

# Little Sisters of The Poor Aged Care New Zealand Limited - St Joseph's

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## 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:

<b>Legal entity:</b>	Little Sisters of The Poor Aged Care New Zealand Limited
<b>Premises audited:</b>	St Joseph's Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 May 2025      End date: 7 May 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	31



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

St Joseph's Home & Hospital provides hospital (geriatric and medical), and rest home care for up to 31 residents. At the time of the audit there were 31 residents.

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

The facility manager is appropriately qualified and experienced and is supported by a nurse manager, and a team of experienced staff. There are quality systems and processes being implemented. Feedback from family/whānau interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to staff employment and orientation processes, care plan interventions, monitoring and care plan review, medicine management, electrical testing and infection surveillance.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

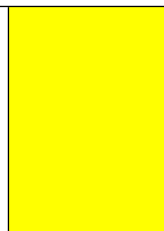
St Joseph's Home & Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

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

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

## Hunga mahi me te hanganga | Workforce and structure

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



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

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. A specific role specific orientation programme is documented. Regular staff education and training is in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The nurse manager and 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 family/whānau input. Care plans viewed demonstrated service integration. Resident files demonstrated general practitioner reviews and visiting allied health professionals' input.

The activity team implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available. The service has a current food control plan.

Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, 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. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff.

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

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. One outbreak has been reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the nurse manager. The facility currently has no residents using restraints. Use of restraints are considered as a last resort only, after all other options are explored.

### 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	22	0	4	1	0	0
Criteria	0	161	0	7	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service which acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. At the time of the audit there were residents who identified as Māori.</p> <p>As part of staff training, St Joseph’s Home &amp; Hospital incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines to support a cultural safe service.</p> <p>The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members when they apply for employment. At the time of</p>

		<p>the audit there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori, sign language and English with pamphlets available.</p> <p>Interviews with 15 staff (four healthcare assistants, two registered nurses [including one infection control coordinator], two activity coordinators, one cook, one cleaner, one maintenance person, one human resources advisor, one receptionist and two laundry staff) and three managers (mother superior [governance], facility manager and nurse manager) and documentation reviewed described how care is based on the resident's individual values, beliefs, and preferences.</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>St Joseph's Home &amp; Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented and based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model of care.</p> <p>On the day of audit there were Pasifika residents living at St Joseph's Home &amp; Hospital . Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The service recruits new staff when vacancies occur. The human</p>

		<p>resources advisor and nurse manager confirmed the service would encourage and support any potential staff member that identifies as Pasifika through the employment process. At the time of the audit there were staff who identified as Pasifika. Staff interviewed confirmed in interview that all cultures are respected at St Joseph's Home &amp; Hospital .</p> <p>Interviews with staff members, management, three family/whānau (all hospital), and seven residents (four hospital, three rest home), identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service consults with Pacific staff to access community links and continue to provide equitable employment opportunities for the Pasifika community. They have a relationship with Samoan religious group (Legion of Mary) who visit the residents every two months and a multi-culture group from Avondale (Divine Mercy Choir) that sings at religious services once a month.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager or nurse manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. 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 and their family/ whānau. As a faith-based organisation of the catholic order there is daily mass and communion for spiritual support and link with other local churches.</p> <p>Staff receive education in relation to the Code at orientation and</p>

		<p>through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, and staff.</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>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. The service's 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. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. 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. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attended specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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.  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>FA</p>	<p>Information regarding the services offered is provided to residents and family/whānau on admission. Resident/whānau meetings identify feedback and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau and next of kin of any accident/incident that occurs. Accident/incident forms (electronic) have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau /next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p>

		<p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English, with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They 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 (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The delivery of care includes a multidisciplinary team, and residents, family/whānau provide consent and are communicated with regarding services involved. The nurse manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent that reflects the requirements of the Code. Informed consent processes were discussed with residents and family/whānau on admission. Six electronic resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccinations. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and</p>

