

Bethesda Care Limited - Bethesda Care

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity: Bethesda Care Limited

Premises audited: Bethesda Care

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 25 March 2025 End date: 26 March 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 70

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

Bethesda Care Limited (Bethesda Care) provides hospital services - medical, hospital services - geriatric, and rest home care for up to 72 residents. Staff in the roles of clinical manager and clinical coordinator have been appointed since the last audit. A human resource lead position has also been created and appointed.

This certification audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, a member of the governance group (who is also the chief executive officer), managers, staff, the contracted physiotherapist, the manager of the contracted catering company and a general practitioner.

Improvements are required to staff training/competency records and staff orientation records.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Bethesda Care works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were provided with services that recognise their worldviews and are culturally safe.

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

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

A complaints process was in place to ensure complaints were resolved promptly and effectively in collaboration with all parties involved.

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.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data, identified trends that led to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed and managed using current good practice. A role specific orientation was provided to new staff. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter Bethesda Care, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

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


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

Medicines were safely managed and administered by staff who were competent to do so.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe and provide shade and seating, and met the needs of people with disabilities.

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

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

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

Subsections applicable to this service fully attained.

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims to be restraint-free. This was supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Processes were in place to ensure that a comprehensive assessment, approval, monitoring and review process in the event restraint is used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Bethesda Care has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with a designated pastor and local marae to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a cultural adviser and was used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and monitored.</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</p>	FA	<p>Bethesda Care identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships and whānau and community engagement enable ongoing planning and evaluation of</p>

<p>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>services and outcomes.</p> <p>Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.</p> <p>Recruitment and training opportunities were in place to help retain a Pacific workforce across a variety of roles. This includes leadership if there is an appropriate applicant for the role. Staff are supported to obtain industry approved qualifications.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters of the Code in English, te reo Māori and sign languages were posted around the facility.</p> <p>Māori mana motuhake principles were observed in practice. This was confirmed in interviews with residents who identified as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Most residents had private rooms, except for the couples who shared rooms with their partner's consent. Refer to subsection 2.1).</p> <p>Te reo Māori and tikanga Māori were promoted within the service through the activities programme and te reo Māori information posted around the facility. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p>

		The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practices. There were no examples of discrimination, coercion or harassment identified during the audit through staff and resident or whānau interviews, or in documentation reviewed.</p> <p>Residents’ property was labelled on admission, and they reported that their property was respected. Residents or their whānau manage their finances. There was a petty cash account that residents could utilise when required. Residents were invoiced for additional services that were not funded by their approved contracts.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model. Large posters of Te Whare Tapa Whā model of care, printed in large print, were posted in communal areas and were accessible to residents, whānau and staff.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	FA	<p>Residents and/or their legal representative were provided with the</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>information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed consent forms were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>The facility manager (FM) is responsible for complaints investigation and follow-up. There have not been any complaints received since the last audit. However, the service has investigated and responded on one occasion via the complaints process to specific feedback provided to the service. The documentation sighted showed open communication occurred and learnings were identified and implemented. The management team have an 'open door' philosophy and are available to meet with residents and whānau on a day-to-day basis.</p> <p>The FM detailed how the service works to ensure the complaints process works equitably for Māori. Interpreters, kaumatua, pastoral support and whānau support would be utilised as required.</p> <p>There have been no complaints received from external sources since the previous audit. The complaints to the Health and Disability Commissioner (HDC), from August 2022 and September 2023 (both dated prior to the last audit) remain open. The requested information has been provided to the HDC.</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>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group has expertise in Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified chief executive officer (CEO) and clinical manager (CM) leading the service. The CM was internally promoted to the role in March 2024. A new clinical coordinator was appointed in June 2024 supporting the CM in ensuring the day-to-day care needs of residents are met. The CM has attended over eight hours of training related to managing this service in the last 12 months. The CEO and facility manager were in these roles prior to the last audit. A new position, 'human resource lead', has been developed and filled.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular quarterly reporting to the board of directors, or sooner if appropriate. A monthly staff awards programme is used to recognise staff who demonstrate these values. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through interview with the CEO, who is also one of the seven members of the Bethesda Care board of directors (BOD). A commitment to the quality and risk management system was evident. The CEO interviewed felt well informed on progress and risks, and regularly attends a range of Bethesda Care meetings including those discussing quality and risk, the facility/environment, restraint elimination, infection surveillance, health and safety. This was confirmed in a sample of BOD and Bethesda Care meeting minutes and in the CEO's formal reports to the BOD.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p>

