

ASLR Limited - Seaview Home

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by HealthShare Limited, 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:	ASLR Limited
Premises audited:	Seaview Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 June 2024 End date: 7 June 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:	26

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.

General overview of the audit

Seaview Home is currently owned and governed by Mateus Enterprises Limited. The proposed change in ownership and governance to ASLR Limited is planned for July 2024. Day to day operations are currently managed by a clinical/facility manager and the operations manager, who will become the new directors. Seaview Home is currently certified to provide rest home level care for up to 28 residents. Short stay /respite and palliative care can also be provided subject to bed availability. There have been no other significant changes since the last audit.

This provisional audit was conducted against Ngā paerewa Health and disability services standard NZS 8134:2021 and the provider's agreement with Health New Zealand -Te Whatu Ora. The current director, and new directors/management team were interviewed. Resident and staff records were sampled. Interviews were conducted with residents, whānau, staff and the general practitioner. A review of all policies and procedures was completed prior to the audit.

The new directors/management team have the required skills and experience and demonstrated their ongoing commitment to provide services in line with legislation, contracts and guidelines, including Te Tiriti o Waitangi. One area requiring improvement was identified, regarding medication management.

Ō tātou motika | Our rights

All staff have received in-service education on Te Tiriti o Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). Residents who identified as Māori said they were treated fairly and mana motuhake was supported. The services provided are socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated in daily practices.

Residents and their whānau are informed of their rights according to the Code. Residents confirmed that they are always treated with dignity and respect. Consent is obtained as part of the admission process and as required. There was no evidence of abuse, neglect, or discrimination.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making. Advance directives are followed.

The complaints process aligns with consumer rights legislation.

Hunga mahi me te hanganga | Workforce and structure

Governance representatives and management were cognisant with their obligations under Te Tiriti o Waitangi. Organisational performance was monitored. The quality and risk management programme is implemented and effective in monitoring regulatory and legislative compliance. Risks were identified, with documented controls. Quality related data was gathered and analysed.

Internal audits were routinely conducted. Adverse events were managed as per policy requirements. There was always enough suitably qualified staff on duty. Staff competencies were defined and performance was monitored.

Ngā huarahi ki te oranga | Pathways to wellbeing

Entry to service process is managed efficiently by the facility/clinical manager and the registered nurse. All assessments, care plans and care evaluation were completed in a timely manner in collaboration with residents and whānau where applicable.

Care plans are person-centred, based on a comprehensive range of information, and accommodate any new problems that might arise. Residents are referred or transferred to other health services as required.

The planned activities provide residents with a variety of individual and group activities. The activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents are supported to maintain and develop their interests and social activities suitable to their age and stage of life.

The service uses a pre-packaged medication system and an electronic medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the general practitioner in a timely manner.

The food service meets the nutritional needs of the residents with special needs and cultural needs catered for. Food is safely managed. Residents verified satisfaction with meals.

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

The facility meets the needs of rest home level care residents. There is a current building warrant of fitness. The building, chattels and equipment are maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are preventative and reactive maintenance processes in place.

Communal and individual spaces are maintained and reflect individual resident's cultural needs and values. External areas are accessible and safe for residents' use. Bathrooms and toilet areas are accessible for tāngata whaikaha people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents reported a timely staff response to call bells. All staff are identifiable.

There are appropriate security processes in place.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The facility/clinical manager leads the programme which is reviewed annually. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the outbreak management plan.

Prescribed antibiotics are monitored, and occurrence of adverse effects are monitored.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Waste and hazardous substances are managed safely as per council guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is undertaken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

Here taratahi | Restraint and seclusion

The governing body was committed to minimising the use of restraint. There was no history of restraint use in the rest home. All staff receive training regarding alternatives to restraint and the management of challenging behaviours.

