

Presbyterian Support Central - Cashmere Heights

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: Presbyterian Support Central

Premises audited: Cashmere Heights

Services audited: Dementia care

Dates of audit: Start date: 4 March 2025 End date: 5 March 2025

Proposed changes to current services (if any): Seven rooms were temporary decommissioned as residents' rooms and closed off with permanent affixed keypad locks. The rooms available for occupancy decreased from 33 to 26. The rooms will need prior inspection from the funder to be used again due to the nature of the affixed locks.

Total beds occupied across all premises included in the audit on the first day of the audit: 24



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

General overview of the audit

PSC Enliven Cashmere Heights is part of Presbyterian Support Central – Enliven and is located in Wellington. Presbyterian Support Central (PSC) oversees fourteen aged care facilities across the lower North Island. The facility opened as a dementia unit in May 2024 to provide care for up to 33 residents. There were 24 residents at the time of the audit.

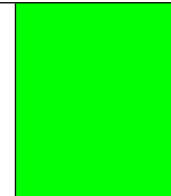
This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau,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

There have been no changes in management since the facility reopened. The facility manager and clinical nurse manager of the sister facility Cashmere Home oversees the dementia unit. They are supported by a PSC clinical director. There is a documented quality and risk management programme with quality that links to the PSC Enliven strategic plan and Cashmere Home and Cashmere Heights business plan.

This audit identified improvements required in relation to the implementation of the quality system, timeframes related to interRAI assessments, maintenance of the building and plant and physical environment.

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.

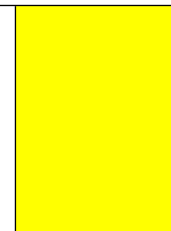
Residents and family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Cashmere Heights has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable and resolved in collaboration with family/whānau.

Enduring power of attorneys assist residents to make informed choices.

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 low risk.

There is a documented business plan, mission, philosophy, and objectives. There is a documented quality and risk management systems, with internal audits and meetings occurring. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices.

An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed were reviewed by the general practitioner at least three-monthly.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. The menu provides for cultural and religious preferences, and food services are in line with tapu and noa.

Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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.		Some subsections applicable to this service partially attained and of low risk.
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A maintenance person is employed full time. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

The dementia unit and outdoors is secure. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade.

All bedrooms are single occupancy. There are rooms with ensuites and there are additional shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

Appropriate security measures are in place to safeguard staff and residents.

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.

Subsections applicable to this service fully attained.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the audit and risk committee, and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that the general practitioner recommendations are implemented. Judicial use of antimicrobials are monitored. There were three outbreaks recorded and reported since the opening of the dementia unit.

Policies and processes for managing waste, infectious, and hazardous substances are implemented. The laundry services are done off site at the sister facility. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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.

PSC Enliven is committed to eliminate restraint within the facilities. The restraint coordinator is a registered nurse. The service is restraint free. Restraint elimination strategies are included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	4	0	0	0
Criteria	0	164	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Enliven Māori Health Model is documented for the service. The plan was developed in partnership with Whanganui kaumatua. This plan acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha, and the Eden Alternative principles.</p> <p>At the time of the audit there were no Māori staff employed. Staff completed cultural training related to Māori worldview to other staff members. Cashmere Heights evidence commitment to equal access to professional development for staff include Māori in their business plan.</p> <p>There were residents identifying as Māori at the time of the audit. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, choices, and needs. The service has links with Ngāti Toa Rangatira, Te Āti Awa, as well as Māori health providers including but not limited to Te Rūnanga o Toa Rangatira.</p> <p>The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity, and wellbeing. The group is committed to involve family/whānau, Māori staff and</p>

		<p>elders in the co-creation of policies and resources.</p> <p>The facility manager described an established relationship with local Kaumatua and explained the Oranga Kamatua Wellness Map that support cultural, spiritual, and emotional needs and reflect the model of Te Whare Tapa Wha. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations.</p> <p>Three managers (facility manager [FM] and clinical nurse manager [CNM]), PSC clinical director, and care staff were interviewed (three health care assistants (HCAs), one registered nurse (RN), one recreation team leader, one cleaner, one laundry assistant, food services team leader (FST) and kitchen hand) described their understanding of how the Enliven Māori health model is implemented within service delivery.</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 organisation has a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan.</p> <p>There were no Pasifika residents on the day of the audit. On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered is documented. The service captures ethnicity data electronically. The residents’ family/whānau are encouraged to be present during the admission process including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>There are Pasifika staff employed at Cashmere Home. The FM stated there is a commitment in the business plan to foster links with the Pasifika community through the work of the Enliven Cultural Advisory Group and their own Pasifika staff. There is an established relationship with Porirua Pasifika church. The work of the cultural advisory group includes identifying support needs for Pasifika staff</p>