		<p>People receiving services and their whānau participate in planning and evaluation of services through regular care assessment and planning processes and satisfaction surveys.</p> <p>Clinical governance processes were in place appropriate to the services provided. There was at least a monthly review of quality indicators, trends and resident care outcomes.</p> <p>The service has Age-Related Residential Care (ARRC) contracts with Te Whatu Ora for hospital (continuing care) and rest home level care. There are also contracts for community residential respite services, mental health and addiction individual packages of care (housing and recovery services), and to provide care to residents with long-term support - chronic health conditions (LTS-CHC). There is a contract with Whaikaha for residential non-aged hospital level care. There were 70 residents receiving services. This comprised 39 hospital level of care residents, including 35 residents under the ARRC contract, two residents under Whaikaha, one resident admitted for short term care funded by the Accident Compensation Corporation (ACC), and one resident under the LTS-CHC contract. There were 31 residents receiving rest home care under the ARRC contract. There were no residents under the mental health and addiction contract.</p> <p>All beds can be used for the care of either rest home or hospital level care residents. Most bedrooms are single occupancy, with four bedrooms that have the potential to be dual occupancy. These are designated rooms and used for either one resident or for the care of 'couples'. All these rooms were occupied by 'couples' during the audit. If these rooms were single use, there would be a maximum occupancy of 68 residents.</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</p>	<p>FA</p>	<p>Bethesda Care has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events/incidents, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and maintaining a restraint-free care home. Residents, whānau and staff contribute to</p>

<p>achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>quality improvement through satisfaction surveys, resident meetings and a resident representative who advocates for residents. The recent resident satisfaction survey identified the majority of residents were satisfied with services, staff and the facility. The management team have worked to address the feedback from a small number of residents related to food services. A quality improvement project was also initiated in relation to call bell response times (refer to subsection 4.2). Residents and whānau interviewed were very satisfied with the care being provided.</p> <p>Analysis of practices and systems, using ethnicity data, identified possible inequities, and the service works to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. There were assorted staff and management meetings that discussed quality and risk related topics. During 2024, on average 48% of staff attended each of the monthly staff meetings.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. A number of quality improvement plans have been undertaken. Examples included, but were not limited to, upgrading furnishings, equipment management, and establishing a resident walking group.</p> <p>Policies have been developed by an external contractor. Those reviewed covered all necessary aspects of the service and of contractual requirements and were current. These were available for staff electronically.</p> <p>The CEO and facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. New/emerging risks or potential risks were identified.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Policy. A sample of incident forms reviewed showed these were completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p>
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		<p>The CM, CEO and facility manager understood and have complied with essential notification reporting requirements. Two notifications have been made since the last audit in relation to a Norovirus outbreak (public health services and the portfolio manager were informed), and the change in clinical manager (the portfolio manager and HealthCERT) were informed.</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 services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. There is a minimum of four care staff and one RN on duty. A multi-disciplinary team (MDT) approach ensures all aspects of service delivery are met, with allied health staff including a physiotherapist, dietitian, general practitioner (GP) and podiatrist contracted and visiting regularly. Other allied health staff visit on request. The activities programme and housekeeping services were staffed seven days a week. Catering services were contracted to an external provider.</p> <p>Ten of the registered nurses have current interRAI competency including the clinical manager and the clinical coordinator.</p> <p>There were no staff vacancies. There has been a low staff turnover in the last 12-18 months.</p> <p>Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and there was 24/7 RN coverage in the hospital.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Records were not available to demonstrate all staff have completed mandatory clinical competencies, and this is identified as an area requiring improvement. Training supports equitable service delivery and the</p>