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	26	0	1	0	0	0
Criteria	0	168	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health strategy has recently been reviewed by the proposed new directors and includes a clear commitment to Te Tiriti o Waitangi, mana motuhake, equity and reducing barriers. Māori health goals are documented with actions identified and monitored. Māori health care plans are based on te whare tapa wha. The organisation has an established relationship with local iwi with a marae member visiting the rest home frequently. There were some residents who identified as Māori as the time of the audit. Interviews confirmed their satisfaction with the services provided.</p> <p>The rest home has policies and procedures that support equal employment opportunities. These include the recruitment and retention of Māori staff. The management team/new directors advised that there was one staff who identified as Māori at the time of the audit, however they were committed in their intent to continue attempting to attract Māori staff.</p> <p>All staff are required to complete cultural competency training during orientation and then annually. This was confirmed in staff records sampled and staff interviews.</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>All policies and procedures have been purchased from an external consultant. This includes the Pacific plan, which was reported to have been developed in partnership with Pacific people. The plan includes current national strategies for Pacific health and identifies Pacific models of health and wellbeing. There has been no history of Pacific staff or residents accessing the rest home, with the Pacific population in the area being small and transient due to seasonal work, however there are two Pacific health providers in the region which could be accessed if required. Management were committed in their intent to ensure services are commensurate with the needs of Pacific people should the need arise. Staff complete cultural competency education and the management team intend to make contact with local Pacific Trust to discuss training.</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>The Code of Health and Disability Services Consumers' Rights (the Code) posters in English and te reo Māori were displayed around the facility. Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporate residents' rights in daily practice. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets are included in the admission pack. Residents and family/whānau were aware of their rights and they reported that services were provided in a manner that complies with their rights. Family/whānau stated that the facility provides a homely environment that is welcoming.</p> <p>Māori mana motuhake was observed in practice. The Māori health care plan is utilised for Māori residents to ensure Māori cultural values and beliefs are recognised and incorporated in their care. The Māori health care plan was completed in consultation with residents and their family/whānau. Residents who identify as Māori confirmed that mana Motuhake is recognised.</p> <p>The prospective owners know and understand the Code and their responsibilities as a provider of health and disability services, evidenced through interview and their current management practices.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents' values, beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified and documented during the admission assessment. Residents and whānau confirmed they were consulted on individual values and beliefs and that staff respected these. Staff were observed respecting residents' personal areas and privacy, as well as talking to residents in a respectful manner.</p> <p>Residents are supported to maintain as much independence as possible. Residents can choose to attend the activities of choice and can perform their own personal cares if competent to do so.</p> <p>Te reo Māori, tikanga Māori and tāngata whaikaha participation in te ao Māori is encouraged through all activities. Residents who identify as Māori are supported to practice their culture, for example Māori residents are supported to go to the local marae to attend to events. Staff education on cultural safety, equity and Te Tiriti o Waitangi was provided by a Māori representative from the local marae.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff and are included in the ongoing staff education programme. In interview, staff understood professional boundaries and the processes they would follow, should they suspect or witness any form of abuse, neglect or exploitation.</p> <p>Abuse and neglect policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents from abuse, revictimization, institutional and systemic racism include the complaints management process, monthly residents' meetings, and satisfaction surveys. Residents and whānau stated that they have not witnessed or suspected any abuse or neglect, that residents are treated fairly, and that residents are safe. There was no evidence of discrimination or abuse observed during the audit.</p>

		<p>Residents can have a petty cash account that is kept safe in the office, and they can access their money as desired. Residents' property is recorded and labelled on admission.</p> <p>A person-centred approach to care incorporating Te Whare Tapa Wha model of care is used to ensure wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents are given information to make informed decisions and an opportunity to discuss any concerns they may have during admission or whenever required. Other agencies involved in residents' care were recorded in residents' records. Whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and medical review outcomes. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Information provided to residents and whānau is mainly in the English language. The facility manager/clinical manager stated that information can be provided in other languages when requested. Appropriate interpreter services are engaged through the local Health New Zealand – Te Whatu Ora when required. Whānau support Māori residents with interpreting where appropriate. Written information and verbal discussions are provided to improve communication with residents, their whānau or enduring power of attorney (EPOA). Family contact records were maintained. Staff ensure that residents have appropriate aids to improve communication, for example hearing aids and reading glasses.</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</p>	FA	<p>Best practice tikanga guidelines in relation to consent was practiced. Informed consent was obtained as part of the admission documents which the resident or their EPOA signed on admission. Consent was also obtained for sharing health information, taking photographs and outings and for specific procedures as required.</p>

