

# Experion Care NZ Limited - Okere House

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Experion Care NZ Limited
<b>Premises audited:</b>	Okere House
<b>Services audited:</b>	Dementia care
<b>Dates of audit:</b>	Start date: 16 December 2024      End date: 17 December 2024
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	26

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Okere House is one of six aged care facilities managed by Experion Care New Zealand Limited. Okere House is certified to provide dementia level of care for up to 26 beds. At the time of the audit there were 26 dementia level care residents.

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

The facility manager has been in the role since October 2024. They are supported by Experion Care New Zealand Limited management team, an administrator, a recently appointed clinical manager and a team of experienced staff. Family/whānau and the nurse practitioner interviewed spoke positively about the care and support provided.

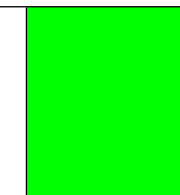
There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The areas for improvement identified at the previous audit relating to Māori representation at governance level; internal audits compliance; whānau input into care planning and medication management have been satisfied.

Improvements are still required in care plan reviews, family/whānau meetings and satisfaction surveys.

This surveillance audit identified areas for improvement related to incident management, care plan interventions, monitoring and infection control surveillance.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Okere House provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Okere House demonstrates their knowledge and understanding of resident’s rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers’ Rights. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems aim to meet the needs of residents and their staff. Quality improvement projects are implemented. Quality and risk performance is reported across various meetings. Okere House collates clinical indicator data and benchmarking occurs.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. Resident files included medical notes by the nurse practitioner and visiting allied health professionals.

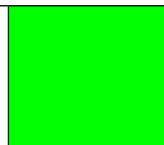
Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. There are additional snacks available 24/7.

Medication policies reflect legislative requirements and guidelines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

Discharge and transfers are coordinated and planned.

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

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



Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

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

All policies, procedures, the pandemic plan, and the infection prevention and control programme have been developed, approved and reviewed by Experion Care New Zealand Limited management team. There is an appropriate number of protective personal equipment to manage outbreaks. Education is provided to staff and is included in the education planner.

Infection incidents are collated and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There has been one outbreak since the last audit.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At the time of the audit there were no restraints used. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	2	0	0
Criteria	0	44	0	1	5	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice.</p> <p>Interviews with five staff (three healthcare assistants [HCA], one cook, one maintenance) and two managers (facility manager, clinical manager) and documentation reviewed identified that the service adheres to residents individual cultural preferences across all areas of service provision. Cultural awareness training has been provided to staff.</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. 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</p>	FA	<p>Okere House has a Pacific people’s policy and ‘Health of pacific peoples in Aotearoa is everyone’s business’ which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit; however, Pasifika staff</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>members confirmed that the residents' whānau would be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs.</p> <p>Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training completed in October 2024.</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>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, sign language and te reo Māori. Three family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>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>	<p>FA</p>	<p>Okere House policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service. Training related to abuse, neglect and discrimination was held in February 2024.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand</p>	<p>FA</p>	<p>There are policies around informed consent available to staff. Five resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. Discussions with staff interviewed confirmed that they are</p>

<p>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.</p>		<p>familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and welfare guardians were on resident files where applicable. EPOA activation letters were on file in all resident files.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to family/whānau during the resident's entry to the service. Access to complaints forms is located on entry to the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, sign language and English.</p> <p>A complaints register is being maintained. The complaints register is detailed regarding dates, timeframes, complaints, and actions taken. There were no internal complaints, and no external complaints logged since last audit. Interview with the facility manager confirmed the process for complaints management which included acknowledgement, investigation, meeting with the complainant, follow-up and resolution to the satisfaction of the complainant.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings.</p> <p>Discussions with family/whānau confirmed that they were provided with information on the complaints process and were aware of how to communicate and escalate any complaints they had. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau</p>