		and residents to ensure Pasifika worldview is embraced and equity is promoted.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents' family/whānau. The FM, CNM, and RNs discuss aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and Te reo Māori.</p> <p>Discussions relating to the Code are held during the quarterly resident advocate and family/whānau meetings. Five 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 the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. There are links to spiritual support and links with Kaupapa Māori health providers delivering a range of family/whānau ora services. Church services are held weekly and a chaplain is available twice a week. The RNs and HCAs interviewed explained how the service meets the residents cultural and spiritual needs.</p> <p>Staff received education in relation the Code at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services link to the complaints process.</p> <p>The Māori Health Strategy adopted by Presbyterian Support Central (PSC) sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledge within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana motuhake.</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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents' family/whānau interviewed stated residents have choice. Family/whānau members are encouraged to be involved in the care of their family/whānau.</p> <p>Cashmere Heights annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Family/whānau confirmed the residents are treated with respect. This was also observed that staff interacted with residents in a respectful way.</p> <p>A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to the values and beliefs of their family/whānau being met. Residents' privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. The Te Whare Tapa Wha policy includes spiritual needs.</p> <p>Te reo Māori is celebrated during Māori language week and evidenced in all aspects of service delivery. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation.</p> <p>Comprehensive cultural awareness training is provided and covers Te Tiriti o Waitangi, te ao Māori, equity 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>FA</p>	<p>A resident's rights policy is being implemented. The policy is a set of standards which outlines the behaviours and conduct that is expected</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>for all staff employed at Cashmere Heights to uphold. Cashmere Height's policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of 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 policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The staff satisfaction survey outcomes evidence a positive work environment.</p> <p>Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff interviewed confirmed they had learned about institutional racism, how to recognise this and how to identify clinical bias.</p> <p>The family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There are policies documented and implemented on how to deal with residents' property and finances.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the RN and HCAs confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>There are short and long-term objectives in the PSC Engagement with Tāngata Whenua policy and Safety and Wellbeing Framework provide a guide to improving Māori health and leadership commitment to address inequities. Presbyterian Support Central has adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that promote wellbeing for Māori. The Eden principles are incorporated in the service delivery to ensure a strengths-based and holistic model is implemented.</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</p>	<p>FA</p>	<p>Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Quarterly residents and family/whānau meeting minutes identify feedback from</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>residents and follow-up by the service to all matters raised.</p> <p>Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with residents and family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak English.</p> <p>Non-subsidised residents family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (including physiotherapist, clinical nurse specialist for wound care, diabetic nurse, geriatrician, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved. The CNM described an implemented a process around providing enduring power of attorneys (EPOAs) with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed confirm they are aware of what is happening within the facility.</p> <p>There are emails and various regular newsletters distributed to residents and family/whānau to keep them inform on matters within the facility and organisation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>There are policies to guide informed consent. Five resident files</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>		<p>reviewed included informed consent forms signed by the resident or their EPOAs. There are general consent forms and forms for Covid-19 and flu vaccinations were also on file where appropriate. Family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance care planning policy implemented.</p> <p>Care staff interviewed could explain how residents are provided with choice and how their own decisions are respected.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of EPOAs were in resident files and activation letters sighted for all residents' files reviewed. The FM confirmed tikanga best practice guidelines are implemented during the informed consent process.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were no complaints received since the opening of the facility in May 2024. The FM explained the complaints process include an investigation, follow-up, and replies to the complainant. The complaints process links to the advocacy service.</p> <p>The time frames of the complaints process reviewed meet the HDC guidelines. If any complaints or concerns raised, staff are informed of complaints (and any subsequent corrective actions) through meetings. There were no external complaints received.</p>

		<p>Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at entry to the facility. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>Family/whānau making a complaint can involve an independent support person in the process if they choose. Family/whānau and advocates are invited to the quarterly resident meetings. The FM explained how the complaints process works equally for Māori. The complaints form, within the electronic system captures ethnicity data. Family/whānau interviewed stated the managers are very approachable and always available to them.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>PSC Enliven Cashmere Heights is located in Wellington and part of Presbyterian Support Central Region. Cashmere Heights is a satellite site managed alongside Cashmere Home, which is situated a five-minute walk down the road. The service provides care for up to 26 residents at dementia level of care.</p> <p>Seven rooms were temporary decommissioned as residents' rooms and closed off with permanent affixed keypad locks. The rooms available for occupancy decreased from 33 to 26.</p> <p>On day one of the audit, there were 24 residents. All residents were under the age-related residential care agreement (ARRC). There is one double room intended for a couple; however, the room was single occupancy at the time of the audit.</p> <p>There is an Enliven Board and senior leadership team. There is Māori representation on the board. The roles and responsibility framework for the Board are documented in the Trust Charter. The board receives monthly reports related to all aspects of service delivery from the senior leadership team that include the chief executive [CE], chief financial officer [CFO], chief operating officer (COO), general manager (GM), property and GM business services and sustainability. The board members have completed Mauri Ora orientation. The board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>There are advisory groups that include Quality Advisory Group (QAG),</p>