<p>me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Advance directives for resuscitation status were available in residents' records. Staff were observed to gain consent for daily cares.</p> <p>Residents and whānau and EPOAs confirmed that they were provided with information and were involved in making decisions about their care. Residents are offered a support person through the advocacy services when required. Communication records sighted verified inclusion of support people where applicable.</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 policy and associated forms meet the requirements of consumer rights legislation and works equitably for Māori. Information on the complaint process is provided to residents and whānau on admission. Residents and whānau stated they would not hesitate to raise a concern if they had one. Internal audits regarding the complaints process confirmed that residents understood the complaints process.</p> <p>It was reported that there had been one formal complaint since the last audit which involved a resident receiving respite services. The complaint was also sent to Health New Zealand – Te Whatu Ora, Aged Concern and the Health and Disability Commissioner for Aged Persons (November 2023). A full investigation was completed and management kept the complainant updated with the results of the investigation, findings and corrective actions. An apology was made to the resident; however, the provider has not received any correspondence from the resident to confirm they are satisfied with the outcome. Comprehensive records were maintained and confirmed that the complaint was well managed. The provider forwarded an outline of their actions to resolve the complaint to Health and Disability Commissioner as requested. The Health and Disability Commissioner referred the complaint back to the provider with a letter stating they were closing the complaint. Processes regarding the complaint were followed up by the auditors, and confirmed that all corrective actions has been implemented, with good effect.</p> <p>Any day to day concerns from residents are addressed in resident</p>

		meetings which occur every six months. These meetings are attended by the current director and the management team/new directors and include updating residents on organisational performance and discussing general issues.
<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>There are currently two directors, one of whom was a previous registered nurse with over 40 years' experience in care of the older person. One of the current directors was interviewed during the audit and confirmed their commitment to ensuring the principles of Te Tiriti o Waitangi are maintained and that services remain equitable. During their nursing career the director maintained the required nursing council cultural competencies including Te Tiriti o Waitangi and equity. The current directors have maintained a close relationship with the local marae. The organisation is a current member of the Aged Care Association.</p> <p>The proposed new directors have established their new company – ASLR, which has been incorporated as a registered company. The proposed take over date is 1 July 2024, pending Ministry of Health approval and certification. The new directors have been working as managers in the organisation for seven years. The clinical/facility manager is a registered nurse and is responsible for clinical governance and staff management. The clinical/facility manager is supported by the operations manager. The operations manager has a master's degree in accounting and finance and is responsible for financial management including invoicing, wages and contract management. Both the new directors intend to continue being onsite Monday to Friday business hours and live next door ensuring after hours clinical and operational support is readily available. The new directors also have support from a legal representative who has a background in employment law and director responsibilities.</p> <p>The process for transitioning the new directors has been occurring since 2020, with a slow handover of delegations during this time. The current directors have worked closely with the new directors in preparing them for the role and reported they feel confident in the skills and experience of the management team. The mission, values and vision of the organisation remains unchanged for now. The new</p>

