

Lexall Limited - Lexall Care

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:

Legal entity:	Lexall Limited
Premises audited:	Lexall Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 April 2024 End date: 23 April 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	48

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lexall Care is owned privately with the owner/manager having 23 years' experience at the service. The service provides hospital (medical and geriatric) and rest home level of care for up to 58 residents. On the day of the audit there were 48 residents.

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, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The clinical manager is a registered nurse with extensive experience in aged care. They are supported by the charge nurse, assistant manager and finance manager. The team have worked to further implement cultural safety protocols and to ensure there is a safe environment for Māori and others to come into the service.

This audit has identified four shortfalls related to meetings, training for staff, neurological observations, ethnicity data used as part of the surveillance programme.

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 are fully attained.

Lexall Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan (policy) and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Lexall Care provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. 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, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The business plan includes a mission statement and objectives. The service has documented quality and risk management systems with these systems designed to meet the needs of residents and their staff. Quality meetings are held monthly with data tabled at the meetings. The quality agenda for each meeting includes all aspects of the quality programme.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the quality team. Staff incidents, hazards and risk information is collated at the service and monitored by the clinical manager. Any information is put onto the notice boards which are accessible at any time for staff and managers.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. An orientation and competencies are completed.

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 are partially attained and of low risk.
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The clinical manager, charge nurse along with the general practitioner efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. 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. Medication competent registered nurses 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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

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. The facility comprises of five wards over three levels with rooms having a mixture of full ensuite and toilet/ handbasin and one room currently used as an office. There are communal shower rooms with privacy signs. 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. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service are partially attained and of low risk.
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A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the clinical manager with the governing body also approving these.

The clinical nurse manager is the infection prevention and control coordinator. The infection prevention and control coordinator is supported by the charge nurse and registered nurses. There is access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and reported at the monthly quality meetings. Staff are informed about infection prevention and control practices through handover, meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning duties. Laundry service is outsourced apart from personal laundry which is completed

on site. Documented policies and procedures for the cleaning and laundry services are implemented 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	3	1	0	0
Criteria	0	172	0	3	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>	FA	<p>A Māori health policy (plan) is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Te Tiriti O Waitangi is embedded into all relevant policies i.e. the cultural policy and Māori care plan, business plan scope and reviews, quality and risk management plans, and governance/management and staffing policies. The service has reviewed policies including the updating and adding Te Ara Whakapiri toolkit – care in the last days of life to the cultural policy. Te Hoking a Wairua – Ina mate te tāngata (When Someone Dies) is available in Māori, Tongan, Samoan and English and is given to family/whānau and residents when required. The Te Ao Māori Framework Implantation Guides (Health Quality & Safety Commission published March 2023) has been downloaded and added to the cultural policy along with new 2023 frailty care guides (ngā aratohu maimoa hauwarea guides). Te Tiriti o Waitangi principals have been incorporated across policies, procedures and delivery of care Cultural policies and resources have been relocated in the electronic resident management system to make them easier to find. Residents' rights are available in Māori and posters explaining the complaint process are displayed.</p> <p>Staff have completed training on culture and support and Māori</p>