	<p>Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. The senior leadership team are expected to sit on at least one of these groups.</p> <p>The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pasifika staff. The CAG have input into policy development. There is an Enliven Central strategic plan (2022-2025) is in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short and long-term objectives in the PSC Engagement with Tāngata Whenua policy and Safety and Wellbeing Framework that provides a framework and guide to improving Māori health and leadership commitment to identify barriers to care, address inequities and to promote the wellbeing of Māori and of tāngata whaikaha. Tāngata whaikaha have meaningful representation through quarterly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>Cashmere Heights and Cashmere Home have a combined business plan (2025) that aligns with Enliven overarching strategic plan (2022-2025) and has in place clear business goals to support their Enliven philosophy, including dementia level of care specific goals. The model of care sits within this framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focussed meetings.</p> <p>Clinical governance is provided by the audit and risk committee. The PSC clinical director (interviewed) is responsible for clinical oversight with support from three PSC clinical advisors, two regional managers and the audit and risk committee. The quality programme links to the</p>
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		<p>strategic plan and improvements are made where deficits are identified in the service delivery. There are regular PSC managers and clinical nurse meetings where learnings are shared.</p> <p>There has been no changes in management since the last audit. The FM and CNM divide their time between Cashmere Heights and Cashmere Home. The FM has a background in social work and health services management and been in the role for the last 12 months. The CNM has been in the role for ten months, they worked for Enliven as a clinical consultant for five years before moving into the CNM role. The CNM oversees the clinical effectiveness of both facilities. The FM and CNM have completed in excess of eight hours of training related to leadership topics.</p> <p>The facility had a recent observational visit from the Ombudsman; recommendations related to availability of complaints forms and accessibility of waterglasses were implemented.</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 Low</p>	<p>Cashmere Heights is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The FM provided an example of a report that is generated for this purpose.</p> <p>There is a monthly and annual meeting schedule available; quality(clinical) meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control, complaints received (if any), cultural compliance, staffing, and education. Clinical meetings occurred as scheduled; however, monthly staff meetings only occurred three times and have not occurred between May and September 2024.</p> <p>Progress with the quality programme/goals has been monitored and reviewed through the monthly clinical meetings.</p> <p>The internal audit schedule for 2024 has been implemented and the</p>

	<p>schedule for 2025 is being implemented. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical meetings but not at staff meetings.</p> <p>Quality data and trends are documented in the clinical meetings; however, these are not always shared with other staff.</p> <p>Enliven benchmarks quality indicator data against other Presbyterian Support regions. Quality initiatives including the reductions of polypharmacy and progress is documented. monitored and evaluated at regular intervals by the CNM.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their orientation and ongoing training on the electronic education platform. The annual family/whānau satisfaction survey is not yet due; however, all family/whānau interviewed stated they were very satisfied with all areas of service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff. Policies are accessible on the PSC intranet.</p> <p>A health and safety system is in place. A health and safety is part of the monthly clinical and staff monthly meetings. There is a health and safety representative and they have completed training related to their role. Hazard identification forms and an up-to-date hazard and risk register had been reviewed in August 2024 (sighted). Health and safety policies are implemented and monitored by audit and risk committee. Audits include a hazard identification audit, incident reporting audit and environmental audit; all have been completed. Incident and accident data is collated monthly and analysed. Benchmarking occurs. Results are discussed in the clinical meetings and at handover. Each event involving a resident reflected a clinical</p>
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		<p>assessment and a timely follow-up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the CNM and RNs. The quarterly audit and risk committee meetings reports evidence governance commitment to health and safety and staff wellbeing.</p> <p>Discussions with the FM and CNM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three section 31 notifications required to be completed for Cashmere Heights related to an alarm activation and two residents at risk of absconding. There were three outbreaks, a combined Covid-19 and gastroenteritis in July 2024 and again in September 2024, in November 2024 an upper respiratory tract /metapneumovirus outbreak occurred and was documented (since the last audit). The Covid – 19 and gastroenteritis occurred at the same time and was considered as one outbreak on each occasion. All three periods were reported (as the facility was unsure if the gastroenteritis was a consequence of Covid – 19. All outbreaks were appropriately notified with a section 31s to the regional public health unit, managed and debriefed with staff.</p> <p>A fracture following a fall (October 2024) and a stage three pressure injury (December 2024) were notified to the Health Safety and Quality Commission.</p> <p>The funder was also notified in writing as per the requirements of ARRC clause E3.3(a) and agreed to the increase in resident numbers from 20 to 24.</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 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</p>	<p>FA</p>	<p>There is a staffing and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The service is currently fully staffed. The FM and CNM divide their time equally between Cashmere Height and Cashmere Home and works full time Monday to Fridays to oversee the day-to-day operations of the facility. In the absence of the FM the facility is overseen by the CNM with support from the regional manager and clinical advisor.</p> <p>On call after hours are shared between the FM and CNM. The FM</p>

