

Akaroa Health Limited - Akaroa Residential Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Akaroa Health Limited
Premises audited:	Akaroa Residential Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 July 2025 End date: 17 July 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	9

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Te Hauora o Rākaihautū (Akaroa Health) provides rest home- and hospital-level geriatric and medical services for up to eight age-related residential care residents and four primary care patients. There have been no changes to the service since the last audit.

This surveillance audit process included review of policies and procedures, review of resident, patient and staff files, observations, and interviews with residents, patients, a whānau/family member, managers, staff, and a general practitioner.

Strengths of the service included the strong link to the community and personalised care. The corrective actions required from the previous audit have been addressed, with improvements made to planning for the provision of care to Pacific peoples, position descriptions, and infection prevention education. As a result of this audit, improvements are required to the medication management system, the infection prevention programme, 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.
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Akaroa Health works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

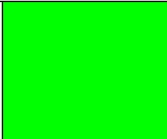
Processes were in place to ensure Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents, patients and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these rights were upheld. Service providers maintained professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents and patients was respected.

Policies and the Code provided guidance to staff to ensure informed consent was gained as required. Residents, patients and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This included ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents and patients. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents and patients. A systematic approach to identify and deliver ongoing learning and competencies supported safe, equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service worked in partnership with the residents, patients and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents, patients and whānau, and was evaluated on a regular and timely basis.

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

The food service met the nutritional and cultural needs of the residents and patients. Food was safely managed, supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment met the needs of residents and patients and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required.

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.
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A documented infection prevention (IP) programme has been developed by those with IP expertise and is linked with the quality improvement programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' described in policy is appropriate to the size and setting of the service, using standardised surveillance definitions.

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.
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The service's aim is to provide a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents or patients using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	2	1	0	0
Criteria	0	51	0	2	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>	FA	<p>Akaroa Health has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan, developed in partnership with Ōnuku Rūnanga, was in place to ensure improved health outcomes for Māori and manu motuhake was respected. Akaroa Health has established strong connections with Ōnuku Rūnanga, with a representative from the rūnanga on their board and their clinical governance group. Akaroa Health works closely with the Māori health navigator from the rūnanga, which has resulted in an increase in the number of Māori people accessing the health services provided. The partnership with Ōnuku Rūnanga has supported service integration, planning, equity approaches, and support for Māori. There were no Māori residents or patients receiving support at the facility at the time of audit.</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>	FA	<p>Akaroa Health provide services that are underpinned by Pacific worldviews and guided by a Pacific plan that is now in place. The service has an established link with the cultural advisor from Te Whatu Ora. There were no Pacific people being supported at the service on the day of the audit. Cultural training on how to support Pacific people has been provided to Akaroa Health staff. The two corrective actions from the previous audit raised under criteria 1.2.3 and 1.2.5, relating to support for Pacific people,</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>have been closed.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents and patients in accordance with their wishes.</p> <p>Residents, a patient, and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Residents and patients receive services free from discrimination, coercion, harassment, exploitation, abuse, and neglect, supported by policies and staff education. There were no examples identified during the audit through staff, resident, patient or whānau interviews, or in documentation reviewed.</p> <p>There was a staff code of conduct in place that was known to staff, and professional boundaries were maintained.</p> <p>Residents and patients reported that their property and finances were respected.</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,</p>	<p>FA</p>	<p>Residents, patients and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Advance care planning, the establishment and documentation of Enduring Power of Attorney (EPOA) requirements, and processes for residents unable to consent were recorded, as relevant, in the resident's file.</p> <p>Nursing staff interviewed understood the principles and practice of</p>

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>informed consent, supported by policies in accordance with the Code.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code. Residents, patients and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that five complaints had been received by the service over the past year: three related to the primary care practice, one to aged residential care, and one concerning staff. A review of the processes used to manage these complaints showed that complaints were managed well, including acknowledgment of the complaint and complainants being informed of findings following investigation.</p> <p>The service assured the process worked equitably for Māori by having a copy of the Code available in te reo Māori and using their established connections with Ōnuku Marae to provide cultural support and guidance, as required.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation and includes board, management, nursing, medical and cultural representatives. The clinical governance group (CGG) meets every two to three months to monitor patient and resident safety, as well as clinical indicators and measures. Reporting from the CGG is provided through meeting minutes to the board, and to staff via the general manager's weekly email update.</p> <p>The service held contracts with Health New Zealand – Te Whatu Ora Waitaha Canterbury to provide rest home and hospital services, including respite care under the age-related residential care agreement. At the time of audit, three residents were receiving hospital-level care services and five rest home care under the age-related residential care agreement funded under Te Whatu Ora Waitaha. One person was receiving short-term care (following discharge from the district hospital) in one of the four flexi beds, which are funded via the Waitaha Primary Health Organisation and support the general practice that operates from the same building as the care facility. These beds may be used, for example, for respite care, post-operative care, acute/observation patients, and palliative care patients.</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>Akaroa Health used an electronic quality and risk management system that reflected the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections, falls and pressure ulcers.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health</p>

		<p>and safety risks, and development of mitigation strategies. A review of the risk register showed that it was comprehensive and was being frequently reviewed and updated and reported through to the board.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The general manager understood and has complied with essential notification reporting requirements.</p> <p>There have been no police investigations, coroner's inquests or issues-based audits since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents and patients. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents, patients and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and there was 24/7 RN coverage in the facility.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of patients and residents. There were credentialing processes in place to validate qualifications and ensure practicing certificates were within scope and current.</p> <p>Continuing education was planned on an annual basis and included mandatory training requirements for staff. Training was delivered through regular planned study days, or external training providers. Related competencies were assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand</p>