		<p>is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy is documented that guides advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOAs. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the healthcare assistants and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</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 on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been two minor complaints received year to date since the previous audit in February 2024. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Both complaints were closed off to the satisfaction of the complainants.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the quality meetings. Complaints are a standard agenda item in all quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are</p>

		<p>available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including resident/whānau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and whānau involvement for some Māori.</p>
<p><b>Subsection 2.1: Governance</b></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>St Joseph's Home &amp; Hospital is owned and operated by the Little Sisters of the Poor (LSOP). The service provides rest home and hospital level (geriatric and medical) care for up to 31 residents. All rooms are dual purpose. There are no double/ shared rooms. On the day of the audit, there were 31 residents (seven rest home level and 24 hospital level). All residents were under the age-related residential care (ARRC) contract.</p> <p>The facility manager is a sister of the catholic order and a registered nurse. She has managed the service for two years and has many years of experience working in aged care facilities in New Zealand and overseas. They are supported by an experienced nurse manager (NM) who has been in the role for four years, human resource advisor, a team of experienced staff and sisters of the catholic order.</p> <p>The governance body of St Joseph's Home &amp; Hospital is led by the religious congregation of the LSOP. LSOP is a worldwide faith-based not for profit organisation focused on supporting the elderly with facilities across Australasia. Their mission is deeply rooted in the values of hospitality, compassion, and service to the frail and elderly, particularly those facing financial hardship, loneliness or other difficulties. It is governed by a Provincial Superior, assisted by a Provincial Council and the LSOP in New Zealand and Australia.</p>

	<p>The provincial Board (governance board) includes a Board and council representation and is based in Australia. The provincial Board is supported by a National Advisory Board. The Advisory Board are consulted frequently and while not making decisions, their role in advising the Provincial Board is invaluable. The provincial Board and council are responsible for facilities in Australia, New Zealand and the Pacific Islands. The provincial Board members work with management to meet the requirements of relevant standards and legislation. There are meaningful Māori representation to the governance body of St Joseph's Home &amp; Hospital, and they provide input into the organisational operational policies.</p> <p>LSOP collaborates with the community on business planning and service development through resident and staff feedback, resident committees and open communication with service users. St Joseph's Home &amp; Hospital works closely with Health New Zealand to ensure service provision meets the needs of the local community. A business plan and a quality and risk management plan are in place. The business plan identifies structure, purpose, values, scope, direction, performance and goals of the service. The key business goals include (but not limited to) those related to enhancing resident well-being, maintaining high standards of care, staff development, retention, sustainability, and growth. These have been reviewed and evaluated regularly as sighted.</p> <p>The governance body remains informed about all business activities within St Joseph's Home &amp; Hospital through monthly reports provided by the management team with an overview of adverse events, health and safety, staffing, infection control, restraint and all aspects of the quality and risk management plan. These reports and additional information are discussed at the quarterly Board meetings which both the facility manager and nurse manager in attendance. Quality improvements are identified where needed.</p> <p>The nurse manager has oversight of clinical governance and provides guidance to the Board regarding clinical governance that is appropriate to the size and complexity of the organisation.</p> <p>The governance body takes a proactive approach to address inequities and barriers to care by ensuring service delivery prioritise</p>
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		<p>wellbeing outcomes for Māori and tāngata whaikaha through inclusive policies, community engagement, resource allocation, monitoring and evaluation and competency training. Management reports on any barriers to the Provincial Superior and the Board to ensure these can be addressed. Members of the Board and management team have completed cultural competency training which encompasses principles of Te Tiriti, Māori and Pacific Health and cultural safety.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training and ARRC forums. Peer support is provided by a medically qualified member of the Board.</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>FA</p>	<p>St Joseph's Home &amp; Hospital has established quality and risk management programmes. These systems include performance monitoring through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity; however, surveillance of infections do not include ethnicity data ( link 5.4.4).</p> <p>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 new policies or changes to policy are communicated to staff.</p> <p>Bimonthly quality meetings (referred to as focus meetings) and staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at quality</p>