		<p>ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Twenty-two staff have an industry-approved qualification (or equivalency) at Level 4, five at Level 3 and one at Level 2. One staff member has completed diversional therapy training. There were two staff currently undertaking registered nurse training, two staff undertaking enrolled nurse training and three staff working to achieve a Level 4 industry-approved qualification.</p> <p>Staff reported feeling well supported and safe in the workplace.</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>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being implemented, with some exceptions noted. This has not been raised as an area for improvement, and some events predate the current management team. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and maintained as current for all employed and contracted registered health professionals (RHP's).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role; however, records were not consistently available to demonstrate completion, and this is an area requiring improvement. Opportunities to discuss and review performance occur at least annually, or sooner if there are concerns, as confirmed in records reviewed.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. There were staff from at least 11 different ethnicities employed.</p>

		<p>Pastoral and other supports are available in the event of clinical events requiring a debrief. Staff reported the management team are supportive. There were a range of initiatives available to support staff, including the employee assistance programme (EAP), healthy lifestyle education, pastoral care via the facility chaplain, and staff and resident cultural days. Staff are able to attend external training related to wellness, with six staff recently starting this training programme. There were a number of monthly staff recognition awards for staff who demonstrated Bethesda Care values.</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>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who needed it. The service uses electronic programmes for clinical records management, medication management and interRAI assessments. Appropriate security processes for staff were in place.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	<p>FA</p>	<p>Residents enter Bethesda Care when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Related data was documented and analysed, including decline rates for Māori.</p>

<p>communicated to the person and whānau.</p>		<p>The service has developed partnerships with Māori communities and organisations and supported Māori and their whānau when entering the service.</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 whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on a holistic and Te Whare Tapu Whā model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews with clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Referrals were made to specialist services and other allied health professionals as required. The GP, physiotherapist and the chaplain confirmed satisfaction with the care provided and with communication from the clinical team.</p> <p>Tāngata whaikaha participated in service development through the assessment, care planning, care evaluation processes and satisfaction surveys. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information.</p>

		Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Interviewed staff understood processes to support residents and whānau when required.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Residents were observed participating in a variety of activities including bible studies, van outings, puzzles, quizzes, watching movies, and board games. Church services were facilitated by the chaplain twice per week. A quality improvement initiative involving taking a group of residents out for a fun walk each day around the facility was implemented and was ongoing. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme was provided through residents' meetings and satisfaction surveys. Those interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administered medicines were competent to perform the function they managed. Current medication administration competencies were available in staff records reviewed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p>

		<p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</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 service was provided by an external contractor and was in line with recognised nutritional guidelines for older adults. An autumn menu was in use at the time of the audit. The menu was reviewed by a qualified dietitian in February 2025. Recommendations made at that time had been implemented.</p> <p>The service operates with an approved food safety plan and registration that will expire on 30 January 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. The chef regularly checked for residents' satisfaction with meals provided, at least twice per week. Residents reported an improvement in the meals provided. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Reasons for transfers or discharges were recorded in the records seen. The transfer and discharge policy guided staff practice.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness (expiry 26 September 2025). Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. Hot water was tested and was within the required temperature range. Electrical testing and tagging of equipment/appliances had occurred. Clinical equipment had current performance monitoring. Regular checks were undertaken of wheelchairs and hoists.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. This includes external areas with shade. Changes to the main entrance are underway to enhance accessibility for people with disabilities. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes some ensuite bathrooms.</p> <p>Four bedrooms have the potential to be dual occupancy. These are designated rooms and used for the care of couples. All these rooms were occupied during the audit.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p>