<p>services.</p>		<p>and CNM are escalated to the clinical manager. The Enliven GP is available for support.</p> <p>There are two RNs and two ENs that cover the roster over seven days till 4.30pm every day. All HCAs and recreational staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with HCAs confirmed that their workload is manageable. Absences are covered by Enliven cover pool or staff from a nursing agency.</p> <p>Staff and family/whānau are informed when there are changes to staffing levels as evidenced in meeting minutes and newsletters. Residents and family/whānau stated they feel informed of what is happening within the facility.</p> <p>There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties.</p> <p>There is an annual education and training schedule being implemented. The annual and three-year rotational compulsory training programme is overseen by the CNM. The education and training schedule lists compulsory training which includes cultural awareness training. All staff completed cultural training to reflect their understanding of providing safe cultural care, te ao Māori, response to equity and Te Tiriti o Waitangi. The training content provided resources to staff to encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen of the 16 HCAs that are employed have completed the limited credit programme (LCP) to satisfy the learning requirements under clause E4.5(f) of the ARRC. The remaining three HCAs are in progress to complete within 18 months of employment start date.</p> <p>A competency assessment policy is being implemented. All staff are required to completed competency assessments as part of their orientation. All HCAs are required to complete annual competencies in hand hygiene, correct use of PPE and moving and handling. A selection of the HCAs complete medication and second checker</p>
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		<p>competencies. A record of completion is maintained on an electronic register.</p> <p>Two of three RNs (including the CNM) are interRAI trained, one EN is interRAI competent. All have first aid certificates and the appropriate medication competency completed.</p> <p>Registered and enrolled nurses complete Enliven professional and clinical training modules including HDC case studies, critical thinking, and reflective practice at peer review sessions. The Enliven intranet has extensive resources (pae ora) relating to Māori health equity data and statistics available to staff.</p> <p>An Employee Assistance Programme (EAP) is available to staff that support staff wellbeing.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored online. Six staff files were reviewed (two RNs [including the CNM], two HCAs, one recreational team leader, one food services team leader) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>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 (e.g. RNs, ENs, GPs, pharmacy, physiotherapy, podiatry, and dietician). There is an appraisal policy and appraisal schedule in place. Staff have not yet been employed for a year.</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. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support RNs, EN and HCAs to provide a culturally safe environment to Māori.</p>

		<p>Where volunteers are used an orientation programme and policy for volunteers are in place. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and 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. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system 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. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The FM and CNM screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The FM described reasons for declining entry would only</p>

<p>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>occur if the service could not provide the service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The service collects ethnicity information at the time of admission from individual residents, this is collated as part of the clinical governance group. The service receives referrals from the NASC service, social workers, and directly from family/whānau.</p> <p>The service has an information pack relating to the services provided at Cashmere Heights which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements by the enacted EPOA. Exclusions from the service are included in the admission agreement. The organisation has a person and family/whānau-centred approach to services provided. Interviews with family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit there were residents identifying as Māori. The service has links with the local marae and Whānau Ora service in order to strengthen their partnership with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>PA Low</p>	<p>Five resident files were reviewed for residents residing at this secure dementia facility. The RNs are responsible for conducting all assessments and for the development of care plans.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes, six monthly care review electronic form and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or</p>