		<p>directors discussed their strategic direction and their commitment to Te Tiriti o Waitangi and reducing barriers. Both have completed relevant education regarding Te Tiriti o Waitangi and equity. The clinical/facility manager has completed Mauri Ora training including cultural competence and has been in contact with the local iwi who have stated they will continue to support the rest home. There are no immediate plans to change the scope of services provided, however the new directors have been in discussions with Health New Zealand – Te Whatu ora regarding the possibility of including hospital services within the scope.</p> <p>Governance policies and procedures are documented, including director responsibilities, business sustainability, asset management, insurance and a commitment to tāngata whaikaha and Te Tiriti o Waitangi. Both of the new directors are familiar with their requirements regarding legislative, contractual and regulatory requirements. In their management roles they have been fully responsible for quality and risk management and will continue to do so. The management team discussed the methods in place to ensure the needs of tāngata whaikaha are met and are well supported by diverse and multicultural staff.</p> <p>The service holds contracts with Health New Zealand -Te Whatu Ora for rest home level care and respite. There are also two residents under the young person with disability (YPD) contract, both of whom are over the age of 65 years but remain funded through Whaikaha – Ministry of Disabled People. The service also has two respite residents who are funded by the Accident Compensation Corporation (ACC), one of whom is a respite resident. There is a maximum capacity of 28 beds, with 26 residents on the day of the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p>	FA	<p>The strategic/quality plan describes annual and longer-term objectives and the associated operational plans including the organisations response to risk and ensuring equitable services are provided. The current director and proposed new directors</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>confirmed regular discussions and actions to monitor organisational performance. A current and comprehensive risk management plan is in place. Staffing and funding are identified as the highest risk to the organisation, with mitigating strategies being implemented and monitored. The health and safety system aligns with legislation, with the responsibilities of a person conducting business or undertaking (PCBU) displayed in the health and safety statement.</p> <p>The quality and risk management system ensures ongoing compliance with improvements implemented as needed. Service delivery monitoring includes collation and analysis of quality data such as incidents/accidents, complaints, infections, and the outcomes of internal audits. Staff reported their involvement in quality and risk management activities. The required policies and procedures are documented, current and based on best practice. Internal audits are routinely conducted and provide ongoing confidence regarding compliance. The new directors demonstrated an understanding of essential notification reporting. Collated incidents and accident analysis were sampled. There have been no significant events requiring notification to external agencies other than the required COVID-19 notifications.</p> <p>The new directors intend to continue with formal bi-monthly management meetings. These meetings provide all collated quality data. There are also regular staff, dietary and activity meetings. These meeting also include specialist education topics (refer standard 2.3).</p> <p>The service can deliver high quality health care for Māori. This was evident in the involvement of representatives from the local marae who have whānau residing at the rest home. Māori care planning is strengths based and holistic. The results of satisfaction surveys demonstrated 98.3% satisfaction, with surveys addressing cultural needs. Whānau satisfaction surveys resulted in 98% satisfaction.</p> <p>The new directors demonstrated a commitment to the provision of equitable services. The goals of the Māori health plan are reviewed annually and provide sufficient details that equity and ethnicity data is being collected, collated and analysed. The plan is individualised to the rest home and the demographics of the area. Goals for achieving equity are well defined with further mechanisms for the</p>
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		collection of additional meaningful data being explored.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There are sufficient nurses and health care assistants on duty at all times. The roster confirmed more than adequate staff cover, with staff replaced in any unplanned absence. It was reported that staffing levels can be adjusted to meet the changing needs of residents. There is an afterhours on call roster shared by the facility/clinical manager and the other registered nurse. Staff reported having good access to advice when needed. Management reported a full quota of staff was employed, with no current staff shortages. There are three health care assistants on duty during the morning, two in the afternoon and one at night. Both registered nurses are on duty Monday to Friday business hours and provide on call support. In addition, there is one activities coordinator who works Monday to Friday, one full time cook and one cleaner. Casual kitchen and cleaning staff are also available. A team leader is rostered over the weekends when the registered nurses are not on duty.</p> <p>Continuing education is planned on an annual basis and occurs each month. Education includes mandatory training requirements. A majority of health care assistants have educational achievements related to care of older people, with some achieving a level four qualification in health and wellbeing, whilst the others are working through their levels. The two registered nurses are trained and maintaining their annual competency requirements to undertake interRAI assessments. Ongoing education is provided at staff meetings, with staff who were unable to attend requiring to sign that they have read the information. Staff memos are also provided which include updates on clinical and quality data.</p> <p>A number of competencies are routinely assessed. These include emergency evacuations, first aid, infection prevention, medication administration, cooking and food safety, hoists and cultural competencies. There are also additional medication competencies for insulin administration and controlled drugs.</p>

		<p>The collection and sharing of high-quality Māori health information was encouraged. Staff were aware of the needs of Māori residents and their whānau. Care planning and interventions were provided within a holistic framework informed by the four cornerstones of health (tinana, hinengaro, wairua and whānau). Local iwi representatives were available and visited the rest home providing education and resources to staff and residents regarding Māori protocol and models of health. Information was available in te reo Māori with signage throughout the facility displayed in multiple languages.</p> <p>All staff interviewed provided positive comments regarding their confidence in the management team/new directors. They reported a positive work environment and voiced no concerns regarding the change. Staff stated that management were supportive and available at all times.</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>Human resource policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates. Staff records confirmed the organisation's policies are being consistently implemented and records are maintained in accordance with requirements. Staff ethnicity is recorded and copies of passports are maintained for overseas staff. Internal audits of personnel records ensure compliance with policy and employment legislation. Position descriptions are documented for each role. These include authorities and accountabilities.</p> <p>Staff orientation includes all necessary components relevant to the role and the essential components of service delivery. Staff reported that the orientation process prepared them well. The orientation process takes two weeks to complete and all new staff are buddied by a senior staff member. An orientation checklist is signed off on completion and these were sighted in staff records sampled.</p> <p>Formal performance appraisals are completed annually and were</p>