		<p>operating principles (January/February education worksheet 2024). A list of kaumatua and contact numbers for Māori support services have been documented and are available to residents and staff.</p> <p>The facility has a weekly entertainer who is Māori. They provide advice and support to Māori residents if requested and also provide staff with education and support to speak te reo as required. The service has residents who identify as Māori. Lexall Care is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori health care plan based on te whare tapa whā. The Māori cultural assessment and care plan has been updated and is used for Māori residents (as sighted during the file review). Discussions with managers and staff confirmed that they embrace, support and encourage a Māori worldview of health and constantly aim at providing high-quality, equitable and effective service for Māori. Māori residents interviewed confirmed this occurs. The activities programme for residents now includes an increased use of te reo Māori (written and verbal) and there continue to be cultural events celebrated throughout the year. Additionally, there is a new document introduced to be filled out by those viewing the facility for perspective residents which asks for cultural information to be included. Residents' information posters for their rooms include a cultural lens.</p> <p>The business plan documents support strategies to increase Māori capacity by employing and recruiting Māori staff at the service, with a documented commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were no staff members who identified as Māori.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with 11 staff (three healthcare assistants [HCA], two registered nurses [RNs], one activities coordinator, cleaner, two maintenance staff, one cook, one charge nurse), and three managers (owner/ manager, clinical manager, finance manager), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p> <p>Lexall Care reviewed how culturally inclusive the service is to Māori and agreed there was a need to improve cultural awareness. A</p>
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		<p>baseline of where the service was at was identified and goals documented. The service has involved residents, staff and the management team with sponsorship from the owner/manager to complete the project. There is a now an improved focus on cultural awareness and safety with staff, residents and family/whānau interviewed positive satisfaction with changes made. The governance body (owner/manager) provided leadership for the management team to undertake the project in line with the goal to provide the best quality holistic care for all residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Lexall Care has cultural policies in place for Samoan, Tongan and for residents from the Cook Islands. A Pacific health plan is documented, and this has had input from Pacific people through an external consultant. Staff receive education on culture and support with the last worksheet completed in January and February 2024. Ethnicity of each resident is documented on the ethnicity register. Staff ethnicity is requested on the job application and this information is then entered in the ethnicity register. Cultural roles and responsibilities have been added to the house rules that all new staff read and sign on their first day of work.</p> <p>The initial care status and then care plans have sections where culturally relevant information and care is documented. This information is gathered from the resident themselves or family/whānau. All staff are expected to remain current with the resident's care including cultural needs. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the Making a Complaint pamphlet is available at reception in most Pacific languages. Any other documents can be sourced online, and printed copies can be given as needed. The clinical manager has developed a list of local Pasifika contact numbers to use if further support or assistance is required.</p> <p>There were residents identifying as Pasifika at the time of the audit. The clinical manager confirmed that the residents' family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. The residents are supported by staff who identify as</p>

		<p>Pasifika. The managers partner with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural ceremonies.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau. The clinical manager, charge nurse or registered nurse discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held during the resident meetings held four times a year. Families are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with 11 residents (four rest home and seven hospital including one under an ACC contract, one interim care, and one long term service-chronic health care [LTS-CHC]); and four family/whānau including one hospital level of care and one with a family member under an interim care contract confirmed that individual cultural beliefs and values are respected.</p>
Subsection 1.4: I am treated with respect	FA	<p>HCA's and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have</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 experiences.</p>	<p>choices. 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 their activities and personal matters including who they socialise with.</p> <p>The 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, respect and spoken to in a courteous manner. Satisfaction surveys are completed every year to survey resident satisfaction in relation to upholding resident's rights and privacy. The service also offers a six weekly survey to complete after their admission. Survey results for 2022 and 2023 showed that residents were very satisfied with services offered.</p> <p>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, including for couples admitted in the service. 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. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The clinical manager confirmed that cultural diversity is embedded at the service, and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Lexall Care policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during new employee's induction to the service with evidence of staff signing the code of conduct policy. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The managers described how they were committed to a zero tolerance for institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The service fosters a strengths-based approach through documentation of care plans and the use of the whare tapa whā model.</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</p>	FA	<p>Information is provided to residents/family/whānau on admission. Resident meetings are held four times a year and meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and an open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the</p>

<p>them about their choices.</p>		<p>progress notes. Twenty accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. No residents required the use of interpreting services during the audit. There are residents for whom English is a second language, however, there are staff employed in the service who can converse and interpret for the resident if required. Family are also available to support the resident/s for any medical appointments etc.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. 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.</p> <p>The service communicates with other agencies that are involved with the resident such as Hospice and Health New Zealand Te Whatu Ora - Waitemata specialist services. The delivery of care includes a multidisciplinary team, residents and family/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes through regular communication (link 2.2.2). Resident meetings with minutes sighted indicate that the service is open and transparent with updates about the services (link 2.2.2).</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>FA</p>	<p>There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were sighted in resident files. Certificates of mental incapacity and activation of the EPOA documents were on file</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>for residents where required.</p> <p>Consent forms for Covid-19 and flu vaccinations were also on file and these were appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights to choose. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines including welcoming the involvement of family/whānau in decision-making when the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process and in the planning of care. Admission agreements had been signed on all the resident files reviewed during the audit.</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>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrate that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>There have been 18 complaints lodged in 2023 and one in 2024 year to date. There were no identified trends in respect of these complaints. Three complaints reviewed confirmed that complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the relevant meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including resident meetings, or one on one with feedback with management. During interviews with family/whānau, they confirmed the owner/manager, clinical manager or charge nurse are available to</p>

		listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The clinical manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.
<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>	FA	<p>Lexall Care is a purpose-built facility that has 58 residents' rooms over two levels. The owner/manager who has 23 years' experience in managing aged care facilities. They privately own the service along with two other aged care facilities (including one in Auckland). Lexall Care identifies the governing body/management team as the owner/manager, assistant manager (three years' experience with a Degree in Business Management), finance manager with two years' experience – (degree in finance), clinical manager registered nurse (RN) with 39 years' experience including 22 years at Lexall Care, and the charge nurse with 13 years' experience including 11 years at Lexall Care. The owner/manager provides overall leadership and strategic management and is on site at least two to three days a week. The team catch up verbally during the day and are connected in decision making. The clinical nurse manager and charge nurse provide clinical oversight and advice.</p> <p>Lexall Care is certified for rest home and hospital (including medical) level of care. There are five designated rooms for residents requiring rest home level of care. At the time of the audit there were 48 beds occupied. Occupancy included 16 residents accessing rest home level care which included one long term support-chronic health care (LTS-CHC). There are 32 hospital level care residents including two on Accident Compensation Corporation (ACC) funding, five interim care (medical) and two LTS-CHC. All the remaining residents are under the age-related residential care (ARRC) contract.</p> <p>Lexall Care strategic plan describes the vision, values, and objectives of operations and care. The governing body conveys directives that are culturally sensitive, and the key focus is to ensure that the service provides holistic care for all residents. The governing body and the</p>

		<p>management team are committed to providing a culturally inclusive care environment, including the principles of Te Tiriti o Waitangi into facility and care, to involve previously untapped or underutilized members of the 'multi-disciplinary team' in resident care i.e. occupational therapists, social workers etc, expanding education options and opportunities for staff and updating and streamlining policies.</p> <p>There is a business strategic and management plan for 2024 that describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to restraint minimisation, increasing cultural awareness, and stable staffing numbers. Goals are reviewed as evidenced in annual reporting with aspects of the plan reviewed through regular meetings (link 2.2.2).</p> <p>Responsibilities and accountabilities are clearly defined. The CM confirmed knowledge of the sector, regulatory, Health New Zealand Te Whatu Ora Waitemata and other mandatory reporting body requirements. They maintain currency through professional networks including those with Health New Zealand. The CM is supported by a charge nurse (RN), RNs, senior healthcare assistants (HCAs) team leaders, HCAs, and administrative staff. The CM reports to the owner/manager. The clinical governance structure described is appropriate to the size and complexity of the service provision. This was confirmed by the owner/manager and managers interviewed with all confirming their individual role.</p> <p>Ethnicity data is captured electronically at the service and discussed through meetings. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery.</p> <p>The owner/manager and the clinical manager have completed professional development activities in excess of eight hours annually, related to managing an aged 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 Moderate</p>	<p>Lexall Care has a documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of meetings are scheduled including staff meetings three times a year, quality meetings monthly, resident/family meetings four times a year, and RN meetings with two held in 2024. When offered, these provide an avenue for discussions in relation to quality data; health and safety; infection prevention and control/outbreak strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits are completed as per schedule. Quality meetings are held regularly and minutes evidenced tabling of data. Quality data is also tabled on the electronic notice boards. Corrective actions are not well documented and other meetings such as the staff and RN meetings have not been held as scheduled. Meetings with the owner/manager are not formalised noting that there are verbal discussions confirmed as occurring during the week. There is a lack of documented feedback around issues raised in meetings to participants and others in the service. There is a full annual report completed by the CM to the owner/manager that details progress against plans and analysis of annual data with comment around improvements made throughout the year. The management team reviews quality data and information and actively looks to improve health equity through critical analysis of organisational practices. This is completed annual reviews of the quality programme. The managers interviewed confirmed that this occurs and gave examples of improvements made towards health equity.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through resident/family/whānau meetings held four times a year and through post admission surveys. Annual satisfaction surveys are completed with the last completed in October 2023. This survey showed a 42% return rate with respondents satisfied and very satisfied with care provided. The 2022 and 2023 surveys both identified the same two concerns raised by respondents, however a corrective action plan has not been</p>
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		<p>documented.</p> <p>There are policies and procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed by an external consultant and the clinical manager. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative (CM), meets at the quality meetings. The health and safety representative was interviewed and confirmed they all received external training for their role. Hazard identification forms and an up-to-date hazard register was reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the quality meetings. Staff incidents, hazards and risk information is collated by the CM and reported verbally to the owner/manager.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed noting that evidence of discussion is not minuted. The electronic resident management system is reviewed by the CM daily and the owner/manager confirmed that any risks are escalated immediately. Results are discussed at handover.</p> <p>Discussions with the CM, charge nurse and the owner/manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT of lack of a RN on duty; two notifications in July 2023 and February 2024 to relevant authorities of a Covid outbreak; and one notification of a resident related issue to Health NZ.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	PA Low	<p>The staffing policy meets with Health New Zealand's contractual requirements for safe staffing. There is at least one RN on each shift. Staffing is flexible to meet the acuity and needs of the residents as</p>