		<p>Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p> <p>The general manager described a range of supports that were available to staff following difficult or stressful situations, including a debrief, external counselling, or taking time off work. Staff reported feeling appreciated, well supported, and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented, including evidence of qualifications and registration. A review of staff records showed that each person had a signed position description on their file. The corrective action from the previous audit relating to criterion 2.4.2 has been closed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Akaroa Health is an integrated health practice that provides a range of health services from one building. These services include age-related residential care at rest home- and hospital-level care, as well as inpatient primary health care services. The multidisciplinary team works in partnership with the resident or patient and their whānau to support wellbeing and ensure continuity of care.</p> <p>Six resident/patient files were reviewed: five age-related residential care, (three rest home- and two hospital-level care) and one primary health care inpatient file. The files evidenced that a care plan was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for</p>

		<p>appropriate interventions, were recorded.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans were developed, when necessary, and examples were sighted for infections and wound care. These were reviewed weekly or earlier if clinically indicated. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident or patient and their whānau or EPOA. Residents, patients and whānau interviewed confirmed active involvement in the process.</p> <p>Timeframes for the initial assessment, medical assessment, interRAI assessments, initial care planning, long-term care planning and evaluation or review met contractual and policy requirements. This was verified by sampling residents' and patient records, and from interviews with clinical staff, residents, a primary health care patient, and whānau.</p> <p>The general practitioner was interviewed and stated that the care was good, and they were contacted appropriately.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system in the aged residential care facility and the National Medication Chart (paper) in the primary health care beds was observed on the day of audit.</p> <p>Medications were safely managed and all staff who administer medicines were competent to perform the function they managed. However, the effectiveness of as-required medications was not recorded; refer criterion 3.4.3.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-</p>

		<p>monthly GP review was consistently recorded on the medicine chart for aged residential care residents.</p> <p>Standing orders were not used in the aged residential care beds. Those in place for primary health were current and complied with guidelines.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse described how this would be safely managed should the need arise.</p> <p>Blood transfusions were administered, in the primary health care beds, in a safe manner, meeting legislative requirements and safe practice guidelines.</p> <p>Plasma was not administered at Akaroa Health.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the personal food preferences, any special diets, allergies and intolerances and modified texture requirements of residents. Evidence of resident and patient satisfaction with meals was verified from resident, patient and whānau interviews.</p> <p>The service operated with an approved food safety plan and registration.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to</p>	FA	<p>Transfer or discharge from Akaroa Health was planned and managed safely with coordination between services and in collaboration with the resident, patient and whānau. Risks and current support needs were identified and managed. Residents and patients interviewed were very happy with the communication from staff during transfers.</p>

provide and coordinate a supported transition of care or support.		
<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>	FA	<p>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures, and complied with relevant legislation. This included a current building warrant of fitness, food control plan, and electrical and biomedical testing.</p> <p>Residents, patients and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	PA Low	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme and they had undertaken education relevant to the role. The corrective action raised under criterion 5.2.1 from the last audit is now closed.</p> <p>There was an infection prevention and antimicrobial stewardship programme developed by those with IP expertise and linked to the quality improvement programme. However, the service was unable to evidence that this had been approved by the governing body and annual review had not occurred; refer criterion 5.2.2.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents, patients and their whānau were educated about infection prevention in a manner that met their needs.</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>	PA Low	<p>There is policy in place describing the surveillance of health care-associated infections (HAIs) that is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control 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>The number of infections was collated monthly. However, the data had not been analysed to identify any trends, possible causative factors, and required actions. Surveillance data sighted did not include ethnicity data; refer criterion 5.4.3.</p> <p>Results of the surveillance programme were shared with staff and reported to the governing body.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The general manager is responsible for restraint use at the operational level, and reports any restraint use through to the board, as part of their monthly board report. At the time of the audit, there was no restraint being used, and this has been the case for many years.</p> <p>Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>A review of nine medication charts, including both electronic and paper-based, evidenced the administration of as-required medications was recorded consistently on the medication chart. However, the effectiveness of these medications was not recorded in either medication charts or progress notes. Interview with two registered nurses confirmed this information was handed over verbally but not recorded in the residents' records.</p>	<p>The effectiveness of as-required medication was not recorded.</p>	<p>Ensure the effectiveness of as-required medication is recorded.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be: (a) Developed by those with IP expertise;</p>	<p>PA Low</p>	<p>Akaroa Health had an infection prevention and antimicrobial stewardship programme developed by those with IP expertise and linked to the quality improvement programme. However, the service was unable to evidence that this had been approved by the governing body and the</p>	<p>The infection prevention and antimicrobial stewardship programme had not been approved by the governing body and had not been reviewed and reported on</p>	<p>Ensure the IP programme is approved by the governing body and is reviewed and reported on annually.</p>

<p>(b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.</p>		<p>programme had not been reviewed and reported on annually.</p>	<p>annually.</p>	<p>180 days</p>
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Surveillance methods, tools, documentation and analysis required are described in policy. Infections are reported using an electronic system and the number of infections was collated monthly, reported to governance and shared with staff. However, no analysis of data to identify any trends, possible causative factors, and required actions had occurred. Surveillance data sighted did not include ethnicity data.</p>	<p>No analysis of infection surveillance data to identify any trends, possible causative factors, and required actions had occurred. Surveillance data did not include ethnicity data.</p>	<p>Ensure that analysis of infection surveillance data occurs and that data includes ethnicity. 180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.