	<p>meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality initiatives and goals are documented and regularly reviewed.</p> <p>The 2024 resident and relative satisfaction survey showed a high level of satisfaction in all areas (97%). Minimal corrective actions were required to be completed related to comments documented. Results have been communicated to residents in the newsletter and staff during meetings.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is part of all quality meetings. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard and risk register reviewed monthly or quarterly based on the risk of the area or hazard that was identified. Reviews have been completed as scheduled. Health and safety policies are implemented and monitored by the health and safety officer and management team. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, cultural days and shared kai at meetings.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the registered nurses, nurse manager, and facility manager who review every adverse event.</p> <p>Discussions with the facility manager and nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit. One</p>
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		outbreak occurred and was appropriately documented and reported.
<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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced healthcare assistants, there was 24/7 registered nurse cover and support of the management team. There are dedicated activities, maintenance, housekeeping and cleaning staff supporting service delivery.</p> <p>The facility manager interviewed confirmed staff needs and shortages are reported to governance as indicated. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The facility manager, and nurse manager are available Monday to Friday. On-call cover out of hours is provided 24/7 by the facility manager who resides within the service and escalated when required to the nurse manager.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training that is provided as part of orientation and provided annually to all staff (last completed September 2024). Competencies are completed by staff, which are linked to the education and training programme. All healthcare assistants are required to complete annual competencies for restraint, hand hygiene, cultural safety and moving and handling. A record of completion is maintained.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. The service supports and encourages healthcare</p>

		<p>assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently fifteen of nineteen staff are at level 3 or above.</p> <p>Registered nurses complete competencies, including restraint, medication management, syringe driver and interRAI assessment competencies. There are seven registered nurses (including the nurse manager) with five interRAI trained. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management) and management of complex medical conditions. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained in the staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. St Joseph's Home &amp; Hospital environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Seven staff files reviewed evidence the recruitment process, employment contracts and police checking. However, some files did not have evidence of completed orientation and employment agreements.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. Job descriptions reflect the expected positive behaviours and values., responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator). However, not all staff have a signed job description and staff with dual roles did not always have a variation letter to their employment agreement on file.</p>

		<p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioner, dietitian, pharmacist, physiotherapist and podiatrist. All staff who had been employed for more than 12 months have an annual appraisal completed.</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 staff to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (across all services including activities, catering, laundry, cleaning) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. 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>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. 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. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot</p>

		be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
<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 communicated to the person and whānau.</p>	FA	<p>There are policies around entry and decline to services. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for whānau and residents prior to admission or on entry to the service. Review of resident files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The nurse manager, mother superior, and facility manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or the potential resident would be requiring a different level of care to that offered by the service. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The facility has developed relationships with Māori services and is able to access through them rongoā and Māori health practitioners.</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</p>	PA Low	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files were reviewed: four hospital level care and two rest home level care.

<p>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>Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent. All initial care plans had been completed within the required timeframe.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission.</p> <p>Long-term care plans are holistic and individualised to meet the preferences of the resident. Documented interventions and early warning signs were not always documented to meet the residents' assessed needs and long-term care plans were not always detailed enough to direct comprehensive care delivery. There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds; short term care plans are not well utilised.</p> <p>Interview with the nurse manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in one resident file (who identifies as Māori) reviewed on the day of the audit. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP). Residents have been reviewed by the general practitioner within required timeframes and when their health status changes. The service contracts a general practitioner who provides medical services and visits the facility once a week. They provide on call cover during work hours and after hours. The general practitioner has access to the resident medication system. The general practitioner interviewed stated that there was good communication with the service and the registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the facility nine hours per week and reviews residents referred by the</p>
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	<p>registered nurse. A speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were consistently taken. The wounds reviewed included: skin tears, and abrasions, there are no residents with pressure injuries. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans. All wounds have a wound care plans but not a short-term care plan.</p> <p>Health care assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the</p>
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		<p>needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management but not according to policy. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>There are two activity staff, one of which is enrolled in the diversional therapy training programme and one sister, who work Monday to Friday to provide an activities programme. They are supported by volunteer staff, the sisters and care staff to deliver varied programmes and areas of interest for the residents during the week and on weekends. There are resources equipment left out for staff to cover the weekends and after hours. The programme is planned monthly, and the programme is placed in large print on noticeboards in all areas.</p> <p>The service facilitates opportunities to participate in te reo Māori with Māori language posters, one of the Fathers who identifies as Māori assists with cultural activities such as cultural reminiscing. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures and relaxation activities are offered specific to the resident needs.</p> <p>There are three communal lounges where group activities and entertainment for the residents is facilitated. A resident's social and</p>

