

Munro Resthomes Limited - Malyon House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Munro Resthomes Limited
Premises audited:	Malyon House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 January 2025 End date: 24 January 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	54

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Malyon House is a stand-alone aged care facility that has two directors. The service provides hospital (medical and geriatric) and rest home level of care for up to 57 residents. On the day of the audit there were 54 residents.

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

The facility manager is a registered nurse with extensive experience in aged care including previous management and leadership experience and is supported by the clinical manager and administration manager. These roles are supported by the directors who have considerable experience in owning and operating the service.

This audit has identified shortfalls related to the quality programme, neurological observations, the infection prevention and control programme including the antimicrobial programme.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

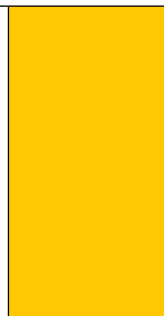
Malyon House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Malyon House provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits and meetings, with documentation of data were all documented as taking place as scheduled. Corrective actions resolved in a timely manner when these arise.

A health and safety system is in place. Health and safety policies and procedures are documented with a health and safety committee that meets as per schedule. Staff incidents, hazards and risk information is collated with the director actively engaged in meetings and monitoring of the data.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

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

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.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted three-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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 medium or high risk and/or unattained and of low risk.

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the directors.

The clinical manager is the infection control coordinator. The infection control coordinator is supported by representation from all areas of the service. There is access to a range of resources. Education is provided to staff at induction to the service and there is a comprehensive training plan. Internal audits are completed with corrective actions completed where required. There are policies and procedures documented around antimicrobial stewardship.

A surveillance programme is documented as part of infection control policies.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the director, policies, and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	1	3	0	0
Criteria	0	163	0	1	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Malyon House is committed to respecting the self-determination, cultural values, and beliefs of Māori resident/s and family/whānau and the resident care plans include Māori health care needs. Links are established with local Māori community members, current resident/s, their family/whānau and staff. Māori assessments are in place and are completed for residents who identify as Māori. The partnership with kuia/kaumatua offers Māori residents the opportunity to talk with Māori who can advocate on their behalf.</p> <p>Malyon House has strategies that increase Māori capacity by employing and recruiting Māori staff. The director stated that there was a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific health plan is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit. The facility manager confirmed that the residents' family/whānau will be encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. Malyon House partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural ceremonies. The director and facility manager described how Malyon House increases the capacity and capability of the Pacific workforce as described in the Pacific health plan.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Families are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports.</p>

		<p>Interdenominational church services are held monthly. There is a church opposite the facility and residents are welcomed to that church with staff able to take them across to the services. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Malyon House business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with 10 residents (six rest home and four hospital) and five family/whānau (hospital level of care) confirmed that individual cultural beliefs and values, are respected. They confirmed that the Code was well implemented.</p> <p>Interviews with 13 staff (four care assistants, three registered nurses [RNs], one diversional therapist (in training), one kitchen team leader, maintenance staff, one laundry staff, one cleaner, receptionist/administrator); three managers (facility manager, administration manager, clinical manager); and the director, and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their service provided.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Care assistants and registered nurses (RNs) interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and with whom they socialise.</p> <p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident satisfaction in</p>

		<p>relation to upholding resident`s rights and privacy. Respondents to the survey in August 2024 confirmed that they were very satisfied with the support provided.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they pleased to visit their family member.</p> <p>Residents' files and care plans identified resident`s preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The facility manager confirmed that cultural diversity is embedded at the service, and this was confirmed during interviews with staff. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</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>An abuse and neglect policy is being implemented. Malyon House policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee`s induction to the service with evidence of staff signing the code of conduct. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Staff are encouraged to inform any manager or director of any bullying or harassment with the managers and director stating that there is a zero tolerance to this.</p> <p>Staff complete education on orientation and annually as per the</p>

		<p>training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The GP confirmed that there was no evidence of abuse or neglect.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and subsequent follow up by the service. Resident meetings with minutes sighted indicate that the service is open and transparent with updates about the services.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Fourteen accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated noting that these were not required for residents during the audit.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the</p>

		<p>agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes through regular communication.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies that guide staff around informed consent processes including the resuscitation management, resident representative, and Enduring Power of Attorney (EPOA) policies. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. These are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable.</p>
Subsection 1.8: I have the right to complain	FA	The complaints management procedure is provided to residents and

<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>family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>The HDC complaint from 2022 remains open noting that the director has maintained communication with the HDC to see if there has been any progress to close off the complaint. All documentation requested by the HDC has been submitted.</p> <p>One complaint was lodged in 2023 after the last audit and two in 2024. There were no identified trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the staff and clinical meetings (meeting minutes sighted). Complaints were resolved with the complainants noted as being happy with the outcome of each investigation.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including (but not limited to) resident meetings, or one on one meetings with management. During interviews with family/whānau, they confirmed that any of the managers or director are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
Subsection 2.1: Governance	FA	Malyon House is owned and operated by Munro Resthomes Limited.