<p>to me, provide personalised care, and treat me as a whole person. 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>confirmed during interviews with both managers and staff. There have been difficulties retaining and recruiting RNs with the charge nurse taken from operational management to work on the floor. Both the CM and the charge nurse focused on service delivery during the Covid-19 pandemic and as a result, all (bar one) shift had staffing as per contractual specifications. The service now has a full complement of RNs including two on each morning and afternoon shift and one RN overnight. Interviews with residents and family/whānau confirmed staffing overall was satisfactory. HCAs reported staffing is adequate. The CM and the charge nurse work full-time (Monday to Friday).</p> <p>The roster reviewed for the last eight weeks confirmed that shifts were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The CM and charge nurse were on call (rotating) however the RNs who have been in the service for over two years are now on call with concerns able to be escalated to the CM or charge nurse who are available out of hours when required.</p> <p>Ongoing training is offered to all staff with a two-year plan being implemented as per schedule in 2024. Attendance has been predominantly under 50% with a focus by the CM to improve attendance and to 'catch up' on training that had lapsed during the pandemic in 2022-23. Additional training is available through toolbox talks and staff meetings when required as well as through information on notice boards. A competency programme is in place. All registered nurses and the activities team hold current first aid certificates and there is a first aid trained staff member on duty 24/7.</p> <p>Core competencies have been completed, and a record of completion and register is maintained. Staff have completed cultural orientation and training, and all staff have completed cultural competencies to ensure the service can deliver high quality care for Māori. Plans are in place to encourage staff to participate further in learning opportunities around health outcomes and disparities, and health equity. Competencies completed include manual handling, medication and syringe drivers. Clinical staff can access Health NZ training. Registered nurse specific training includes wound care. The CM,</p>
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		<p>charge nurse and one RN are interRAI trained. The CM provides oversight of all care staff. External training opportunities for care staff include training through Health NZ and Hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Six HCAs have completed level one; four have completed level two; five have completed level three and 13 have level four.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at meetings and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Eight staff files reviewed (two HCAs, three RNs, one charge nurse, one activities coordinator, and cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have an appraisal following completion of orientation and an annual appraisal. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates</p>

		<p>that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</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>	FA	<p>Lexall Care has developed its own online resident management programme called the Intranet and this is a repository for all documentation including resident files. Where possible all information is stored electronically. There are document control, privacy and confidentiality policies in place to protect resident and staff information. There is also a hard copy file for each resident for any paper-based documentation to be stored once it has been uploaded on to the Intranet file. The hard copy files are kept in the nurses' stations in secure cabinets/cupboards.</p> <p>If a resident file is no longer required, then the online file is processed through the finance department and deactivated. This remains stored for as long as required by legislation. Any hard copy files and all documentation is stored in the main managers office or in other designated secure storage. Any documentation is easily retrievable when required.</p> <p>Electronic information is regularly backed-up using cloud-based technology and password protected. There are daily backups made to the programme. There is a documented business continuity plan in case of information systems failure.</p> <p>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.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident</p>

		information is kept confidential and cannot be viewed by other residents or members of the public. The clinical manager is the privacy officer and there is a pathway of communication and approval to release health information. The 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 families/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.</p> <p>Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members 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 clinical manager and charge nurse 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 and the analysis of same for the purposes of identifying entry and decline rates. Lexall Care 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>
Subsection 3.2: My pathway to wellbeing	PA Low	Eight files were reviewed for this audit: five hospital residents