<p>whānau to support wellbeing.</p>		<p>support plan. The service implements the Eden Alternative 10 core principles and seven domains of wellbeing, with the aim of creating a community where the residents have companionship, variety, fun, a sense of belonging, meaningful activity, and purpose. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>The service also uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan, which is completed within 24 hours of admission. The assessments include dietary details; emotional needs; spirituality; falls risk; pressure area risk; skin; continence; pain (verbalising and non-verbalising); activities; and cultural assessment. Cultural assessments and cultural considerations are included as part of the recreational profile and cultural considerations are woven through applicable sections of the long-term care plan as evident in the files reviewed.</p> <p>Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments were identified in the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents, however, the first interRAI assessments had not all been completed within the required timeframes for all residents. Evaluations were completed six-monthly and records the progress towards the goals. Reassessment of risks and changes made to the care plan were evident when there was a change in health condition. InterRAI assessments sampled had been reviewed six-monthly.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and a GP practice provides out of hours cover. The GP (interviewed) commented positively on the resident centred approach to care, quality delivery of services and training for staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified. Care plans identified assessed risks and provided sufficient detail to guide staff in the management of</p>
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		<p>residents, care needs.</p> <p>The service is able to refer to a physiotherapist as required, and a podiatrist visits every six to eight weeks. Specialist services including mental health, dietitian, speech language therapist, wound care nurse specialist and continence specialist nurse are available as required through Health New Zealand.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by HCAs and at least weekly by the RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Family /whānau interviewed reported their needs and expectations were being met. When a resident's condition alters, the staff alert the RNs who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were five residents with eight wounds, current wounds include: skin tears and one stage three pressure injury. All wounds reviewed had comprehensive wound assessments including photographs to show the progression towards healing. An electronic wound register and wound management plans are available for use as required. There is access to the wound nurse specialist via Health New Zealand. Care staff interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants monitoring charts including bowel chart, vital signs, weight, food chart, blood sugar levels, neurological observations, and behaviour on the electronic record; however, reposition charts and fluid intake charts were completed when required. Neurological observations were completed for unwitnessed</p>
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		<p>falls, or where there is a head injury as per the policy for the management of falls.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The GP records their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The recreation team of three activity coordinators (one full time and two part time) provide activities seven days a week. The activities programme is resident focused and age appropriate. Oversight of the programme is provided by an Enliven diversional therapist. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and includes impromptu activities. The programme reflects the Eden alternative philosophy and supports residents to actively combat loneliness, helplessness, and boredom.</p> <p>A weekly activities calendar is posted on the noticeboards. The programme allows for resident choice of activity. All interactions observed on the day of the audit evidenced engagement between residents and the recreation team. There are seating areas where quieter activities can occur.</p> <p>There are activities such as bingo and card games, newspaper reading, quizzes and baking. There are weekly church services, pet therapy and regular entertainers. Residents enjoy weekly outings to parks, museums, and scenic drives. Staff attending any van drives are first aid trained. There are linkages with local iwi leaders.</p> <p>There is a chaplain and pastoral volunteers available. Themed days such as Matariki, Waitangi and Anzac Day are celebrated with appropriate resources available. Cultural themed activities are integrated into the activities programme and include hymns, waiata and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo Māori and the facility has everyday Māori words with</p>

		<p>their meanings prominently displayed in resident areas. Cultural appropriate resources including crafts activities, poi making Māori art colouring, teaching te ao kori and kaumātua designed cookie cutters.</p> <p>A resident life story including the Eden tree of life, oranga kaumātua wellness map and activity profile is completed on admission in consultation with the resident and family/whānau (as appropriate). The activities documentation in the resident files reviewed were tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home.</p> <p>In the files reviewed the recreational plans had been well documented and include a 24-hour activity plan. Activity plans have been evaluated six monthly and updated where required. The service receives feedback and suggestions for the programme through resident/whānau meetings and annual family/whānau surveys. Residents are provided support by an elder's advocate. The family/whānau interviewed were happy with the 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>There are policies available for safe medicine management that meet legislative requirements. Staff (RNs, and medication competent HCAs) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The care staff interviewed could describe their role regarding medication administration. The service uses pre-packed for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system and also the electronic care planning system.</p> <p>Medications reviewed are appropriately stored in the medication trolley and medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within</p>

		<p>acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has a photographic identification and allergy status identified. There were no residents administering their own medications. The medication management policies include guidance related to residents who wish to self-administer medications.</p> <p>There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RN described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Family/whānau are involved in their three-monthly medical reviews and six-monthly multi-disciplinary reviews. Any changes to medication are discussed with the family/whānau.</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 food services are overseen by a food services team leader (FST) who is a chef. There are kitchen hands on a morning shift and afternoon shift. The FST has been in their role for three weeks. All meals and baking are prepared and cooked off site at Cashmere Home by a qualified chef/cook. All food service staff involved in cooking have completed food safety training. The Food Control Plan expires 23 January 2026. The five-weekly menus have been approved and reviewed by a registered dietitian in October 2023. The FST receives resident dietary profiles electronically via the resident management system and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes and food allergies.</p> <p>Food is probed for temperature before transferred to the hot box for</p>