		sighted in all staff records sampled. Staff surveys are also completed annually and confirmed a good level of satisfaction. Staff commented that the rest home was a 'very special place' to work and that they were well supported by the management team.
<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>The management of information meet health records standards and professional guidelines. All entries into records are dated and signed by the designated writer. The clinical manager reviews all progress notes, including health monitoring charts. Resident records are maintained in both electronic and hard copy. The privacy of information is maintained and kept in the nursing station, or stored on computers that are password protected. All records are accessible to those who have the authority to do so. Records are integrated with entries accessible from visiting health specialists including the general practitioner. Archived records are well maintained in a secure storage area.</p> <p>The organisation is not responsible for National Health Index registration.</p>
<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>Entry criteria to Seaview Rest Home were clearly documented in the information handbook. Entry to services is managed by the facility/clinical manager and the registered nurse (RN). Prospective residents or their whānau are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident and/their whānau. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>Pre – admission and admission policies and procedures have clear processes for communicating the decisions for declining entry to services. Residents confirmed their rights and identity are respected. The service maintains a record of the enquiries. Routine analysis of entry and decline rates including specific rates for Māori is completed annually. The service has established links with the local marae, Māori communities and other Māori organisations to</p>

		meet the needs of residents who identify as Māori. Māori cultural advice is provided by the representative from the local marae when required.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The registered nurse (RN) and the facility/clinical manager complete nursing admission assessments, care plans and care evaluations. Initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and their whānau where appropriate. The service uses a range of assessment tools, for example tools that include consideration of residents' lived experiences, oral health, falls risk, continence, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. The long-term care plans were developed within three weeks of an admission. A range of clinical assessment outcomes, including interRAI, referral information, observation and the NASC assessments served as a basis for care planning. Residents, whānau or EPOA were involved in the assessment and care planning processes with resident's consent.</p> <p>The long-term care plans identified residents' strengths, goals and aspirations. Residents' values and beliefs were recorded. Early warning signs and risks that may affect a resident's wellbeing were documented. Challenging behaviour plans and behaviour monitoring forms were completed where applicable.</p> <p>The use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia are included in the Māori health care plan. The Māori health care plan support Māori residents and whānau to identify their own pae ora outcomes. Staff understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified in the Māori Health Plan and the facility/clinical manager reported that these are monitored and prevented as possible.</p>

		<p>Medical assessments were completed by the general practitioner (GP) in a timely manner. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in records sampled. Changes in residents' health were escalated to the GP in a timely manner. In interview, the GP confirmed satisfaction with the care provided to residents and that medical orders were followed.</p> <p>Six-monthly long-term care plans were completed following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Changes were made to the long-term care plans in collaboration with residents where progress was different from expected. Residents' care was evaluated on each shift in the progress notes by the care staff.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Residents and family/whānau expressed satisfaction with the care provided. Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator completes the activities needs assessment for all residents within two weeks of admission with input from residents and whānau. The assessment tool includes interests, abilities, and social requirements. A weekly activities calendar was posted on notice boards around the facility. Residents are invited to the activities on the programme each day.</p> <p>There were individual activities and group activities provided. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. The activities on the programme include church services, exercise to music, happy hour with ukelele played by a resident, movies, art</p>

		<p>and craft, board games, bingo, van outings into the community and bowls. Monthly and international days are celebrated. National cultural events celebrated include Waitangi Day, Matariki celebrations, ANZAC and Māori language week celebrations. Other opportunities for Māori to participate in te ao Māori include Māori residents supported to go to the local marae to attend to events. A Māori representative visits twice per week and sings waiata with residents. At times residents go on outings with their whānau. Residents admitted under the young people with disabilities contract attend to external activities which are suitable for their age and ability.</p> <p>Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review. Feedback on activities is sought in the residents' satisfaction surveys conducted within three weeks of admission and annually. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and whānau confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The medication management policy complies with relevant legislation and guidelines. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicine had current medication administration competencies. A process for management of medication errors was in place. There were no medication errors recorded over the past year. Administered as required (PRN) medicine was not consistently evaluated for effectiveness.</p> <p>The medicine was stored safely in a locked medication trolley that is kept in the nurses' station. Medicine packs are supplied to the facility in a pre-packaged format from a contracted pharmacy. Medicine reconciliation was completed by an RN when new packs were delivered from the pharmacy. All medicine sighted were within current use by dates. Pharmacist input was provided on request. Appropriate processes were in place for the management of</p>