<p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>(including two residents on an ACC contract, one LTS-CHC contract, and one Interim care contract), and three rest home residents (including one resident under an LTS-CHC contract). The clinical manager and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</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 (except for two residents on ACC contract and one on an Interim care contract), had interRAI assessments completed the long-term care plan includes interventions to guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised.</p> <p>The general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews. Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The charge nurse and/or clinical manager are always 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 Lexall Care. The GP was complimentary of the clinical assessment skills as well as quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and</p>
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		<p>integrated into care plans. The service has contracted a physiotherapist for three hours a week. A podiatrist 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>Health care assistants and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by health care assistants and RNs. The RN further adds 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 RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, 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 twenty-one residents with wounds including, five grade one and two grade two pressure injuries on the day of audit. All wounds were reviewed, and all include comprehensive wound assessments, wound management plans and documented evaluations including photographs to show healing progression. The wound care specialist has input to chronic wounds and the pressure injuries when required. The caregivers and RNs 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. Health care assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring.; However, six incidents of unwitnessed falls had neurological observations completed to some degree but not as per policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one activities coordinator (who is currently completing NZQA diversional therapy qualification) who provides activities across five days. They have a current first aid certificate. The programme is supported by the HCAs on duty.</p> <p>The activity programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a weekly programme which is delivered to each resident. The programme is displayed on noticeboards in all areas. The activity coordinator facilitates opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>There are regular visits from the community. The Catholic Sisters hold Holy Communion, the Baptist Church attend once a fortnight and The Korean Church visit and sing to the residents. Residents are encouraged to access activities in the community whenever possible.</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 offered. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>Each resident's social and cultural profile 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.</p> <p>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, regular entertainers visiting the residents, and interdenominational services. There is a regular entertainer who provides waiata (songs) and karakia.</p> <p>There are resident meetings planned three monthly. Residents can</p>
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		<p>provide an opportunity to provide feedback on activities at the meetings and individual resident six-monthly reviews.</p> <p>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>	FA	<p>There are policies and procedures in place around medication management that meet 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 interviewed could describe their role regarding medication administration. Lexall Care uses blister packs for regular use and '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>All medications are stored in the hospital wing in a secure room. Medication trolleys are always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. 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 are prescribed by the GP and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed, each chart has a photo identification and allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. There were four self-medicating residents with the required assessments, reviews, and storage in place.</p> <p>All medications are administered as prescribed. As needed medications include effectiveness documented on the electronic medication system.</p>

		<p>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>Residents and their family/whanau are supported to understand their medications when required. The charge nurse described how they work in partnership with residents to understand and access 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>	FA	<p>All meals are all 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 December 2024. Dry ingredients were decanted into containers for ease of access. The four-weekly seasonal menu has been reviewed by a dietitian 22 March 2024. The cook is supported by two cooks and two kitchen hands.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (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. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Health care 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 directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas. Modified utensils are available for residents</p>

		<p>to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori and family/whānau have menu options culturally specific to te ao Māori. The residents and family/whānau interviewed were complimentary regarding the food service, 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 are 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 charge nurse and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness, which expires 15 December 2024. Two maintenance staff (interviewed) address day to day repairs and complete planned maintenance. There is a computerised maintenance request book online for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (completed 15 June 2023), and calibration of medical equipment has been completed. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required.</p> <p>The facility comprises of five wards over three levels, there is a total of</p>

		<p>fifty-eight beds spread over fifty-seven single rooms (the last room is currently used as an office), which have a mixture of full ensuite and toilet/ handbasin and one double room with a shared toilet and handbasin. This room had a single occupancy on the day of audit, a privacy curtain and call bell were present.</p> <p>There are four lounge/dining areas, reception and offices, sluice room, kitchen, laundry, two nurse stations and medication/treatment rooms. The floor coverings of the units consisted of vinyl and carpet.</p> <p>The building has easy access to the exterior paths and gardens. There are outdoor ramps with handrails, outdoor seating, shaded areas. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The health care assistants interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. There are adequate number of toilet and showering facilities. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main activities lounge. General living areas and rooms are heated by heat pumps thermostatically controlled; the rooms have external windows and are well ventilated. The facility has plenty of natural light. The clinical manager and charge nurse reported that when there is planned development for the building, the owner will have consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
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<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. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand 3rd April 2024. Fire evacuation drills are held six-monthly and was last one was completed on 8th April 2024. Civil defence supplies are stored in an identified box and are checked monthly. In the event of a power outage, gas cooking is available in the kitchen and lighting and torches are available. In the event of power outage, the power company endeavour to provide power backup. There are adequate supplies for three days in the event of a civil defence emergency, including water supplies (bottled water) to provide residents and staff with three litres per day for a minimum of three days.</p> <p>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. Indicator lights are displayed above resident doors and panels in hallways to alert staff of who requires assistance. The residents were observed to have their call bells in close proximity. 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 and throughout the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention and control programme.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the owner/manager (link 2.2.2). Outbreaks of any infectious disease is reported to external authorities and to the owner/manager if and when they occur. Monthly compliance and risk reports are completed by the CM and tabled at the quality meeting.</p>