		<p>cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list and level of participation is maintained for activities, entertainment, and outings.</p> <p>Activities include (but are not limited to): exercises, garden walks, van trips, outdoor games, indoor games, shopping, gardening, painting, singing, pop up library, and visits from children. Weekly scones and tea are provided by a volunteer group, residents stated this is a very popular activity.</p> <p>There are regular resident meetings, with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful, engaging, and reflects the stated aim of 'to make people happy.'</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>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses, and healthcare assistants interviewed could describe their role regarding medication administration. St Joseph's Home currently uses an electronic medication system and blister packaging for regular medicines and blister packs for short course medicines and 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored in the facility medication area and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that</p>

		<p>temperatures for the fridge and medication room were within acceptable ranges. The medication fridge contained a number of out-of-date medications.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering medications, there is a process in place should resident wish to self-administer medications. "As required" medications are administered as prescribed, with effectiveness documented in the electronic system or progress notes. Medication competent healthcare assistants and registered nurse sign when the medication has been administered. There are no vaccines kept on site and no standing orders. The service has a system of nurse-initiated medications. The medications for nurse-initiated medications are not documented and approved by the GP.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The nurse manager and registered nurses described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring June 2025. The menu has been reviewed by a dietitian (February 2025). There are two cooks and a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The cooks receive resident dietary information from the registered nurses and are notified of any changes to dietary requirements or residents with weight loss. The cook is aware of resident likes, dislikes, and special</p>

		<p>dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboard in the dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented within a pleasurable dining experience.</p> <p>The cooks complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from bain-marie by the cook to the residents in the main dining room; and plated, covered meals are delivered to those residents in the rooms and the other dining room. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</p> <p>The cook, kitchen hands and healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The cook advised that they can and do provide meals for pacific island residents and Māori residents. The cook stated they accommodate any requests from residents within reason. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau and residents are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The nurse manager explained that the transfer between</p>

<p>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>services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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 maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. The building has a building warrant of fitness which expires April 2026. The service has an experienced maintenance person, who works three, eight hour shifts a week and provides 24/7 cover for emergencies. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged in a request book at reception and checked daily. There is a preventative maintenance schedule in place. The planned maintenance schedule includes resident equipment checks, calibrations of weigh scales and clinical equipment. Testing and tagging for all equipment is up to date except the hoists charging area. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. All equipment has been checked as required and includes (but not limited to), standing hoists, full body hoist with a range of slings, mobility equipment, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits.</p> <p>The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>There are four wings with seven single rooms in one wing and eight single rooms in each of the other three wings. All rooms are large and well-appointed and have been certified as dual purpose. Each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. Residents bring their own possessions into the home and adorn their room as desired as observed during the audit. Hospital level residents have hi/low hospital beds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents</p>

