Te Mahana Limited - Te Mahana Limited

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 The DAA Group 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: Te Mahana Limited

Premises audited: Te Mahana Limited

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 July 2024 End date: 24 July 2024

Proposed changes to current services (if any): Annie Brydon Complex Limited – Te Mahana Resthome has changed its legal entity name to Te Mahana Limited

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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 haumaru │ 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

Annie Brydon Complex – Te Mahana Rest Home provides rest home care for up to 22 residents. The facility is owned and operated by two directors in a building leased from the local Te Mahana Trust. Residents, whānau and external health providers were complimentary of the care provided.

This provisional audit process was instigated due to a plan to change the legal entity of the facility from Annie Brydon Complex – Te Mahana Resthome to Te Mahana Resthome Limited. Residents and staff will not be impacted by the change of legal entity of the company.

The audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contracts held with Health New Zealand – Te Whatu Ora. The audit included a pre-audit review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau, the facility's directors, staff, and a general practitioner.

Improvements are required to registered nurse cover in the facility, police vetting of staff, completion of staff orientation, and medication management.

Ō tātou motika │ Our rights

Annie Brydon Complex – Te Mahana Rest Home provided an environment that supported residents' rights and culturally safe care. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively to support and encourage a Māori world view of health in service delivery. Māori residents were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

Systems and processes are in place to make sure Pacific peoples can be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff had participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

There have been no complaints received by the service from external sources.

Hunga mahi me te hanganga | Workforce and structure

The directors at Annie Brydon Complex – Te Mahana Rest Home assume accountability for delivering a service that is inclusive of, and sensitive to, the cultural needs of Māori. This includes supporting meaningful inclusion of Māori, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and people with disabilities. The directors are suitably experienced and qualified in governance, and one has completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated. The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded and securely stored and was not on public display or accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

A hard copy, paper-based medication management system was in place.

The food service met the nutritional needs of the residents, with cultural needs catered for. Food was safely managed.

Residents were referred or transferred to other health services as required.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been checked and tested as required. External areas are accessible, safe, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

The directors and the infection control coordinator ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator participated in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

The service is a restraint-free environment. This is supported by the organisation's policies and procedures. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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	23	0	2	1	1	0
Criteria	0	162	0	3	2	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Annie Brydon Complex – Te Mahana Rest Home (Te Mahana) provides an environment that supports residents' rights and culturally safe care. There was a health plan in place that was specifically directed at Māori, with a culturally appropriate model of care to guide culturally safe services. Te Mahana works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. At the time of audit, there were staff and residents in the service who identified as Māori. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by residents and whānau interviewed. Te Mahana can access support for Māori through a kaumatua who visits regularly and through a Kaumātua group affiliated to two local maraes (Pariroa and Wai-o-Turi Marae).
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.	FA	Te Mahana has a Pacific health plan, based on Ola Manuia, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care

Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.		requirements for Pacific peoples to ensure equitable and culturally appropriate services and has a culturally appropriate model of care (Fonofale) to guide culturally safe services. While there were no residents who identified as Pasifika in the facility during the audit, the service can access Pasifika communities through TOA (Treasuring Older Adults) Pacific Inc. and the Aiga Carers Network. The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at management level. There were no staff who identified as Pasifika in the service.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training on the Code was provided to staff by the staff of the Health and Disability Commission Advocacy Service (Advocacy Service) in June 2023. A further training session is booked for August 2024. Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights. The Code was displayed in English, te reo Māori and New Zealand Sign Language (NZSL) at the facility entrance, with additional brochures accessible if required. The residents' information pack, provided on admission, includes information on the Code. The directors were familiar with the Code, and aware of their obligations in relation to the Code. The rights of residents in the service, and the directors' obligations in that respect, will not be impacted by the change of legal entity of the company.

Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Te Mahana supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain residents' privacy throughout the audit. All residents have a private room. Te reo Māori and tikanga Māori were promoted within the service. Several staff identified as Māori and spoke te reo Māori, as did several residents. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents’ property was labelled on admission, and they reported that their property was respected. Professional boundaries were maintained by staff. Staff interviewed felt comfortable to raise any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care.
Subsection 1.6: Effective communication occurs 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.	FA	Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to whānau in a timely manner. Where other

Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.		agencies participated in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing, and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All resident files reviewed had an advance directive and resuscitation requests documented.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available to residents, along with information on advocacy options available to them. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted for two complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and

		tikanga practices specific to the resident or the complainant). There have been no complaints received from external sources since the previous audit.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	PA Low	The directors assume accountability for delivering services to the residents at Te Mahana with one of the directors acting as the manager of the service with the support of the other director and a registered nurse. The service monitors changes to legislative and clinical requirements through membership of the Chamber of Commerce and the New Zealand Aged-Care Association, as well as through Government feeds. There is Māori representation in the service via residents and staff; however, Māori do not have substantive input into organisational policies and procedures (refer criterion 2.1.9). The land and buildings are owned by a local trust and leased to the directors of Te Mahana. This has not changed since the name of Te Mahana was changed from Annie Brydon Complex Limited to Te Mahana Limited. Te Mahana was, in the past, affiliated to the Annie Brydon Complex Limited, but it now stands alone, hence the change of legal entity of the company. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation, and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., bilingual signage and information in other languages for the Code of Rights, advocacy services, and infection prevention and control). Te Mahana promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika. The leadership structure is appropriate to the size and complexity of the organisation; however, there is little clinical supervision in the service due to the difficulty in recruiting registered nurse (RNs) in the local area (refer criterion 2.3.1). The RN cover that is in place is an experienced and suitably qualified person. Apart from securing the services of an RN working hours appropriate for the service, there will be no change to personnel as a result of the legal entity of

		the company running the facility. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing performance occurs through regular reporting at planned intervals. A commitment to the quality and risk management system was evident. The directors attend Te Mahana and are onsite most weekdays. They confirmed that they felt well informed on progress and risks. Internal quality data collection (e.g., adverse events, complaints, infections, antibiotic use, internal audits, and restraint use) are aggregated and corrective actions completed where deficits are identified. A sample of facility reports and graphs showed adequate information to monitor performance is reported. Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings, and there was evidence of discussion and documented response to matters raised from residents in meeting minutes sighted. Residents' satisfaction surveys and general resident meetings showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported a very high level of satisfaction when interviewed. The service currently holds contracts with Te Whatu Ora – Health New Zealand for age-related residential care (ARRC) at rest home level; this includes contracts for long-term support-chronic health conditions (LTS-CHC), respite, and day respite services. Nineteen (19) residents were receiving ARRC services at the time of audit: there were also two boarders who were not included in this audit process (21 residents in total). There were no residents receiving services under the LTS-CHC, or rest home respite contract. Three people attended intermittently for day care respite.
Subsection 2.2: Quality and risk 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities,

Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.		compliments and complaints, resident feedback from meetings and the satisfaction survey, and policies and procedures. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. Relevant corrective actions are developed and implemented to address any shortfalls. Internal audits are completed with corrective action identified and addressed. Medication management is part of the audit cycle but, due to timing, it did not pick up the lack of monitoring of medication room and refrigeration temperatures. Staff reported that they generally did monitor room and refrigerator temperatures and were able to describe the processes for monitoring and the required temperature range, but the book that was in use for monitoring these had gone missing (refer criterion 3.4.2). A sample of five incident forms reviewed (one pressure injury (PI), three falls, one behaviour that challenged) showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner. Residents who had unwitnessed falls, or witnessed falls with a 'head knock', had neurological observations completed. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori. The directors understood and have complied with essential notification reporting requirements. One Section 31 notification has been made to Manatū Hauora in the last 12 months, related to RN availability in the service (refer criterion 2.3.1). The directors are aware of the changes in the reporting structure, with pressure injury (PI) notifications now being directed to Te Tatū Hauora - the Health Quality and Safety Commission (HQSC). No notifications have been made to HQSC. The quality and risk system will not be impacted by the change of legal entity of the company.

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen 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.	PA Moderate	There is a documented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. However, RN unavailability means that, while the cultural needs of residents can be met, there are insufficient RN hours available to the facility to ensure clinically safe services (refer criterion 2.3.1). If RN input is required after hours, this is supplied by telephone the by RN currently working in the service. If direct resident care is required after hours, this is accessed through the paramedics in the local ambulance service and/or the local hospital. Facility on-call is covered by the directors of the facility. There have been no changes to staffing following the change of legal entity of the company. A multidisciplinary team (MDT) approach ensures residents' needs are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery, except for medication competencies (refer criterion 3.4.3). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme. Records reviewed demonstrated that, with the exception of medication competencies (refer criterion 3.4.3), the required training and competency assessments were completed. The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education. Staff reported feeling well supported and safe in the workplace.