		<p>standing orders.</p> <p>Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. The records of temperatures for the medicine fridge and the nurses' station were within the recommended range.</p> <p>Three-monthly medication reviews were consistently completed by the GP. Appropriate prescribing practices were observed in records reviewed. Over-the-counter medicine supplements and allergies were documented on the prescription charts where applicable. Residents and their family/whānau are supported to understand their medications. The GP stated that when requested by Māori, appropriate support, and advice for treatment is provided.</p> <p>There were residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner.</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>Residents' dietary requirements are assessed on admission. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are identified and documented. Diet profiles are shared with kitchen staff and any special requirements are accommodated in daily meal plans.</p> <p>Food is prepared on site by the cooks. The menu follows summer and winter patterns. The menu was reviewed by a qualified dietitian on 17 May 2024. Residents have meals in the dining room and those who chose not to go to the dining room for meals had meals delivered to their rooms.</p> <p>The service operates with an approved food safety plan. The current food control plan expires on 28 August 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents' weight was monitored monthly and there was evidence</p>

		<p>that any concerns in weight were managed appropriately. Additional nutritional supplements were provided where required. Culturally specific to Māori food options were provided on request. The representative from the local marae brings Māori culturally specific food for residents who identify as Māori. Residents and whānau expressed satisfaction with the food services.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion.</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>The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the resident, their whānau and the EPOA where applicable. A transfer form and checklist are completed to facilitate the sharing of relevant documents for continuity of care. The service coordinates with the receiving service over the phone to provide verbal handover. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation. Residents were provided with the support they required during the transfer processes.</p> <p>Referral or support to access kaupapa Māori agencies and other health and disability services where indicated, or requested, is offered. Residents' and whānau were kept informed of the referral process, reason for transfer or discharge as verified in records sampled and in interviews.</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</p>	FA	<p>The facility is owned by the Picton Health Trust, who are responsible for any external maintenance requirements. Internal maintenance is the responsibility of the directors. The facility was built in the 1950's as a public hospital and was then converted to the rest home 30 years ago. The building warrant of fitness expires in July 2024, with the new one in process. There had been no changes to the facility since the last audit and satisfaction surveys</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>confirmed that both residents and whānau were satisfied with the maintenance and up-keep of the building. This was also confirmed in family/whānau interviews.</p> <p>Calibration of scales and medical equipment occurs annually. Electrical testing and tagging is current and was last completed in February 2024. The operations manager confirmed that environmental inspections occur and maintenance requests were attended to. Records of maintenance requests confirmed that these had been addressed. Building compliance audits are routinely completed. Hazards were identified and monitored as per the health and safety system. Records of hot water checks were sighted for the year to date and confirmed a consistently safe temperature.</p> <p>The facility is divided into three wings, tui, bell bird, kaha and pukeko. The pukeko wing is closest to the nursing station and is predominantly used for residents with a higher acuity or requiring palliative care. All residents have their own bedrooms. There are two double rooms which are used for couples. These contain separate hospital level beds. All bedrooms are sufficient in size, accessible, have a handbasin and external window. Bathroom and toilet facilities are shared and identifiable. There are separate toilets for visitors and staff.</p> <p>There is a large open plan lounge, and separate dining room. Both these areas can safely accommodate all residents and equipment. Activities are predominantly conducted in the lounge. External areas are safe and include a large deck and separate gazebo area. The facility is maintained at a comfortable temperature.</p> <p>The environment was inclusive of the residents' culture with residents free to decorate their rooms in the manner they wish. Policies ensure that input from residents and Māori are obtained should changes be made to the facility in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider</p>	<p>FA</p>	<p>Fire safety equipment is routinely checked in line with building warrant requirements. There was an approved evacuation plan dated 2006 and displayed evacuation procedure. Emergency</p>