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>Malyon House has a total of 57 beds and is certified for rest home and hospital (including medical) level of care. At the time of the audit there were 54 beds occupied. Occupancy included 14 residents requiring rest home level of care (including one using respite level of care); and 40 residents requiring hospital level of care (including one funded by Accident Compensation Corporation [ACC]), one privately funded, one funded under a long-term support chronic health contract (LTS-CHC), and one funded on a young person with disability (YPD) contract). All the remaining residents are under the age-related residential care (ARRC) contract. All rooms are single occupancy, except for one double room. At time of audit, there was only one resident occupying this room.</p> <p>There are two directors (family members) who each have a role to play in the organisation along with taking a governance role. The service has been operating for over 25 years. One director (a RN with a post graduate diploma in business health management) was referred to in previous reports as the managing director however they have delegated management of the facility to the facility manager (FM). That director is on site two days a week or more if required. This director also completes all internal audits, and this ensures that they actively monitor the organisational performance including service delivery. The second director (a family member) is the facilitator for the health and safety meeting and is on site at least weekly.</p> <p>The directors and managers have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. The Māori health strategy is actioned by the directors who have long standing relationships with a kuia who provides support, advice and on-site visits whenever this is required. The kuia has had input into planning and was active in reviewing policies and procedures with a te ao Māori lens, prior to an external consultant now providing the policies. The Māori health plan cascades from the strategy documented in the business plan. The collaboration with external Māori in business planning and service development supports outcomes to achieve equity for Māori.</p> <p>Malyon House has a 2022 to 2024 business plan with objectives reviewed. The 2025 to 2027 business plan has just been signed off and is being operationalised. The business plan includes the mission</p>
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	<p>statement, a SWOT (strengths, weaknesses, opportunities, threats) analysis, the purpose of the service and values. Objectives are regularly reviewed by the managers and directors, as evidenced in monthly reporting. The business plan is fully reviewed annually by the two directors.</p> <p>There is a quality assurance and risk management policy that includes a risk management plan. The plan includes risks and controls with the last review completed in January 2025. The director and managers review the risk management plan monthly at the management meetings, with the plan updated as changes occur.</p> <p>The facility manager reports to the director and is in close contact throughout the week. There are monthly reports, and both confirmed that they discuss a variety of operational issues when on site or by phone at any time. The facility manager (FM) was appointed to the role in October 2022 having been an RN at Malyon House for eight years. They also have had experience as a unit coordinator at a large facility for just over a year. The CNM has been in the role for 10 years with 15 years aged care experience prior to that. They report to both the director and the FM. The administration manager has been in the role for 20 years and supports the FM and CNM. The FM and CNM have completed professional development activities more than eight hours annually, related to managing an aged care facility.</p> <p>Clinical governance is overseen by the director (RN) and the CNM, and includes regular quality, and compliance and risk reports that highlight operational issues, progress and concerns. A newly implemented electronic quality system includes a template for reporting, and this is completed monthly by the three managers (FM, CNM and administration manager) and submitted for discussion at the monthly management meeting that is attended by the managers and the directors. Outcomes and corrective actions are discussed at the management meeting.</p> <p>Ethnicity data is captured electronically at facility level. The business plan reflects a leadership commitment to collaborate with Māori, aligns with Health NZ strategies and addresses barriers to equitable service delivery. The working practices at Malyon House are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to</p>
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		<p>improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery.</p>
<p>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>Malyon House is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints, restraints if used). The quality plan includes objectives that are reviewed annually). The goals related to continued improvements in standards of care, to move all documentation over to the newly acquired electronic quality system, to upgrade furnishings, look for a new vehicle to transport residents and to explore the feasibility of renovating the older wing.</p> <p>A range of monthly to six weekly meetings provide an avenue for discussions in relation to quality data and service delivery. Evidence of discussion of data and general issues at meetings was not always able to be evidenced in the past year's meeting minutes. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through monthly resident meetings and six-monthly care plan reviews. There is also an annual satisfaction survey completed last in August 2024. The 15 respondents to the survey indicated that there was a high level of satisfaction with service delivery. Residents and family/whānau confirmed a high level overall of satisfaction and stated that they know the directors and believe that they can approach them at any time. There are monthly resident meetings attended by the managers and a large cohort of residents. Interviews with residents and family/whānau on the days of the audit demonstrated satisfaction with the service provision. The residents, family/whānau and staff received the results of the survey.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service has purchased a quality system that includes policies and procedures, and associated implementation</p>