		<p>transfer from Cashmere Home to Cashmere Heights and then it is transferred to the bain-marie and served by a kitchen hand. The van for transport of the food was inspected and found to be appropriate for purpose.</p> <p>A visual inspection of the main kitchen was completed, and the FST interviewed. All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. The internal audit schedule includes a food service audit (dining experience and implementation of the food control plan) was completed. The FST interviewed explained the food control plan and freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken; documents were sighted. Not all appliances in the main kitchen were recently tested for electrical compliance (link 4.1.1).</p> <p>The servery area in Cashmere Heights is secure and fully functional, with the dishwasher retested for compliance, the bain marie; however, was not tested for electrical compliance (link 4.1.1). A chemical provider ensure effectiveness of the chemicals. There are snacks available and accessible for residents 24/7. The main kitchen had enough food available for emergency purposes.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as required. Snacks will be available 24/7 in the dementia unit, with daily plated sandwiches to be kept in the dementia unit fridge. Breakfast will be made in the dementia unit kitchenette. All appliances in the dementia unit, such as boiling water system, are not accessible.</p> <p>Family/whānau and residents are provided with opportunities to provide feedback at the quarterly family/whānau and advocate meetings and through annual surveys.</p> <p>The FST stated they are involved in the activities theme months, particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme and supporting residents to have culturally appropriate meals. The FST can cater for cultural needs specific to te ao Māori.</p> <p>There is one big lounge sitting within the dementia unit and accessible</p>
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		<p>by all wings. There is a PSC Enliven policy 'Risk management for using a dining room with residents requiring dementia care,' to ensure a pleasurable dining experience. An audit related to the dining experience was completed in November 2024. A meal service was observed and residents were observed to have a pleasurable dining experience.</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>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved for all exits or discharges to and from the service. Family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, and resident's profile, including family/whānau. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process 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>PA Low</p>	<p>The facility across one level and is spacious. The building warrant of fitness was dated to be due January 2025.</p> <p>There is a double door foyer. First door provides entry to the foyer by intercom and sign in for visitors and has a door release from the inside; staff can access through a swipe card. The secure second door provides access to the dementia unit.</p> <p>The care centre has a centralised foyer and atrium, with connecting offices, sun lounge, whānau room, main lounge, and dining room. There are two large, shared lounges with easy access for all residents.</p> <p>All rooms are single occupancy, each room has a memory box at the door to assist resident to identify their own room. There are two shared ensuite rooms and one room with its own ensuite. There are</p>

		<p>also standard rooms with a handbasin. There is a communal shower and three toilets that are sufficient for the number of residents. There are two seating alcoves and a sunroom, with easy access to the outdoors.</p> <p>Seven rooms were temporarily decommissioned as residents' rooms and closed off with permanent affixed keypad locks. The rooms available for occupancy decreased from 33 to 26. There is one double room (room 25), currently with a single occupant.</p> <p>Flowing soap, hand gel dispensers and paper towels are installed in all areas.</p> <p>There is a servery kitchen adjacent to an open plan spacious main dining room/lounge.</p> <p>There is a reception like desk opposite the dining room/main lounge where staff can sit and provide for ease of supervision over the lounge areas. There is a secure nurse's office behind the reception desk. Carpets and flooring in communal areas are sufficient for residents with dementia and decreased depth perception.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. The flooring is a mix of carpet and vinyl which provides for easy cleaning.</p> <p>There is appropriate heating within the rooms that can be individually adjusted by staff when required. There is appropriate lighting that minimises glare and a light above the bed. Rooms are light and windows have a security latch and stay on the inside. Resident rooms have appropriate call bells and plug for sensor mats.</p> <p>The hallways are wide and include a number of sitting areas for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space in each new wing for storage of linen and continence products. There is plenty of space for medical equipment, and personal protective equipment storage with shelving.</p> <p>There is an enclosed internal courtyard that is accessible from the</p>
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		<p>atrium where the dining room and main lounge is situated. The outdoor space has raised gardens, seating, and shade. There is safe access to the outdoors, with a wide pathway around the building. There are secure gates at each end. The garden area is secure. There are external lights.</p> <p>There is a full-time maintenance person that shares their time between the two facilities. The maintenance person records a monthly check; however, there is no maintenance schedule to ensure checking of the equipment. Electrical equipment and other machinery have not all been tested and tagged. There are environmental audits and building compliance audits completed as part of the internal audit programme. Reactive maintenance occurs. Hot water tests have been completed in resident areas. Essential contractors/tradespeople are available as required.</p> <p>The working group, with support from CAG and mini-CAG, provide assurance that the building reflects the aspirations and identity of Māori.</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>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. Staff complete training in the management of emergencies at orientation and as part of their regular training and education plan.</p> <p>A fire evacuation plan is in place to evidence approval by the New Zealand Fire Service (last reviewed 2 February 1995). A fire evacuation drill is repeated six monthly with the last drill taking place October 2024. An emergency management plan provides clear instructions for emergency responses to earthquakes, flooding, fire, tsunami and loss of electricity, water, and sewerage. Civil defence supplies are stored in an identified cupboard. In the event of a power outage there is back-up power available, two portable generators and gas cooking. There are adequate supplies in the event of a civil</p>