Subsection 2.4: Health care and support workers 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. 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. 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.	PA Low	Human resources management policies and processes are generally based on good employment practice and relevant legislation, but do not include police vetting (refer criterion 2.4.1). Except for police vetting, a sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio. Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for the RN and associated health contractors (a general practitioner (GP), three pharmacists, a podiatrist, and a dietitian). A sample of seven staff records were reviewed. The files evidenced implementation of the recruitment process (except for police vetting), the provision of employment contracts, reference checking, and visa checking (if applicable). Not all staff had completed the requirements for induction and orientation (refer criterion 2.4.4). Staff performance had been reviewed and discussed with staff at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals. Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. Staff information is secure and accessible only to those authorised to use it. Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.
Subsection 2.5: Information	FA	Te Mahana maintained quality records that complied with relevant

The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.		legislation, health information standards and professional guidelines. Resident and staff files are paper based. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Consent was sighted for data collection. Data collected included ethnicity data. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Te Mahana is not responsible for the National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident was declined entry, there were processes in place for communicating the decision. Related data was documented and analysed, including entry and decline rates for Māori. The service has developed partnerships with the local Māori community and organisations and supports Māori and their whānau when entering the service.
Subsection 3.2: My pathway to wellbeing 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.	FA	The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by the RN following a comprehensive assessment, including consideration of the person's

Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Six resident files were reviewed and included residents who identified as Māori, residents admitted with a pressure injury, residents with insulin-dependent and non-insulin-dependent diabetes, residents with congestive heart failure, and residents who had had a recent fall. Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, GP assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. Care plans at Te Mahana acknowledged in detail the individualised needs of each resident. Residents' specific needs were well documented to enable residents to be provided with the care they would otherwise provide for themselves if they were able. Residents with diabetes were managed in accordance with best practice guidelines. Blood glucose monitoring occurred as requested by the GP. Potentials for high and low blood glucose levels were identified and symptoms to be alert for were documented. Wound care and strategies to minimise the risk of pressure injuries were in place. This was verified by sampling residents' records, and from interviews with clinical staff, people receiving services and whānau. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participated in service development through ongoing discussion. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access

		information.
Subsection 3.3: Individualised activities 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.	FA	The activities programme developed by the activity's coordinator supported residents of Te Mahana to maintain and develop their interests and was suitable for their ages and stages of life. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. A kaumātua community group meets three days each week, and residents are supported to attend these meetings. Every month there is a community meal in Patea that residents attend and can catch up with locals and local whānau. A kohanga reo kindergarten group regularly comes to sing at Te Mahana and entertains the residents. A kaumatua visits the residents at Te Mahana every fortnight. Van outings occurred regularly and included visits to places of interest or attendance at local events. Feedback on the programme was provided through resident and whānau interviews and the resident satisfaction survey. Survey results evidenced a high degree of satisfaction with the activities programme. Those interviewed confirmed they find the programme meets their needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	PA High	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A medication round was observed and a system for medicine management using a hard copy paper system was, however, not observed on the day of audit (refer criterion 3.4.2). All staff who administer medicines were not evidenced to have been assessed as competent to perform the function they managed (refer criterion 3.4.3), including the staff member observed dispensing medications on the day. These areas require prompt corrective action. Medication reconciliation occurred. All medications sighted were within current use-by dates.

		Medicines were stored securely, including controlled drugs. The required stock checks had been completed. Medicines were not evidenced to be stored within the recommended temperature range (refer criterion 3.4.2). This also requires to be addressed. Prescribing practices did not meet requirements, and this requires attention (refer criterion 3.4.). Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded; however, this was not on the medicine chart (refer criterion 3.4.2). Standing orders were not in use at Te Mahana. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service being provided at Te Mahana was in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian on 12 January 2023. Recommendations made at that time had been implemented. All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. The food control plan was verified for 18 months on 13 September 2023. One area required corrective action, around staff training records. This was addressed and the plan is due for review in March 2025. Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori. Evidence of resident satisfaction with meals was verified by residents and whānau interviews, and satisfaction surveys. Residents were given sufficient time to eat their meals in an

		unhurried fashion, and those requiring assistance had this provided with dignity.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Transfer or discharge from Te Mahana was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the recent transfer of their relative.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. A building warrant of fitness for the facility is displayed with an expiry date of 26 August 2024. The service currently has no plans for further building projects requiring consultation, but the directors were aware of the requirement to consult and co-design with Māori if this was envisaged, and it is unlikely that the owners of the land and buildings would agree to changes should this not take place. The environment was homely, comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Residents were sighted relaxing in different areas around the home. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the

		needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility; two of the rooms have ensuite facilities. There are external areas within the facility for leisure activities, with appropriate seating and shade. Services and the environment will not be impacted by the change of legal entity of the company, no changes are planned. Residents and whānau interviewed were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed confirmed they have adequate equipment to safely deliver care for residents.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 17 May 2017. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff were able to provide a level of first aid relevant to the risks for the type of service provided, and a first aid certified staff member was available 24/7. All rooms, bathrooms and communal areas have appropriately situated call bells. Call bells alert staff to residents requiring assistance and residents and whānau reported staff respond promptly. Appropriate security arrangements are in place. Residents and whānau were familiar with emergency and security arrangements.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership	FA	The directors of Te Mahana have a suite of infection prevention (IP) and antimicrobial stewardship (AMS) policies outlined in policy

to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.		documents. Policy documents are provided by a contracted specialist infection prevention and control provider. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and noteworthy events to the directors of the service. Infection prevention (IP) and AMS are being supported through clinically competent personnel who make sure that IP and AMS are being appropriately managed. Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Such events and trends are reported and managed. Data on infections and antimicrobial use includes ethnicity data to support equity in IP and AMS programmes. When clinically indicated, clinical staff at Te Mahana can access expertise through the contracted specialist infection prevention and control provider, local Te Whatu Ora infection control specialists, and Regional Public Health.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The company's directors and the infection prevention and control coordinator (IPCC) are responsible for overseeing and implementing the IP programme. The IPCC reports directly to the directors. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice would be sought when making decisions around procurement relevant to care delivery, design of any new building, or facility changes. Policies used in the facility are from the contracted specialist infection prevention and control provider. The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate. Staff were familiar with policies through orientation and ongoing

		education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori. A pandemic/infectious diseases response plan was documented and had been regularly assessed. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use. Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	Responsible use of antimicrobials is promoted. The AMS programme was appropriate for the size and complexity of the service and supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence was sighted of a reduction in antimicrobial usage over the past year.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff and the Directors. Surveillance data includes ethnicity data. Communication between service providers and residents experiencing a health care-associated infection (HAI) was culturally

focus.		safe.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to perform duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Te Mahana is a restraint-free environment, and policies and procedures support restraint elimination. There were no residents observed to be using a restraint during the audit. The restraint coordinator (RC) is a defined role undertaken by a director of the service in consultation with the RN. If restraint was in use, the RN would provide support and oversight of restraint use. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC, in consultation with the Te Mahana multidisciplinary team, would be responsible for the approval of the use of restraint should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, the GP, and the resident's EPOA and/or whānau as part of the decision-making process. Restraint use is identified as part of the quality programme and reported as part of the quality management programme, even if restraint is not in use. There are strategies in place in the service to support the non-use of restraint, including staff interventions and an

		investment in equipment (e.g., through the use of ‘intentional rounding’ (scheduled resident checks), de-escalation strategies, high/low beds, and sensor equipment). Restraint is also considered during the individualised care planning process, with alternative interventions put into place if the resident is thought to be at risk. Restraint would only be considered when all other interventions have failed. There are processes in place for emergency restraint in policy should this be required. Restraint protocols are covered in the orientation programme of the facility (refer criterion 2.4.4) and included in the education/training programme. Annual restraint competency is required for staff, and this has been completed. Staff had been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring. Given restraint has never been used in the facility, subsections 6.2 and 6.3 have not been audited.

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 2.1.9 Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.	PA Low	There is Māori representation in the service via residents and staff. The service is located in a predominately Māori community; however, Māori do not have substantive input into organisational policies and procedures.	Māori do not have substantive input into organisational policies and procedures.	Ensure Māori have substantive input into organisational policies and procedures. 180 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Moderate	Registered nurse unavailability means that there are insufficient RN hours allied to the service to meet the provider’s agreement with Te Whatu Ora. Currently the service only has (on average) seven hours of RN cover per week with the service primarily managed by the directors of the facility and caregivers. The RN attends the facility, but focuses	There are insufficient RN hours in the service to meet the requirements of the provider’s contract with Te Whatu Ora.	Ensure there are sufficient RN hours in the service to meet the requirements of the provider’s contract with Te Whatu Ora. 90 days