		<p>systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. The policies and procedures have been rolled out to all managers and staff. A document control system is in place. Policies are regularly reviewed by the external contractor with these able to be localised if required by the managers as required. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by a director, meets monthly. One health and safety representative was interviewed and confirmed they all received external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and registered nurses quality meetings. Staff incidents, hazards and risk information is collated by the managers, and reported to the directors during the monthly management meeting.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. The service uses the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting. This is inbuilt into the electronic quality system. Results are discussed in meetings (link 2.2.3) and at handover. Opportunities to minimise future risks are identified by the CNM in consultation with other managers and care staff. Internal audits on accident and incident reporting were completed (link 3.2.4).</p> <p>Discussions with the director and FM reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have not been any section 31 notifications required to be completed to notify HealthCERT of an issue. Public Health authorities were notified in relation to one Covid-19 outbreak in July 2024 (link 5.4.4).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. This includes a team of registered nurses led by the CNM who provide</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>support to care staff. The rosters reviewed evidenced that any vacancies and unplanned absence have been covered. Review of the registered nurse roster confirmed that there are always two registered nurses in the morning and afternoon shifts and one RN overnight. There has been an additional eight-hour weekly RN shift that focuses on completion of interRAI assessments noting that this RN may be used to fill an RN vacancy if required. The RNs are supported by medication competent level four caregivers.</p> <p>Care assistants reported staffing is adequate. The roster reviewed for the last three weeks were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The FM interviewed confirmed call bell reports are regularly reviewed to ensure timely attendance to residents` needs.</p> <p>All registered nurses and the activities team hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>The FM and the CNM work full-time (Monday to Friday). The registered nurses on shift manage most of the queries and staffing cover with the FM and CNM providing support out of hours.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa to support learning about and addressing of inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Care assistants who have gained the New Zealand Qualification Authority (NZQA) certificate or are in training are as follows: 10 have not started the training, one has level 2, 29 have completed level 3, and 28 have completed level 4.</p>
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		<p>A training policy is being implemented. staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include syringe driver and interRAI assessment competencies, falls prevention and neurological observations, and behaviours of concern. Four of the nine registered nurses are interRAI trained as well as the CNM.</p> <p>All care assistants are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, personal protective equipment (PPE), the Code, aging, documentation, infection prevention and control, hand hygiene and cultural competencies. A selection of eight care assistants and an enrolled nurse complete annual medication administration competency. A record of completion is maintained on an electronic quality system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, and at performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Nine staff files reviewed (FM, CM, activities coordinator, two care assistants, three RNs, one cook) evidenced implementation of the recruitment process, employment contracts, police vetting checks and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff have an annual performance appraisal. All performance appraisals were</p>

		<p>completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and care assistants to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Staff ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
Subsection 3.1: Entry and declining entry	FA	Residents who are admitted to Malyon House are assessed by the needs assessment service coordination (NASC) service to determine

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>the required level of care. Completed NASC authorisation forms for the residents' appropriate level of care were sighted in the clinical record. The facility manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice and, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The facility manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The facility manager confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>PA Moderate</p>	<p>Eight resident files were reviewed: six hospital files, including one on long-term support chronic health contract (LTS-CHC), one young person with disability (YPD), one funded by ACC; and two rest home, including one on respite. A registered nurse (RN) is responsible for</p>