		<p>defence emergency, including emergency water storage in two tanks in excess of 5,000 litres. There are sensor mats in a selection of residents' rooms for monitoring those residents at risk of falling. Call bells are in resident rooms and communal areas but not all communal toilets show on visual display panels located throughout the facility. Staff are easily identifiable. There is a staff member on each shift with a valid first aid certificate.</p> <p>The building is secure out of hours with a bell to summon assistance from staff. Staff perform a security round in the evening to lock the facility internally. Visitors and contractors sign in at entry to the building. Closed circuit television monitoring is available to monitor the reception and two entrances.</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>The IPC programme and antimicrobial stewardship programmes (AMS) are appropriate to the size and complexity of the service, they are approved by the audit and risk committee. The FM and CNM supports the IPC activities within the service.</p> <p>A RN oversees the infection control and prevention programme and AMS across the service with support from the CNM. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the electronic quality risk and incident reporting system. The IPC programme is reviewed annually by the PSC clinical advisors, PSC clinical director, and IPC committees at each site. Infection prevention and control audits are conducted.</p> <p>Infection and AMS matters are raised at monthly clinical meetings. There was limited evidence that infection rates are presented at staff meetings (link 2.2.2). Infection prevention and control data is also reviewed by the regional managers and benchmarked against other PSC Enliven facilities and externally with other aged care groups. Infection prevention and control and AMS is part of the business and quality plans. The governing body receive reports on progress quality and business plans relating to infection prevention, surveillance data,</p>

		<p>outbreak data and outbreak management, IPC related audits, resources and costs associated with IPC and AMS on a monthly basis. Significant events related to infections and antibiotic use are reported to the audit and risk Committee.</p> <p>The service also has access to an IPC clinical nurse specialist from the Health New Zealand for advice and support.</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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection prevention and control (IPC) coordinator is a registered nurse. They are supported on site by the PSC clinical advisors, CNM, and PSC clinical director. The IPC programme links to the quality programme, the PSC Enliven strategic plan and Cashmere Home and Cashmere Heights business plan. The programme is reviewed annually.</p> <p>The infection control coordinator has completed formal infection control training. On a national level, there is good external support from the PSC Enliven GPs, laboratory, and the PSC clinical advisors. There are outbreak kits readily available and personal protective equipment (PPE) to support management of a pandemic or outbreak. There are supplies of extra PPE equipment as required. Stock is regularly checked against stock numbers and expiry dates. The IPC coordinator is involved in procurement of high-quality consumables including PPE and wound dressing products.</p> <p>The IPC policy outlines an approach to antimicrobial stewardship, pandemic planning, IPC standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the PSC clinical director in consultation with infection control coordinators and PSC clinical advisors. Policies are available to staff. Healthcare assistants and RNs/enrolled nurses ensure their interactions with residents are safe from the IPC standpoint through hand hygiene and the use of aseptic techniques to minimise the risk of HAI.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. Reusable medical equipment is cleaned and</p>

		<p>disinfected after use and prior to next use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out. The policies acknowledge importance of information around IPC for Māori residents and tikanga are implemented in relation to IPC practices. Information is available and accessible to staff to provide to residents when required. Culturally safe practices and cultural considerations are included in the IPC programme.</p> <p>The IPC policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan.</p> <p>Family/whānau are kept informed and updated on any infections and the progress thereof. There were early-stage consultations with the audit and risk committee and IPC consultation when changes occurred to the building and plant.</p> <p>There are hand sanitisers and flowing soap available for implementation of good hand hygiene</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and provides guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness is monitored by the PSC Enliven GPs and clinical pharmacist. The CNM completes a quarterly AMS report.</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>	FA	<p>Infection surveillance is an integral part of the IPC programme and is described in the PSC Enliven IPC manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register.</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>Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection surveillance is discussed at clinical meetings. Any infections of concern is discussed and escalated to the audit and risk committee. The service is incorporating ethnicity data into surveillance methods.</p> <p>Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community infection concerns.</p> <p>All residents with infections have a documented plan with appropriate interventions documented. Residents and family/whānau are kept informed of the progress on any infections.</p> <p>Since the opening there have been three outbreaks recorded. Outbreak reports and debrief meeting minutes sighted. All have been reported appropriately, risk management systems were put in place to minimise the exposure to other residents, staff and public.</p> <p>Visitors are asked not to visit when unwell.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and on the cleaning trolley. The cleaning trolley is locked in the sluice room when not in use.</p> <p>Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a stainless-steel bench, a sink for handwashing and eye protection was available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals.</p>