		<p>requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy, or wheelchair.</p> <p>There are numerous spacious communal areas throughout the facility including (but not limited to) a library, hairdressers salon and a large chapel. Activities as observed on the day of the audit are held in the lounges, chapel, and the hall. The lounges are large enough so there is no impact on other residents who are not involved in activities. The arrangement of seating and space allows both individual and group activities to occur. There was a designated activity room where residents, volunteers and the activity coordinator bake scones and host the morning tea. There are smaller lounges where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious, and the décor is very attractive and homely. There are small kitchenettes located within the facility for family and visitors to make a cup of tea or coffee. There are handrails in ensuites, and communal bathrooms. There is communal mobility toilet located close to the communal lounges and dining room. There is a visitors toilet located between reception and the chapel. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There are adequate equipment storage areas in each wing. Resident rooms, the nurses' station, kitchen, and sluice areas have free flowing soap and paper towels.</p> <p>The building is appropriately heated and ventilated. There is underfloor heating in all areas with additional heat pumps in several communal areas. There is plenty of natural light in the rooms.</p> <p>The service is not planning any major refurbishments or building projects; however, the service is open to consider how designs and environments reflect 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</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (6 December 2006). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The most recent fire evacuation practice was 19 December 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in trolley which is readily accessible behind reception. In the event of a power outage there is a preferential customer agreement with the local power company which can provide backup generator for planned outages. There is emergency battery backup for emergency lighting and gas cooking is available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. The call bells link to pagers which staff carry while on duty. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night.</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</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is subjected to an annual review by the management team, and infection control audits are conducted (last completed September 2024). Infection rates are presented and discussed at staff and quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. Infection control is</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>part of the strategic and quality plans. The governance receives reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. A registered nurse oversees infection control and prevention across the service, with support from the nurse manager. A job description outlines the responsibility of the role. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required to support the pandemic plan.</p> <p>The infection control manual was developed by an external consultant, well known and respected in the industry, which outlines a comprehensive range of policies, standards and guidelines, including role definitions, responsibilities and oversight, training, and education of staff. The infection prevention and control programme ,associated policies and procedures are approved by the governing body, reviewed annually by the infection control coordinator and management team. All policies and resources are available to staff. The infection prevention and control programme links to the quality programme .</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is</p>

		<p>appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practise were displayed in English, and te reo.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the nurse manager. The infection control coordinator, management team and governance would liaise with the local iwi contacts should the design of any new building or significant change be proposed to the existing facility.</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.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors 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 staff and quality meetings. Any significant issues are reported to governance and any areas for improvement is documented. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the St Joseph's Home &amp; Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff and quality meetings. The service does not incorporate ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinator and nurse manager. 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 concerns.</p> <p>One outbreak (Covid-19) has been reported since the last audit. The facility followed their pandemic and outbreak plan. There were clear communication pathways with responsibilities and include outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and family/whānau were kept informed by phone or email. Visiting was restricted for the areas affected. There are flowing soap, hand sanitisers and hand paper towels at point of care.</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>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 dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>face visors. Staff have completed chemical safety training (January 2025). A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinator has oversight of St Joseph's Home &amp; Hospital testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry and the environment.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</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</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had no restraints. The restraint coordinator who</p>

<p>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>is the nurse manager confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) is discussed at staff meetings. The governance body is committed to maintaining a restraint free environment and this was evidenced through discussion with the mother superior, her reports and board meeting minutes.</p> <p>All staff have annual restraint training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme as well.</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 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The policies reviewed meet good employment practices and meet the legislative requirements. However, staff who undertake two roles did not have documented evidence of employment agreement / letter of variation to the contract for the second role. There was no signed job description of their main role they were working in, four of the five days in a week.	<p>(i). There is no evidence of signed employment agreement /variation for one staff with dual roles; and</p> <p>(ii). No signed job description for the main role they are undertaking.</p>	<p>(i).-(ii).Ensure required employment documentation is in place for staff with dual roles reflecting roles they work.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers</p>	PA Low	There is a documented orientation process that covers the key	Five of seven staff files did not have evidence of completed role	Ensure that there is evidence of staff