<p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, monthly updates and six-monthly reviews.</p> <p>Malyon House utilises a range of risk assessments available on the electronic resident management system alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments (except for the respite resident) have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. The residents not on the ARRC contract also had appropriate risk assessments completed (including InterRAI) and a detailed long-term care plan in place. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. The long-term care plans had detailed interventions to provide guidance for staff. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI reassessments (six-monthly) for seven of the eight resident files reviewed and when changes occurred earlier as indicated. The other resident was on respite care. Evaluations documented the progression towards goals. Written evaluations reviewed and those documented in the resident six-month review identify if the resident goals had been met or unmet.</p> <p>Malyon House contracts a GP service for weekly visits and the medical practice is available on call 24/7 for the service. The general practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They</p>
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	<p>were happy with the competence of the registered nurses, care provided and timely communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist is available weekly. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and care assistants on each shift, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written on every shift by the care assistants and the registered nurses document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of forty-five wounds from twenty-four residents being actively managed across the service. These included abrasions, contusions, rashes, and lesions. There were two stage 1 pressure injuries being managed at the time of audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation</p>
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	<p>forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into chronic wounds as required. Care assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; blood glucose levels; and toileting regime. These monitoring charts were completed as per care plan. Registered nurses collaborate with care assistants to evaluate interventions for individual residents at risk of falling. Neurological observations are completed for unwitnessed falls or falls involving a head injury; however, six of six unwitnessed falls reviewed did not have these fully completed as per policy. Opportunities to minimise future risks are identified by the clinical manager in consultation with registered nurses and care assistants.</p> <p>Malyon House provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The cultural assessment supports kaupapa Māori perspectives to permeate the assessment process. The cultural care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the cultural care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. There were residents who identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, rongoā and spiritual assistance when required. Cultural assessments were completed by the registered nurses and diversional therapist who have completed cultural safety training in consultation with the residents, family/whānau</p>
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		and EPOA.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Activities are conducted by a team comprising of one diversional therapist, and two activity assistants. The diversional therapist works Monday to Friday, one activity assistant works Monday to Thursday, and the other Friday and Saturday, with Sunday being kept free for family visits and outings.</p> <p>The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a social and cultural care plan developed detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards and residents are given a copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and care givers. The activities were varied and appropriate for residents assessed as requiring rest home and hospital level of care. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities reviewed on planners past and present included quiz; bingo; floor games; Matariki; table games; sensory; outdoor walks; van outings; music; pet therapy; entertainment; kapa haka; flax weaving and exercise; visits from schools; and relaxing time with pampering. The service promotes access to family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate</p>

		<p>in te ao Māori is facilitated through community engagements with community traditional leaders, and by celebrating religious, and cultural festivals and Māori language week with varying events lined up.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>Malyon House has policies available for safe medicine management that meet legislative requirements. The registered nurses and care assistants who administer medications had current medication competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts are electronic. On the days of the audit, registered nurses were observed to be safely administering medications. The registered nurses and care assistants interviewed could describe their roles regarding medication administration. Malyon House uses pre-packaged rolls for all regular medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system by the general practitioner. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily and weekly respectively. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Sixteen medication charts were reviewed. There is a three-monthly review by the general practitioner of the medication charts reviewed, and each chart has photo identification and allergy status identified.</p>

		<p>Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. At the time of audit, there were no residents self-administering medications. The medication policy describes the procedure for self-medicating residents, and this can be implemented as required.</p> <p>The service does not keep any vaccines on site, and no standing orders are used.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The kitchen team leader (interviewed) has oversight of the kitchen and undertakes cooking responsibilities. All food and baking is prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan was verified on 25 September 2024. There is a four-week seasonal menu which was last reviewed by a registered dietitian in 2024. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and storage areas were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least monthly.</p>

		<p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food is transported to the dining area of each wing in temperature-controlled trolleys. Those residents preferring to eat in their rooms have meals delivered using a hot plate with a thermo-cover. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that can be prepared that are culturally specific to te ao Māori including hāngi, for special occasions such as Matariki, Māori language week or Waitangi and these are offered to residents. Family can also bring culturally appropriate food for the residents when they visit.</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>	<p>FA</p>	<p>There were documented policies and procedures to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected transfers from services. The clinical manager reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the registered nurses who manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services – whaikaha/disability services, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and the most recent medical reviews by the general practitioner.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is</p>

		<p>required by a subsequent medical service, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and specialists at the local hospital were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical manager confirmed a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 3 August 2025. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually, with last check completed November 2024. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Tradespeople are available as required with a full list of preferred contractors available for staff. The facility is maintained at appropriate temperatures, with air conditioning units in communal areas and electrical heating in place.</p> <p>The care facility is on both the ground and first floor and is divided into five communities each with a lounge and dining area. There are cleaning cupboards, a sluice and plenty of storerooms on each floor. More able residents reside on the ground floor. All residents' rooms are spacious, and each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All rooms have external windows to provide natural light and have appropriate</p>