		participation.
<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>Okere House is part of Experion Care NZ Limited and is located in Whanganui. There are six medium sized aged care facilities within the organisation that provides approximately 180 care beds. Okere House provides dementia level of care for up to 26 residents. There were 26 residents at the time of the audit all on the age-related residential care (ARRC) agreement.</p> <p>Okere House has a business plan in place, which links to the organisation’s, vision, mission, values, and strategic direction as documented in the Experion Care NZ limited business plan 2022-2025. Clear specific business, clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals.</p> <p>The organisational governance role is carried out by the Board of Directors comprising of two members (directors) and is supported by the chair of the Clinical Governance Committee (CGC). The Board is responsible for the overall leadership of the organisation. The executive director (owner) who owns the facilities is supported by an independent director based in New Zealand with experience as a statutory supervisor for retirement villages. Both have equal authority and oversee operations of the facilities. The directors have extensive business experience and understand their responsibility in the implementation of the health and disability services standard. The director (interviewed) explained the organisational commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha. The Māori Health plan is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>There is a Māori cultural advisor to the executive team (governance body) that provides tikanga support. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.1.9 has been satisfied. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha.</p> <p>Clinical governance is provided by a clinical governance committee (CGC)</p>

		<p>which includes the national quality lead (RN). The quarterly CGC minutes (meeting minutes sighted) report on monitoring of clinical issues, incidents, quality and risk data and benchmarking from each facility. The CGC reports are presented at quarterly Experion Care NZ Limited Board (executive) meetings by the clinical governance advisor with recommendations of actions required. The monthly clinical benchmarking reports is also discussed at the Board meeting. Clinical information, actions, improvements and communications generated at the board meetings are cascaded to managers by the clinical governance advisor.</p> <p>The facility manager (non-clinical) has been in the role since October 2024 and has years of management experience in aged care. They oversee the implementation of the business strategy, quality plan and operational requirements of Okere House. They are supported by a clinical manager who also started in their role in October 2024 but with years of clinical experience in aged care including senior positions. The facility manager and clinical manager have both completed structured orientation into their roles supported by the director and management team of Experion Care NZ Limited which included information related to managing an aged care facility.</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> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Okere House continues to implement the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints management and through the collection of clinical indicator data. Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; restraint; and education. Staff meetings have been completed as scheduled and meeting minutes reviewed evidence follow-up of action and sign off when been completed. However, there have been no family/whanau meetings completed since last audit. The partial attainment relating to HDSS:2021 # 2.2.2 remains ongoing.</p> <p>Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements and signed off on completion. All the internal audits were completed as scheduled since last audit. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.2 has</p>

		<p>been satisfied.</p> <p>Quality data and trends in data are posted in the nurses' office. Quality goals for Okere House are documented and reviewed. Following collation and analysis of the resident/relative satisfaction survey completed in April 2024, results demonstrated overall satisfaction with service delivery. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 2.2.2 has been satisfied; however, areas of concern from the satisfaction results were not evidenced as being followed up and addressed. Interviews with family/whanau during the audit confirmed satisfaction with service delivery and new management. Survey results analysis and corrective actions have not been communicated to family/whanau and staff.</p> <p>A health and safety system is in place. Health and safety is led by a healthcare assistant and discussed as part of the monthly staff meeting. Hazard identification forms are completed, and an up-to-date hazard and risk register was reviewed November 2024. The noticeboards in the nurses' office keep staff informed on health and safety issues.</p> <p>There is a process to ensure that reports are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. However, not all events have had an incident form completed. Results are discussed in the staff meetings and at handover. Incident/ accident data is collated, analysed and trends are identified. Results are included in benchmarking data.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications (Section 31 notifications and Severity Assessment Code (SAC) reporting). There have been three section 31 notifications related to the change in facility manager, change in clinical manager and one related to health and safety risk. There have been no incidents that required SAC reporting completed since July 2024. There has been one outbreak in the facility since last audit which was appropriately notified at the time.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Okere House has a weekly roster in place which</p>