		<p>All laundry is processed at Cashmere Home. A visual inspection of the laundry at Cashmere Home was completed. There is a laundry manual available. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. The laundry service is provided seven days a week till 2.00 pm. A laundry assistant is responsible for the laundry process of dirty linen and the management of clean laundry. Dirty and clean laundry is transported in a van to and from Cashmere Heights. The van was inspected and internally divided for a clean and dirty flow. At Cashmere Heights there are a separate entry to receive clean linen and a separate entry to pick up of dirty linen.</p> <p>The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the internal auditing system; the effectiveness of the outcomes are documented. Internal audits related to waste management, environmental cleanliness and laundry processes are overseen by the IPC coordinator.</p> <p>The IPC coordinator provide support to maintain a safe environment during renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The safe restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau and residents, and the choice of device must be the least restrictive possible. The restraint coordinator (CNM) described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint were being considered in the facility.</p> <p>At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. Efforts to continue to maintain a restraint-free environment is reported through monthly reporting to the senior team.</p> <p>Restraint minimisation is included as part of the mandatory training</p>

		<p>plan and orientation programme in the form of a self-learning package. The safe restraint policy and PSC Enliven organisational plan both identify the organisations approach to eliminating restraint. Reports to governance include restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is a meeting schedule documented for 2024 but has not been fully implemented. Quarterly family/whānau and advocate meetings only occurred in December 2024 and February 2025.</p> <p>Monthly quality (clinical) meetings and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection prevention and control, complaints received (if any), cultural compliance, staffing, and education. Clinical meetings are attended by RNs, ENs and the CNM. Clinical meetings occurred as scheduled; however, monthly staff meetings only occurred three times since November 2024 and have not occurred between May and October 2024. Where staff meetings were documented for (November 2024, January 2025 and February 2025) limited information was documented under the agenda</p>	<p>(i). Staff meetings and resident and family/whānau and advocate meetings did not occur as scheduled for 2024.</p> <p>(ii). The staff meetings that did occur have limited information in the agenda items documented to inform staff of quality data (including infections), corrective actions, health and safety and internal audit results.</p>	<p>(i). Ensure meetings occur as scheduled.</p> <p>(ii). Ensure all staff are informed about all aspects of the quality programme including quality data/performance of the facility.</p> <p>90 days</p>

		<p>items to evidence that staff (HCAs and support staff) were informed or collaborate in the quality programme.</p> <p>Progress with the quality programme/goals has been monitored and reviewed through the monthly clinical meetings.</p> <p>The internal audit schedule for 2024 has been implemented and the schedule for 2025 is being implemented. Corrective actions are documented where indicated to address service improvements with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical meetings but not at staff meetings.</p> <p>Quality data and trends are documented in the clinical meetings; however, these are not always shared with other staff or posted on a quality notice board.</p>		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Long-term care plans had been completed within 21 days for long-term residents; however, the first interRAI assessments had not all been completed within the required timeframes for all residents. Evaluations were completed six-monthly and records the progress towards the goals. Reassessment of risks and changes made to the care plan were evident when there was a change in health condition. InterRAI assessments sampled had been reviewed six-monthly.</p>	<p>Two of five resident files did not have the initial interRAI documented with in time frames.</p>	<p>Ensure that initial interRAI assessments are documented with timeframes.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and</p>	PA Low	<p>The resident rooms are able to be personalised to meet the residents' interests. The maintenance person records monthly checks;</p>	<p>(i). There is no documented maintenance schedule.</p>	<p>(i). Ensure a documented maintenance schedule is</p>

<p>equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>however, there is no maintenance schedule to ensure the checking of equipment. Testing and tagging was not evidenced on all equipment and the building warrant of fitness was not up to date. There are environmental audits and building compliance audits completed as part of the internal audit programme. Hot water tests have been completed in resident areas. Essential contractors/tradespeople are available as required. The working group, with support from CAG and mini-CAG, provide assurance that the building reflect the aspirations and identity of Māori.</p>	<p>(ii). Testing and tagging was not up to date on the food mixer, a vacuum cleaner and two bain-maries. (iii). The building warrant of fitness was not up to date.</p>	<p>implemented. (ii). Ensure that all testing and tagging is current. (iii). Ensure a current building warrant of fitness is maintained 90 days</p>
<p>Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>Call bells are in resident rooms and communal areas but not all (one) communal toilets show on visual display panels located throughout the facility.</p>	<p>One communal toilet does not have a call bell/emergency assistance call system.</p>	<p>Ensure that all resident rooms and communal rooms have an appropriate call system shall be available to summon assistance when required. 90 days</p>

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.