		<p>ventilation and heating. All external areas are well maintained, provide seating and shade and are easily accessible for residents using mobility aids.</p> <p>All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The facility has a lift between the floors which is spacious enough to accommodate ambulance transfer and kitchen equipment. The archive room, chemical storage room, laundry and kitchen is situated in the basement with easy safe access for delivery trucks. The basement is for staff access only. The service has no current plans to build or extend; however, should this occur in the future, the facility manager confirmed that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 23 August 2012. A trial evacuation drill was performed on 14 November 2024. The drills are conducted every three months. The staff orientation programme includes fire and security training.</p> <p>There were adequate supplies in the event of a civil defence emergency, including food, water (more than the required four litres per person per day for at least three days) contained in two 1800 litre tanks, candles, torches, continent products, and a gas BBQ to meet the requirements for up to 57 residents, including rostered staff. There is an appropriately sized generator on site to power the facility if there is a power outage when required. Staff have received training on how to operate it. The registered nurses and a selection of care assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of</p>

		<p>the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell in their rooms, ensuites, and communal areas. The double room has a call bell accessible for each resident (occupied by only one resident at the time of audit). On the days of the audit staff were observed to be responsive to call bells when they were activated by residents. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The IPC coordinator is the CNM, and they have been in the role for seven years. A documented and signed role description for the position is in place. The infection control coordinator reports to the facility manager and to the director (both are RNs). Expertise can also be accessed from the GP, Public Health, and Health NZ, who can supply the service with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the directors. Outbreak of any infectious diseases are reported when they occur. Monthly compliance and risk reports are completed by the IPC coordinator. Significant events such as the Covid outbreak in July 2024 are managed using a stepwise approach to risk management with the appropriate level of organisational support provided (directors and management team).</p> <p>There are policies and procedures in place to manage significant</p>

		<p>infection control events. Any significant events are managed using a collaborative approach and involve the IPC coordinator, the GP, and the Public Health team as required. Overall effectiveness of the programme is monitored by the management team.</p> <p>There are adequate resources to implement the infection control programme at Malyon House. The IPC coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly or six-weekly as part of the meeting schedule. There is a separate monthly IPC meeting with the managers and key RNs. Infection control reports are discussed at the management, clinical and staff meetings. The infection control coordinator has access to all relevant resident data to undertake infection internal audits, and infection surveillance. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and are linked to the business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. There is an organisational pandemic response plan in place which is reviewed and tested at regular intervals (last reviewed July 2024 during a Covid outbreak). The IPC coordinator has input when infection control policies and procedures are reviewed.</p>

		<p>The IPC coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The IPC coordinator has access to an online training system with resources, guidelines, and best practice. The IPC coordinator has completed infection control audits.</p> <p>At site level, the facility manager (RN) has responsibility for purchasing consumables with support and input from the IPC coordinator as required. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>PA Low</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The documented antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the relevant meetings. The GP is responsible for any prophylactic use of antibiotics.</p> <p>Prescribing of antimicrobial use is not monitored, recorded, or analysed and the effectiveness of the Malyon House AMS programme is not evaluated. There is no documented evaluation of the AMS programme to the directors or through meetings.</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</p>	<p>PA Moderate</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection prevention and control policies that are in use at the facility. The infection</p>

<p>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 focus.</p>		<p>prevention and control reports are completed by the IPC coordinator (CNM) with data tabled in the infection prevention and control analysis reports. There is no evidence of use of the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for infections through the electronic quality system. The data does not include infections that are not treated with antibiotics. Infection control data is tabled monthly however meeting minutes do not evidence discussion or improvements made to service delivery. There is no evidence that trends are identified and analysed, or that corrective actions are established where trends are identified.</p> <p>Ethnicity data is yet to be included in data analysis.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents as observed on the days of the audit.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There has been one Covid-19 outbreak (July 2024) since last audit with scabies repeatedly documented in infection prevention and control analysis reports as occurring and a gastroenteritis case mentioned in reports. It is not possible to confirm that other outbreaks have not occurred.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>The facility implements waste management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas and appropriately for residents in isolation. Sluice rooms include sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked rooms for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight and were observed to do so during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All the laundry, resident's personal clothing, linen, towels, other and mop heads are laundered on site. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the IPC coordinator.</p>
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<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Malyon House is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the Standard. The restraint coordinator (clinical manager) is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the quality and staff meetings, and to the director via the facility manager. Interview with the restraint coordinator and the facility manager confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Malyon House will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for any potential residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process would include input from the resident, families/whānau, general practitioner, and restraint coordinator.</p> <p>At the time of the audit, the facility was restraint free. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>A range of monthly to six weekly meetings (e.g., staff, health and safety, clinical meetings) and quarterly restraint and separate infection prevention and control meetings provide an avenue for discussions in relation to quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. The managers and staff interviewed stated that all aspects of the quality and risk management programme was discussed at relevant meetings however evidence of discussion was not always able to be demonstrated in the past year’s meeting minutes reviewed.</p>	<p>There was limited evidence of discussion of data in meeting minutes reviewed for the past year.</p>	<p>Use meeting minutes to record evidence of discussion of data and improvements to service delivery.</p> <p>180 days</p>