		<p>The current environment is inclusive of people’s cultures and supports cultural practices. A process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process. The service was considering some site development opportunities and was in the initial stages of review and planning.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Quarterly fire evacuation drills are undertaken, and timeframes sighted included during afternoon and night shifts.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff were able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. A quality improvement project related to call bell responses from some residents was undertaken following the last resident satisfaction survey. The results of this were reviewed and demonstrated there was overall a very prompt response to call bells, and any variations were followed up by the clinical coordinator in a timely manner.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Security cameras were in use in external and internal communal areas. Designated managers have access to images. Appropriate signage was in place alerting residents, staff and visitors.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the CEO, link to the quality improvement system, are reported on monthly via the quality and staff meetings and reviewed annually via the internal audit programme. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body and examples of this were sighted.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control coordinator (IPC) was responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and the advice of the committee has been sought when making decisions around procurement relevant to care delivery or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where appropriate. The IP programme was approved by the governance body and last reviewed in January 2025.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly (refer to criterion 2.3.4). Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic and infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being</p>

		appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.
<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	Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff, the senior management in meetings, and with the governance body through monthly reports. The service had three infection outbreaks since the previous audit. Learnings from these events have now been incorporated into practice.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) was culturally safe, as confirmed by the residents.</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</p>	FA	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the</p>

<p>the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment was the aim of the service. The governance group demonstrated commitment to this, supported by the CEO and governing body. At the time of audit, there was no restraint in use, and this has been the case since December 2022. Any use of restraint was to be reported to the governing body. A designated registered nurse was the restraint elimination coordinator, and roles and responsibilities were clearly detailed. Policies and procedures meet the requirements of the standards. Staff advised that they have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Records were not available to demonstrate staff had completed restraint elimination related competencies. This is included in the area for improvement raised in criterion 2.3.4. In the event restraint was used, there were clear processes in place to ensure restraints were assessed and approved, and the overall use of restraint was being monitored and analysed and reported via the quality and risk programme. As no restraints have been used since the last audit, subsections 6.2 and 6.3 are noted as not audited.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a staff training programme in place that is appropriate to the service setting. There are a range of clinical competencies that staff are to complete relevant to their role. The service is moving to an electronic records management system with a master spreadsheet developed to track training and competencies completed by staff. In the records available, approximately 50% of applicable staff had not completed the annual infection control competencies related to donning and doffing personal protective equipment (PPE) and hand hygiene and approximately 45% of applicable staff had not completed the annual restraint elimination competency. There is a significantly higher completion of manual handling competency requirements with approximately 15% of staff overdue. All applicable staff had current medication competency. Staff and managers interviewed advised the required education was</p>	<p>There is a staff training programme that includes competency requirements. Records were not available to demonstrate all staff had completed applicable requirements for their role.</p>	<p>Ensure records are available to demonstrate staff complete all required competency assessments and reassessments.</p> <p>180 days</p>

		being provided, and competency assessment undertaken for staff members; however, there were gaps in records management processes. Infection control was reported to be a focus of education in 2024 due to the outbreaks of COVID-19 and Norovirus. Some of the competencies are first assessed as part of the orientation programme. This links with the area for improvement raised in criterion 2.4.4.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>There are role-specific orientation workbooks used during the orientation of new staff. New employees are buddied with a senior staff member and work with them on a supernumerary basis to learn about the individual residents' care needs, the facility/equipment, policies/procedures, emergency and fire safety, quality and risk and shift patterns and responsibilities. Staff interviewed felt well supported during their orientation and confirmed workbooks were used to ensure standardised information was included.</p> <p>In addition, staff were provided with a self-directed learning booklet to complete and return to their line manager along with the completed orientation workbook. Records were not available to demonstrate staff had consistently completed one or both of these requirements. One or both of these documents were missing from six out of twelve staff files reviewed. The self-directed learning quizzes and competencies included the health and safety orientation checklist, assorted clinical competencies (refer also to criterion 2.3.4), the Code, dementia, cultural awareness competency, communication competency, and</p>	<p>Records were not available to demonstrate all staff had completed orientation programme requirements including the associated self-directed learning package of competencies and quizzes.</p>	<p>Ensure staff consistently complete all the requirements of the orientation programme in a timely manner and records are retained to demonstrate this.</p> <p>180 days</p>

		fire knowledge. Bethesda Care has been transitioning human resource records from a paper-based system to an electronic system.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.