<p>will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>evacuation drills were conducted every six months. Orientation for new staff includes emergency and security situations. The most vulnerable or mobility impaired residents are listed on the fire board and are expected to be assisted first. All staff have a current first-aid certificate. There were adequate emergency exit doors, an ambulance bay and designated assembly point. There is an automatic external defibrillator (AED) on site.</p> <p>There are sufficient emergency process and supplies. Civil defence supplies were well stocked, including stored water. There is emergency evacuation lighting and gas cooking. The facility can hire a generator in an emergency and would like to purchase one if they extend their services to include hospital level care.</p> <p>A security check is completed by the afternoon and night staff to ensure all doors and windows were secured. There are security cameras, sensor lights and night lights. The call bell system is routinely checked. Residents and whānau confirmed staff attended promptly when a bell was activated. All staff were identifiable. Resident satisfaction surveys confirmed that residents felt safe at all times.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality risk management and strategic plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents and staff. Expertise and advice on infection prevention is sought following a defined process which include advice on significant infection events sought from the local Te Whatu Ora and the GP. The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality risk management and strategic plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents and staff. Expertise and advice on infection prevention is sought following a defined process which include advice on significant infection events sought from the local Te Whatu Ora and the GP.</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 facility/clinical manager is the infection prevention coordinator (IPC). The infection prevention coordinator's role, responsibilities and reporting requirements are defined in the IPC's job description. The IPC has completed external education on infection prevention and control on 27 November 2023. They have access to shared clinical records and residents' diagnostic results.</p> <p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control services. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was last reviewed in January 2024. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>Infection prevention audits were being conducted six-monthly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes in staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plans in place were reviewed at regular intervals. Sufficient stock of IP resources including personal protective equipment (PPE) was sighted. The IP resources were readily accessible to support the pandemic response plan.</p> <p>The IPC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff had received education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The IPC is responsible for procurement of the required equipment, devices, and consumables through the Ministry of Health. The IPC would be involved in the consultation process for any proposed design of a new building or when significant changes are proposed to the existing facility. At the time of the audit there were no plans</p>
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		<p>for new buildings or significant changes.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. The decontamination and disinfection policy guides staff practice.</p> <p>Care staff were observed following appropriate infection control practices such as use of hand-sanitisers, effective hand-washing technique and use of disposable aprons and gloves. Sanitiser dispensers were readily available around the facility.</p> <p>The Māori health plan guides staff on tikanga Māori to promote culturally safe practice in IP. Staff were aware of culturally safe practice in IP to meet individual needs. Infection prevention educational material in te reo Māori was posted around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme (AMS) guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPC reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. Infection data is analysed for trends and action</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>		<p>plans are implemented. All healthcare-associated infections (HAIs) are monitored by the facility/clinical manager and discussed with staff regularly in meetings and reported to the governance body in monthly management meetings. Surveillance information include ethnicity data.</p> <p>Residents and family/whānau were advised of identified infections in a culturally safe manner as confirmed in interviews with residents and whānau. COVID-19 and norovirus infection outbreaks reported since the previous audit were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There is a designated cleaner who completes five hours per day Monday – Friday. Health care assistants complete laundry tasks. The internal audit programme includes a routine review of all cleaning and laundry processes. Resident meeting minutes confirmed that residents are satisfied with cleaning and laundry activities.</p> <p>Hazardous waste and substances are appropriately stored and disposed of. Chemicals are securely stored in the cleaners cupboard when not in use. Cleaning products on the cleaning trolley are correctly labelled. Staff have had the required chemical safety training. Domestic rubbish is disposed of as per local council requirements. There are sharps boxes available. The management of waste and hazardous substances is also in the hazard register. All staff have access to personal protective equipment (PPE) and have been training to use it. There is large supply of PPE available.</p> <p>The laundry has the required equipment. There are clearly designated areas for clean and dirty laundry. All laundry is delivered to the laundry in laundry bags and returned to residents using individual baskets and a trolley.</p> <p>Policies and procedures regarding waste, hazardous substances, the use of PPE, cleaning and laundry reflect best practice. The infection prevention coordinator is the clinical manager whose role includes oversight of the facility testing and monitoring programme</p>

		of the facility.
<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>Policies and procedures meet the requirements of restraint minimisation and safe practice standards. The rest home had a 'no restraint' philosophy and there was no history of restraint use. Governance and the management team endorsed the 'no restraint' philosophy and all staff were responsible for ensuring the philosophy was upheld, with the clinical/facility manager providing oversight.</p> <p>Staff received ongoing education on restraint minimisation and challenging behaviours. There were processes to report the need of restraint to management should it ever occurred. Any adverse event which involved a challenging behaviour was reported through the incident and accident process.</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)
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	Medicines were safely administered using an electronic system. A health care assistant was observed administering lunchtime medicine. The registered nurse and the clinical/facility manager oversee the use of all as required medicines. The administered PRN medicine was not consistently evaluated for effectiveness on six out of ten charts sampled for review.	Administered PRN medicine was not consistently reviewed for effectiveness in six of the 10 charts reviewed.	Ensure all administered PRN medicine is evaluated for effectiveness. 90 days

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.