<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required; however, accident/incident forms reviewed for six unwitnessed falls evidenced that six of six unwitnessed falls did not have neurological observations completed as per policy requirements.</p>	<p>Six of six unwitnessed falls did not have neurological observations completed as per policy requirements.</p>	<p>Ensure all policy requirements related to neurological observations are met.</p> <p>60 days</p>
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for</p>	<p>PA Low</p>	<p>The service does not currently monitor antimicrobial use e.g. through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Discussion of antibiotic use takes place on an individual resident basis but does not take place at senior management level and is not currently</p>	<p>There is no documented evaluation of the AMS programme to the directors or through meetings to evidence the effectiveness of the Malyon House AMS programme.</p>	<p>Ensure that the effectiveness of the Malyon House AMS programme is evaluated. Report on the effectiveness of the AMS programme regularly throughout the year.</p>

improvement and evaluating the progress of AMS activities.		reported to the Board. The CNM (IPC coordinator) stated that they were not aware that they were required to monitor the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects, or the need to identify areas for improvement. The CNM stated that the GP monitors any prescribing of or use of antibiotics.		90 days
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Moderate	<p>Policies describe surveillance methods, tools, responsibilities etc with standardised surveillance definitions documented. Ethnicity data is not included in surveillance.</p> <p>The data presented via the electronic quality system only reported on infections that had been treated with antibiotics. One case of scabies was confirmed in October 2023 after the last audit, and the infection prevention and control analysis reports included reference to scabies (at times identified for staff and at times for a resident). Reference to possible scabies was reported in the November 2023 report, and in April and June 2024. There was no discussion around interventions to manage any outbreak (or if an outbreak was confirmed). There was reference to a gastroenteritis case in July 2024 however there was no confirmation as to whether there had been an outbreak or what measures had been put in place to prevent the spread. The</p>	<p>i). Ethnicity data is not included in surveillance.</p> <p>ii). The data related to infections and tabled in the infection prevention and control analysis reports is incomplete.</p> <p>iii). There is inadequate documentation around potential outbreaks such as scabies and gastroenteritis including confirmation of cases, interventions to manage the cases and prevention of spread, or of involvement of health professionals to support the service.</p> <p>iv). There is no evidence that trends are identified and analysed, or that corrective actions are established where trends are identified.</p>	<p>i). Ensure ethnicity data is included in surveillance data.</p> <p>ii). Ensure that data related to infections and tabled in the infection prevention and control analysis reports is correct.</p> <p>iii). Provide adequate documentation around potential outbreaks such as scabies and gastroenteritis with evidence of a summary of the outbreak, learnings etc.</p> <p>iv). Identify and analyse trends with corrective actions established where trends are identified.</p> <p>90 days</p>

		<p>infections were not recorded in the infection prevention and control analysis data and there was no evidence of discussion of actions that had taken place.</p> <p>Graphs are not downloaded for the infection prevention and control analysis reports from the electronic quality system. There is no evidence that trends are identified and analysed, or that corrective actions are established where trends are identified. The director and managers can describe trends and corrective actions that have been put in place to improve services.</p>		
<p>Criterion 5.4.4</p> <p>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</p> <p>Moderate</p>	<p>The IPC coordinator extracts data from the electronic quality system and documents this in a monthly report that goes to the infection prevention and control meeting and to the director. There is no evidence of use of the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>The FM, director and CNM described discussing data at relevant meetings however evidence of the discussion was not documented in the staff, clinical or management meetings. Information obtained through surveillance was therefore not confirmed as being used to determine infection control activities, resources and education needs within the</p>	<p>Meeting minutes did not document that surveillance information was used to determine infection control activities, resources and education needs within the service.</p>	<p>Document evidence of discussion in relevant meetings that confirms that information obtained through surveillance is used to determine infection control activities, resources and education needs within the service.</p> <p>90 days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there 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.