		primarily on interRAI assessment and care plans, as required or when the residents' status changes. They are not involved in the initial assessment of each resident on admission, nor are they available to advise on care and administration of medication (refer criteria 3.4.2 and 3.4.3), possible side effects and reported errors/incidents, provide and supervise care; act as a resource person and fulfil an education role; monitor the competence of care staff to ensure safe practice (refer criteria 3.4.2 and 3.4.3), or advise management of the staff's training needs, and in the development of policies and procedures.		
Criterion 2.4.1 Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.	PA Low	The provision for police vetting is in line with good practice for staff working with potentially vulnerable adults. The facility processes required the police vetting of staff. Police vetting had taken place for two staff from the seven files reviewed. The directors of the service confirmed that police vetting was part of their recruitment of staff, but this had been missed due to management changes. The directors have undertaken to identify all staff who have not undergone police vetting and rectify this.	Not all staff who enter the service have been police vetted.	Ensure all staff who enter the service undergo police vetting. 180 days
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction	PA Low	The service's processes require that all staff are orientated to the service within a timeframe of three months. Whilst staff interviewed reported that they had been	Not all staff who enter the service have completed an orientation programme within the required timeframe of three	Ensure all staff who enter the service complete an orientation programme within the required timeframe of three months.

programme that covers the essential components of the service provided.		orientated to the service, in seven of the files reviewed, three staff who should have completed orientation did not have orientation documented on their files.	months.	180 days
Criterion 3.4.2 The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.	PA High	A hard copy paper-based medication system was operating at Te Mahana, as internet services in the region are not dependable. A review of 19 medication charts identified that all contained several areas of potential risk. The medication charts were electronically generated by the pharmacy whenever there was a change in medication. The medication charts onsite did not consistently have a GP's signature to authorise the prescription. Start dates of medications were not documented on the newly generated chart. The GP was recording they had reviewed the medication chart; however, this was not recorded on the medication chart being used. At times there was no system to determine the chart being used was the most recent, up-to-date medication chart. Where dates were recorded, it was only the day and month, not the year. At times, the medication chart being used recorded a prescribed medication; however, the staff identified it as having been discontinued, and the medication was not present in the medication packs. The medication refrigerator and medication room had no evidence that temperatures were being monitored to ensure medications are stored at the	The medication chart being used had been generated by the pharmacy, after any medication changes were made. The chart being used by care staff often did not have a GP's signature to verify the medication had been prescribed by the GP, did not evidence the date when the medication was prescribed, did not evidence the medication had been reviewed on the medication chart, and did not ensure the most recently updated medication chart was being used. The medication refrigerator and medication room had no evidence that temperatures were being monitored to ensure medications are stored at the correct temperature.	Provide evidence the medication system in place verifies that the medication has been prescribed by the GP, the date when the medication was prescribed, when the medication has been reviewed on the medication chart and ensures the most recently updated medication chart is being used. Provide evidence the medication refrigerator and medication room have temperatures monitored to ensure medications are stored at the correct temperatures. 7 days

		correct temperatures. A corrective action plan to address these areas of concern was instigated and being addressed prior to the audit finishing. This included implementing a new medication chart, which includes a space for the commencement and discontinuation date to be recorded, a space for the GPs signature and the review dates to be included on the medication chart. The original is to remain in use, and a request made to the pharmacy for updated medication charts not to be regenerated by them.		
Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.	PA Moderate	At the time of audit, there was no evidence to verify staff administering medications, checking medications, administering, or checking controlled drugs and administering insulin had been deemed competent to perform these functions. Te Mahana had no records to verify competency in medication management. There was evidence that of the five caregivers administering medications, two had completed the questionnaire, but these had not been signed off. No evidence was sighted of a practical assessment/observation occurring. Three staff designated as second checkers did not have medication competency recorded. There was no evidence of medication errors occurring because of this practice. On the day of audit, to mitigate the risk, the medication-competent practice nurse	There were no records available to verify staff dealing with medications (either administering or checking) had been deemed competent to perform that function.	Provide evidence all staff administering or checking medications are competent to perform that function. 7 days

		from the local medical practice did a full medication competency assessment for the senior caregiver, to enable residents' ongoing medication needs to be met. This senior caregiver then instigated processes to ensure all health care assistants administering or checking medications were competent to do so. By the end of the audit, all but one caregiver administering or checking medications were deemed competent.		

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.