		<p>Monthly collation of data is completed (link 2.2.2).</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator, the care staff, the GP, and the Public Health team.</p> <p>The organisation has personnel with expertise in infection control and AMS as part of their management team (the clinical manager). External resources and support are available through external specialists, microbiologist, general practitioner, wound nurse, and Health NZ when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical manager is the infection prevention and control coordinator. A documented and signed role description for the position is in place. The infection prevention and control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the business planning process.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: Hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms; outbreak management; single use items; healthcare acquired infection (HAI); and the environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), are accessible. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Lexall Care has an organisational</p>

		<p>pandemic response plan in place which is reviewed and tested at regular intervals. The infection prevention and control coordinator has input when infection prevention and control policies and procedures are reviewed.</p> <p>The infection prevention and control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection prevention and control nurse has completed infection control audits.</p> <p>The infection prevention and control coordinator works with the owner/manager to purchase consumables.</p> <p>The infection prevention and control coordinator has input into new buildings or significant changes with this confirmed during interview and by the owner/manager. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completes cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisation. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at the quality meetings. Prophylactic use of antibiotics is discouraged with the GP prescribing and monitoring any use alongside the clinical manager. Antibiotic use is reviewed monthly and reported at the quality meetings.</p>

to the needs, size, and scope of our services.		
<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>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection prevention and control policy in use at the service. The infection prevention and control coordinator (clinical manager) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service (link 2.2.2). The organisational risk management plan also includes risk management related to infection prevention and control.</p> <p>Infection monitoring is the responsibility of the infection prevention and control coordinator (clinical manager). Monthly infection data is collected for all infections based on standard definitions. All infections are entered into the electronic management system by the RNs or clinical managers, which generates a monthly data extract. There is an end of month analysis of the data with the clinical manager confirming that they discuss trends or any specific issues (link 2.2.2). Meeting minutes are available to staff. Outcomes are discussed with staff via the communications staff portal, at handovers, and at the monthly quality assurance meeting. The service is planning to incorporate ethnicity data in surveillance reporting.</p> <p>Ethnicity data is not yet used to improve service delivery.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents as described by care staff during the audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. A Covid-19 outbreak had last occurred prior to the audit in February however some of the practices around prevention were still in place. This included staff testing for Covid prior to coming on shift and masks still being worn in the facility. The February outbreak was well managed with staff following outbreak management procedures and</p>

		<p>PPE described as being appropriately donned and doffed. Residents and family/whānau were updated regularly through the recent outbreak.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors sign in and out of the facility.</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>	FA	<p>The service implements waste management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. There are designated locked rooms for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. The main bulk of laundry is sent off site to a commercial laundromat (this includes towels, sheets etc). There is a laundry room that is accessible outside of the main building. Linen hampers with bags and a lid on each are taken from resident areas to the laundry to be washed, dried, folded and returned. The only laundry completed on site is personal clothing for residents, mop heads etc. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are</p>