<p>shall receive an orientation and induction programme that covers the essential components of the service provided.</p>		<p>components of the employee`s job. Orientation documentation is completed within a defined period to evidence completion of the orientation process; however, five of seven files reviewed did not have documented evidence of role specific orientation.</p>	<p>specific orientation.</p>	<p>orientation on file.  90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to</p>	<p>PA Low</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six monthly or earlier as residents needs change.</p> <p>The outcome of assessments inform the long-term care plans with appropriate interventions to deliver care. However, interventions in long term care plans reviewed were not detailed to provide guidance for staff in the delivery of care.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>(i).The triggers and interventions are not documented on one hospital level resident's long-term care plan; this same resident's long term care plan does not document the need to be supervised when in the lounge (noting these are implemented in practice).</p> <p>(ii).One hospital level resident's long term care plan does not document the need for two hourly monitoring, the use of a sensor mat (noting they are both implemented) and the preference for female only care staff (also implemented).</p>	<p>(i)-(ii).Ensure that there are detailed interventions to provide guidance to staff in the delivery of care needs.  90 days</p>

<p>achieve these is clearly documented and communicated;  (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;  (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4  In implementing care or support plans, service providers shall demonstrate:  (a) Active involvement with the person receiving services and whānau;  (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;  (c) That the person receives services that remove stigma and promote acceptance and inclusion;  (d) That needs and risk assessments are an ongoing process and that any changes are</p>	<p>PA Low</p>	<p>Interview with the nurse manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in one resident file (who identifies as Māori) reviewed on the day of the audit. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations have routinely been completed for unwitnessed falls or those where</p>	<p>Four of four fall related incidents reviewed all documented that neurological observations had not been document according to time frames in the policy and / or were incorrectly completed (staff writing 'asleep' at night).</p>	<p>Ensure the neurological observations are completed with time frames set by policy and the documentation reflects the policy and neurological observation template.</p> <p>90 days</p>

documented.		head injury was suspected as part of post falls management but not according to policy.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	<p>Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent. All initial care plans had been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) dietary needs, oral health, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Long-term care plans are holistic and individualised to meet the preferences of the resident. Resident files document that the resident, family whānau have been involved.</p> <p>There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds; short term care</p>	<p>Where there has been a change to the resident's needs/ condition short term care plans (or changes to the long-term care plan) have not always been documented, this includes: three residents with a wound or a bruise (one rest home and two hospital) did not have a short-term care plan documented. One hospital level resident with a medication trial had no short-term care plan in place to direct staff around care and monitoring.</p>	<p>Ensure that, where progress is different from expected, or acute/ short term changes to care are required, there are documented changes to the long- term care plan or a short-term care plan documented.</p> <p>90 days</p>

		plans are not well utilised.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. Medications were appropriately stored in the facility medication area and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures for the fridge and room were within acceptable ranges. The fridge contained out of date medications. The service has a system of nurse-initiated medication, medications given using the nurse-initiated medication process from the medication chart sampled included arnica cream and oral paracetamol. The medications for nurse-initiated medications are not documented and approved by the GP.</p>	<p>(i).The fridge in the medication room contained out of date: eye drops, and expired laxatives.</p> <p>(ii).The nurse-initiated medication process is not formalised to include medications approved by the GP including indications for use and time frames.</p>	<p>(i).Ensure all medications stored are within date.</p> <p>(ii).Ensure the nurse-initiated medication process is formalised and approved by the GP.</p> <p>60 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and 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>PA Low</p>	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all equipment is maintained, serviced and safe. Testing and tagging for all equipment is up to date except the hoists charging area. The building has a building warrant of fitness</p>	<p>The testing and tagging for the hoist chargers is not up to date.</p>	<p>Ensure all electrical equipment is included in the testing and tagging process.</p> <p>90 days</p>

		<p>which expires April 2026.</p> <p>There are four wings with seven single rooms in one wing and eight single rooms in each of the other three wings. All rooms are large and well-appointed and have been certified as dual purpose. Each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. Residents bring their own possessions into the home and adorn their room as desired as observed during the audit. The corridors are wide and promote safe mobility with the use of mobility aids.</p>		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the St Joseph's Home &amp; Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. Review of the monthly infection reports, annual report and meeting minutes shows that the service does not link ethnicity data with infection surveillance.</p> <p>Infection control surveillance is discussed at staff and quality</p>	Surveillance of infection does not include ethnicity data.	<p>Ensure that ethnicity data is linked to infection surveillance.</p> <p>90 days</p>

		meetings.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.