<p>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>	<p>provides sufficient staff cover for the provision of care and service to residents. The facility adjusts staffing levels to meet the changing needs of residents. Extra staff can be called on for increased resident requirements. Healthcare assistants reported there were adequate staff to complete the work allocated to them. The family/whānau interviewed supported this. Rosters from the past two weeks showed a good cover of all the shifts with replacement evident for short notice absences.</p> <p>The facility manager works full time Monday to Friday. The clinical manager works Monday to Thursday and the registered nurse works Wednesday to Saturday. Both the clinical manager and the registered nurse are available on call after-hours for any clinical concerns on rotation. The facility manager is on call for any operational concerns. The current registered nurse is retiring, the service has employed another registered nurse who is awaiting their work visa to commence work as a registered nurse. There are no current vacancies in all the roles and staff turnover has been mainly with the senior team.</p> <p>There are designated activities, food services, cleaning, maintenance, and laundry staff. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as observed and confirmed by family/whanau interviewed.</p> <p>There is an annual education and training schedule completed for 2023 and is being implemented for 2024. The education and training schedule lists compulsory training, which includes culturally safe support practices training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and hospice. The ongoing training creates opportunities for the workforce to learn about and address inequities.</p> <p>Okere House supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the fifteen healthcare assistants employed, ten are on level three and above NZQA qualification. Seven of the 15 healthcare assistants have completed the required dementia unit standards and the remaining eight are in the process of completing and have been employed less than 18 months.</p> <p>All healthcare assistants are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE);</p>
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		<p>medication and handwashing. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional registered nurse specific competencies include interRAI assessment competencies. The service currently employs two registered nurses (including clinical manager), and one is interRAI trained.</p> <p>The clinical manager, and registered nurse are supported to maintain their professional development. Since taking over the role, both the facility manager and clinical manager have completed orientation for their designated roles including aspects related to managing an aged care facility.</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>Five staff files reviewed (clinical manager, two healthcare assistants, cook and maintenance person) included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Annual appraisals have been completed in the four of five staff files reviewed, the remaining staff has been employed for less than a year.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori</p>	PA Moderate	<p>Five dementia level care resident files were reviewed. The clinical manager and registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs; pressure injury; falls risk; social history; and information from pre-entry assessments.</p>



<p>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.</p>	<p>All residents had an interRAI assessment completed. All the residents have a behaviour assessment completed which informs the behaviour care plan to provide staff with guidance on strategies for distraction, de-escalation and management of challenging behaviour; however, triggers for behaviours were not always documented.</p> <p>Initial assessments and initial care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Long term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs; however, were not always sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan, including 24-hour reflection of close to normal routines for the resident with detailed interventions to assist staff in strategies for distraction, de-escalation, and management of challenging resident behaviours; however, these were not always completed for all residents.</p> <p>Short-term care plans overall are developed for acute problems, for example infections, wounds, and weight loss (link 5.4.4). Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse; however, did not include the degree of achievement towards meeting desired goals and outcomes. The previous audit shortfall related to HDSS:2021 # 3.2.5 continues. Family/whanau interviewed confirmed resident assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and there was documented ongoing communication of health status updates. The previous audit shortfall related to HDSS:2021 # 3.2.5 has been satisfied. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services</p>
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	<p>and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the nurse practitioner within required timeframes and when their health status changes. The nurse practitioner visits weekly and as required. Medical documentation and records reviewed were current. The nurse practitioner interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The contracted nurse practitioner is also available on call during work hours for the facility. After hours on call is through Whanganui Accident and Emergency services. There is access to a physiotherapist and continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were six active wounds from three residents which included skin tears and a split under the big toe.</p> <p>Progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed falls or where head injury is suspected, however, these have not been consistently completed as per policy. A range of monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure, weight monitoring, blood glucose level, bowel records and behaviour monitoring records; however, these have not been completed consistently. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as</p>
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		<p>necessary by healthcare assistants, the registered nurse and clinical manager.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked medication room within the nurses' office. Healthcare assistants and registered nurses responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The registered nurses check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>There were no residents self-administering medications on the days of audit. Assessments, reviews, storage, and procedures relating to self-medication is available for residents that may wish and have been assessed as competent to self-administer medications such as inhalers.</p> <p>Observation of the medication round confirmed that staff were safely administering medications according to expected policy requirements. Controlled drugs are stored in a secure safe in a locked medication room. At the time of the audit there were no residents prescribed controlled drugs (last use was in September 2024). Review of the controlled drug register confirms that controlled drug checks have been completed weekly by the registered nurses since last audit. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 3.4.1 has been satisfied. Signing charts on the electronic medication system include two signatures.</p> <p>Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. This is an improvement on the previous audit, and the partial attainment relating to HDSS:2021 # 3.4.1 has been satisfied. Eye drops and creams were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status were documented. The nurse practitioner had reviewed the medication charts three-monthly and discussion and consultation with family/whānau takes place during these reviews. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required'</p>