		<p>immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection prevention and control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection prevention and control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<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 and families/whānau. Restraint must be mana enhancing and the choice of device must be the least restrictive possible.</p> <p>There are nine residents with bedrails and two with lap belts, (hospital level care) listed on the restraint register as using a restraint. The designated restraint coordinator is the registered nurse (charge nurse) with a job description to identify responsibilities. There is a restraint approval group. The use of restraint is reported in the facility quality/staff meetings. 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. Seclusion is not used at Lexall Care.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices,</p>	FA	<p>There is a restraint policy to guide staff in the use of restraint. The policy describes the types of approved restraint. There is an up-to-date restraint register. Review of the records of the residents using restraint, indicated that the restraint assessment was completed with involvement of family/whānau. The type of restraint is usually used as a safety measure and on insistence of family/whānau and /or EPOA. The long-term care plans provide sufficient level of detail to guide staff</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>in the implementation of safe restraint. The registered nurses develop a work schedule where caregivers complete two hourly monitoring of residents when they use restraint. Monitoring (work schedules) were completed within the frequencies required.</p> <p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Family/whānau confirmed their involvement in the process. The use of restraint is approved by the GP and reviewed three monthly/six monthly at care review. The register contained enough information to provide an auditable record. Staff, management meeting minutes documented discussions about restraint.</p> <p>There is a restraint policy that describes a process to manage emergency restraint. If emergency restraint is required, the registered nurse will consult with the clinical manager, and family/whānau and determine, depending on the situation, who will debrief the staff and resident. There have been no incidents of use of emergency restraint</p>
<p>Subsection 6.3: Quality review of restraint</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 at the quality staff meeting and reported to the Owner/Manager. The restraint coordinator discusses restraint at the monthly quality meeting 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 facility manager. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>There are scheduled meetings including: quality, staff, RN, resident/family/whānau and kitchen meetings as required. Quality meetings have been held monthly as scheduled with the agenda including all aspects of the quality and risk management programme. Membership at the quality meetings includes the CM, charge nurse, senior team leader and reception. A staff meeting was held in March 2024 but there had been a long period when meetings have not been held. There are electronic noticeboards that provide staff with information and the clinical manager stated that staff do not often come to the meeting and prefer to read the information on the notice board.</p> <p>There are frequent verbal face-to-face meetings between managers and the owner/manager however these have not been</p>	<p>i). Meetings have not been held as per schedule.</p> <p>ii). Implementation of regular meetings with the governing body that include updates on progress and service delivery are not able to be evidenced</p> <p>iii). There is insufficient evidence of the discussion of data documented in meeting minutes.</p> <p>iv). There is a lack of corrective action planning</p>	<p>i). Ensure meetings are held as scheduled.</p> <p>ii). Ensure meetings minutes evidence updates, progress and service delivers with the governing body.</p> <p>iii). Ensure there is evidence of discussions held in relation to data including analysis and any improvements made as a result of the analysis.</p> <p>iv). & v). Ensure any issues and corrective</p>

		<p>formalised through regular meetings. The CM and owner/manager confirmed that they do meet but that review of plans and a formal update on service delivery could not be evidenced apart from the annual report provided to the owner/manager by the CM. Data is tabled at the quality meetings and confirmed as being discussed by those attending. Evidence of the discussion is not documented in meeting minutes. There is also a lack of corrective action planning when issues are identified and therefore documentation of resolution of issues is not completed.</p> <p>There are annual satisfaction surveys held with overall satisfaction from respondents with the service. The surveys completed in both 2022 and 2023 raised some opportunities for improvements however a corrective action plan with resolution of issues was not documented. Results of the surveys are not fed back to residents/family /whānau in a timely manner. The resident/family/whānau meeting minutes did not evidence resolution of issues raised by those at the meetings.</p>	<p>when issues are identified including issues raised in surveys, through meetings and through analysis of data.</p> <p>v). Meeting minutes do not confirm that issues raised at meetings are resolved with results fed back to staff.</p>	<p>actions raised in meetings are documented, and these are evidenced as being fed back to staff.</p> <p>90 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>There is a training plan that is being implemented as per schedule in 2024. There have been gaps in provision of training and attendance in the past two years. Training around Te Tiriti o Waitangi and equity training was well attended. Attendance has varied over the last years with a review of data showing between 18% and 58% of staff attending. For example, training last provided in 2022 showed low attendances (pain 51%, end of life 37%, challenging behaviour 24%, health and</p>	<p>Training and education sessions have not been held according to schedule.</p>	<p>Ensure training and education sessions are held according to the documented care plan.</p> <p>90 days</p>

		<p>safety/continence and falls 18%). The CM noted the challenges over the past two years of working to meet needs of service delivery during the Covid pandemic and in trying to maintain training outside of infection prevention and control as related to the pandemic. Information has continued to be posted on the notice boards electronically with all staff able to access these.</p>		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring.</p>	<p>Six incidents of unwitnessed falls had neurological observations completed to some degree but not as per policy.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>90 days</p>

<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>The service collects data around ethnicity of residents.</p>	<p>Ethnicity data is not used currently as part of the surveillance programme.</p>	<p>Ensure that surveillance includes ethnicity data.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.