and at a governance level.</p> <p>The managers collect data from audit reports, satisfaction surveys, incidents and accidents, complaints, and from review of the business, quality and risk management plan. Data is tabled at meetings, including the staff meeting and management meetings held monthly, the registered nurse meeting and domestic staff meetings held as required. There is a lack of discussion documented around the data or of evaluation of progress against quality outcomes. Trends are not documented,</p>	<p>i). There is a lack of discussion documented following tabling of data or of evaluation of progress against quality outcomes.</p> <p>ii). Trends are not documented, analysed or used to improve services.</p>	<p>i). Ensure discussions related to data are documented and evidence evaluation of progress against quality outcomes.</p> <p>ii). Ensure trends are analysed and results are documented evidencing discussion around how this data is used to improve services.</p> <p>90 days</p>



		analysed or reviewed with potential use of information and discussion to improve services not able to be evidenced. The managers are not able to show improvement in health equity through critical analysis of organisational practices because of the lack of evidence of discussion or of trends analysed.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent healthcare assistants are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. Medication room and fridge temperature monitoring was completed daily. Review of the medicine management system and progress notes showed that staff were not always documenting the outcome or effectiveness of pro re nata (PRN) medications when they were administered. Staff have received training related to medicine management and audits have been completed in line with the Terrence Kennedy House audit schedule.</p>	<p>Effectiveness/outcome for pro re nata (PRN) medications administered for 13 of 14 records reviewed (four rest home and nine hospital level care residents) was not consistently documented in resident records.</p>	<p>Ensure staff assess and document effectiveness of PRN medications when administered.</p> <p>60 days</p>
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage,</p>	<p>PA Low</p>	<p>The service has an implemented food control plan, with evidence of regular checks of fridge and freezer temperatures, cooking and serving temperatures, and on</p>	<p>i). Decanted dry goods did not evidence labels on the containers and expiry / decanting dates. ii). Contents in the chiller that</p>	<p>i). &amp; ii). Ensure all food decanted into containers or opened is labelled and has the expiry date</p>

<p>transportation, delivery, and disposal shall comply with current legislation and guidelines.</p>		<p>receipt of fresh and frozen goods. Dry ingredients are stored in the pantry in bags and decanted into containers as required. On the day of audit, not all containers were labelled with expiry/decanting dates. Food in the walk-in chiller was not always labelled and dated when opened.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided. Staff have received training in safe food management.</p>	<p>were opened were not consistently dated with opening or expiry dates.</p>	<p>documented on the container.</p> <p>90 days</p>
<p>Criterion 4.1.1 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 peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>There is a maintenance request process for repair and maintenance requests accessible to staff. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (next due November 2024). However, there is no evidence of completion or sign off of scheduled tasks on the preventative plan when completed. Monthly testing of hot water temperatures occurs. However, where the temperature recordings were out of expected range, there is no evidence of corrective actions being put in place. Essential contractors/tradespeople are available 24/7 as required.</p>	<p>i). There is no evidence that the planned /preventative maintenance has been completed or signed off when completed as scheduled.</p> <p>ii). There is no evidence of corrective actions being completed for hot water temperature monitoring results that are out of range of the acceptable limits.</p>	<p>i). Ensure implementation and sign off of planned/preventative maintenance when completed.</p> <p>ii). Ensure corrective actions are put in place for hot water temperatures out of expected range.</p> <p>90 days</p>
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be</p>	<p>PA Low</p>	<p>The service collects data around infections; however, data around ethnicity is not documented or used to improve services.</p>	<p>Surveillance does not include ethnicity data.</p>	<p>Include ethnicity data as part of surveillance and use to improve services.</p>

described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.				90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.