		<p>medication was consistently documented in the medication system or progress notes.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</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>The cook receives residents' dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware of resident likes, dislikes, allergies and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Family/whānau confirmed that resident individual preferences and needs were accommodated. An implemented and verified food control plan is in place which expires 30 June 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. Family/whānau were involved for all discharges to and from the service. Discharge notes are kept in the resident files and discharge instructions are incorporated into the care plan.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way</p>	FA	<p>There is a current building warrant of fitness that expires 22 June 2025. The maintenance person works four hours a day, Monday to Friday and oversees</p>

<p>that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>maintenance of the site, gardens and contractor management. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged onto maintenance register in the nurses' office and followed up in a timely manner. An annual maintenance plan includes electrical compliance testing and tagging, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Testing and tagging of electrical equipment are next due in October 2025. Checking and calibration of medical equipment, hoists and scales is next due in October 2025.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and can personalise their rooms.</p> <p>The building is safe and secure and has a safe and secure outdoor area that is easy to get to for the residents. The physical environment supports the independence of the residents. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All areas are easily accessible to the residents.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager is the infection control coordinator who currently oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The services access workshops /webinar with Health New Zealand to keep up to date with current best practice.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the organisational clinical governance group in consultation with infection control coordinators. Policies are available to staff.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of</p>

		<p>staff orientation and included in the annual training plan (last completed June 2024). Staff are informed of any changes related to infection prevention and control by noticeboards, handovers, and during meetings. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed of infections through phone calls and emails.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection; however, monthly records reviewed have not captured all infections. Infections have not always been entered into the individual resident infection register. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly with other Experion Care NZ Limited facilities. Monthly infections of concern are presented to the clinical governance group and the directors.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There has been one Covid19 outbreak since last audit. Interview with the infection prevention and control coordinator confirmed their understanding of documentation and reporting requirements of outbreaks.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p>

<p>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.</p>		<p>The restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without use of restraint as evidence in the strategic plan. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was last completed in December 2024.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Okere House continues to implement the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, satisfaction surveys, complaints management and through the collection of clinical indicator data. Staff meetings have been completed as scheduled and meeting minutes reviewed evidence follow-up of action and sign off when been completed. However, there is no documented evidence to demonstrate that family/whanau meetings have been completed since last audit, this in an ongoing shortfall. Interview with family/whanau confirmed that they have not had any meetings with the</p>	<p>(i). There have been no family/whanau meetings held since last audit.</p> <p>(ii). Satisfaction survey results analysis and corrective actions from both staff and resident/relative have not been evidenced as being shared with family/whānau and staff.</p> <p>(iii). There is no evidence of corrective action plan or quality improvement being implemented in relation to the areas that scored low in the survey.</p>	<p>(i). Ensure family/whanau meetings are held as scheduled.</p> <p>(ii). Ensure outcome of satisfaction survey results are communicated to staff and family/whānau.</p> <p>(iii). Ensure corrective actions are identified and implemented for areas of concern from satisfaction survey results.</p> <p>60 days</p>



		<p>service.</p> <p>Okere house completed resident/relative satisfaction survey in April 2024, with results demonstrating overall satisfaction with service delivery. There was however very low satisfaction with the activities. Review of the records do not provide evidence that corrective action plans were completed to address the poor feedback with activities. Staff survey was completed May 2024. Survey results analysis and corrective actions from both the resident/relative and staff have not been communicated to family/whānau and staff.</p>		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Moderate</p>	<p>There is a process to ensure that reports are completed for incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed; however, three of three resident behaviour incidents which have included altercation between at least two residents did not have separate incident forms documented. Both resident names were on one form with no individualised follow-up and action plans specific to each resident evident.</p> <p>Incident/accidents are discussed in the staff meetings and at handover. Data is collated, analysed and trends are identified. Results are included in</p>	<p>Three of three resident behaviour incidents which have included altercation (physical and verbal) between two residents did not have separate incident forms completed.</p>	<p>Ensure incidents are documented separately for each resident affected during altercations.</p> <p>60 days</p>

		benchmarking data with other Experion Care facilities.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. The registered nurse and clinical manager are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, not all care plan interventions were detailed to provide guidance for staff in the delivery of care. This is an ongoing shortfall.</p>	<p>(i). Two of five resident care plans do not include a 24-hour reflection of close to normal routine for the resident with detailed interventions to assist staff in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(ii). Five of five behaviour care plans do not identify triggers related to behaviours presented by residents.</p> <p>(iii). There are no detailed cultural interventions related to a resident who identifies as Māori.</p> <p>(iv). There are no detailed interventions for a resident who smokes including risk minimisation strategies.</p>	<p>(i). Ensure all resident care plans have a 24-hour reflection of close to normal routine for the residents with detailed interventions to assist staff in strategies for distraction, de-escalation, and management of challenging resident behaviours.</p> <p>(ii). Ensure identified triggers for behaviours are documented for all resident care plans.</p> <p>(iii)-(iv). Ensure interventions are documented to provide sufficient guidance for staff to manage all clinical risks and deliver resident specific care.</p> <p>60 days</p>

(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Neurological observations are recorded following unwitnessed falls or where head injury is suspected, however, three of four incidents and neurological observation records reviewed were not completed comprehensively as per policy.</p> <p>A range of monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure, weight monitoring, blood glucose level, bowel records and behaviour monitoring records. For two residents who had incidents related to aggression documented in the progress notes did not have behaviour monitoring charts completed.</p>	<p>(i). Three of four neurological observations have not been completed as per policy requirements.</p> <p>(ii). Behaviour monitoring charts have not always been completed for two residents who presented with behaviours of concern.</p>	<p>(i)-(ii). Ensure monitoring charts are completed for residents.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the</p>	<p>PA Moderate</p>	<p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Four care plans reviewed showed that</p>	<p>Four of four care plan evaluations did not include detailed review including degree of achievement against the agreed goals and</p>	<p>Ensure care plan evaluations are detailed and include the degree of achievement against the agreed goals and</p>

<p>person and whānau, together with wider service providers;  (b) Include the use of a range of outcome measurements;  (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;  (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;  (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>the evaluations did not include the degree of achievement towards meeting agreed goals and aspirations. The other care plan was for a resident who had been in the facility for less than six months. This shortfall continues from previous audit.</p>	<p>aspirations.</p>	<p>aspirations.  60 days</p>
<p>Criterion 5.4.4  Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. The infection control programme is reviewed annually. Review of resident medical records and medication charts indicated that the resident had seven urinary tract infections in 2024 (x1 in January, x2 in April, x2 in June and x1 in September, x1 in November). For all the infections that the resident had, there was only the November 2024 infection that had a corresponding infection record and was added to the</p>	<p>(i). One resident who has had seven urinary tract infections in 2024 did not have corresponding infection reports and short-term care plans completed.  (ii). Collated monthly infection reports for the facility do not provide an accurate reflection of the infections that occurred specifically in January, April, June and September 2024.</p>	<p>(i). Ensure that each episode of infection for a resident has corresponding infection report and short-term care plans completed.  (ii). Ensure that all infections are documented, and the collated reports provide a true reflection of infections that occur in the facility.  90 days</p>

		<p>individual resident register on file.</p> <p>The facility monthly infection reports have recorded zero infections for all the months in 2024 with the exception of March (Covid 19), October and November. Therefore, the monthly collation of infections did not demonstrate a true reflection of the infections occurring within the service. Meeting minutes reviewed for 2024 demonstrated that there have not been any infections in the facility with the exception of those reported for March, October and November 2024.</p> <p>Staff have received training related to infection control and records indicate that all staff had current hand hygiene competencies.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.