

Archer Villages Limited - Archer Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Archer Villages Limited

Premises audited: Archer Village

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

Dates of audit: Start date: 18 August 2025 End date: 18 August 2025

Proposed changes to current services (if any): A HealthCERT letter dated 22 April 2025 notifying the intention to reconfigure the certified services provided at Archer Villages Limited - Archer Village to add dementia care to the certified services, by converting an existing 16-bed dual service wing (Port Hills Wing) into a dedicated 14-bed secure dementia wing. The reconfiguration will decrease the premise's bed numbers from 54 to 52 total bed capacity, comprised of 38 hospital/rest home (dual purpose) and 14 dementia care beds.

The partial provisional audit verified the new dementia wing to be suitable on the completion of the required corrective actions.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Archer Village is in Christchurch. Archer Village is one of two facilities owned by the Archer Group and is certified to provide rest home and hospital levels of care for up to 54 residents.

This partial provisional audit included verifying a refurbished 16- dual purpose wing, to provide secure dementia level across 14 beds. The audit process included a tour of the newly refurbished wing; review of documentation; medication management; activities programme; food service; and interviews with management.

The reconfiguration will decrease the premises bed numbers from 54 to 52 total bed capacity, comprised of 38 hospital/rest home (dual purpose) and 14 dementia care beds.

The site manager is experienced in aged care and is supported by a clinical care manager, and quality and education coordinator. The site manager oversees the day-to-day operations of Archer Village. The governance body is knowledgeable around the provision of dementia care services.

The partial provisional audit verified the new dementia wing to be suitable on the completion of the required corrective actions: related to the staff roster; transfer of staff files; completion of staff orientation; updating fire evacuation scheme aligned with the completion of internal and external areas; completion of a fire drill; functional call bells; and completion of training for the infection control coordinator.

Ō tātou motika | Our rights

Not Audited

Hunga mahi me te hanganga | Workforce and structure

There is a documented business plan, mission, philosophy and objectives. The transition plan includes dementia friendly goals as an inclusion in the current business plan. The human resources policies cover recruitment, selection, orientation, and staff training and development. The recruitment process of relevant healthcare assistants has been completed.

A thorough induction programme provides the new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported.

The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau have opportunity to provide feedback on staffing levels.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Completion of medication competencies are completed at orientation. Registered nurses support medication management.

The proposed activities programme is suitable for residents with dementia.

There is an existing kitchen that can cater for modified food and an existing dining room. There will be no changes to the current kitchen procedures. The new kitchenette (fluid station) is situated adjacent to the main kitchen and the dining room of the dementia unit.

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

There is a full-time maintenance person and a documented reactive and preventative maintenance programme. There are single rooms, spacious with call bells. There are sufficient number of communal showers and toilets available. There are handrails in the toilets, showers, and corridors.

A fire evacuation plan has been lodged for review with the New Zealand Fire Service. A list of civil defence supplies is available.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme.

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

The infection prevention and control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection prevention & control coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually.

Chemicals are stored securely throughout the facility. Staff received training and education to ensure safe and appropriate handling of waste and hazardous substances at induction, and as part of the annual training programme.

There is a dedicated laundry off site for the safe management of dirty and clean laundry. There are documented cleaning and laundry services policies and procedures and appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

There is a commitment from leadership to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff at orientation around management of challenging behaviour.

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	9	0	5	0	0	0
Criteria	0	85	0	8	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Archer Village is part of the Archer Group and is governed by a faith based charitable Trust Board. The Archer Group owns four retirement villages, with two (including Archer Village) having care centres. The Archer Village provides rest home and hospital level (medical and geriatric) care to up to 54 residents.</p> <p>A HealthCERT letter dated 22 April 2025 notifying the intention to reconfigure the certified services provided at Archer Villages Limited - Archer Village to add dementia level of care to the certified services, by converting an existing 16-bed dual service wing (Port Hills Wing) into a dedicated 14 bed secure dementia wing. The reconfiguration will decrease the premise’s bed numbers from 54 to 52 total bed capacity, comprised of 38 hospital/rest home (dual purpose) and 14 dementia care beds. There are no shared/double rooms.</p> <p>The partial provisional audit verified the new dementia wing to be suitable on the completion of the required corrective actions.</p> <p>The general manager (a registered nurse) of Archer Group oversees the four sites and reports to the Board monthly. The site manager (non-clinical) has been in the role of managing one sister home (Thorrington Village) since September 2023 and in addition, managing Archer Village from November 2023. The Board recently decided to close Thorrington</p>

	<p>Village (rest home and dementia level of care) by 30 September 2025. All rest home residents were transferred elsewhere and the eight remaining residents in the dementia unit will be transferred to the new dementia unit at Archer Village. There is no waiting list for other external potential residents yet. The management team and Board are knowledgeable around aged care legislation and the provision of dementia care.</p> <p>A transition plan is in place to ensure a seamless handover from the builders to the site manager by 15 September 2025. There is a process to manage the transfer of the residents' chattels, belongings, furniture, and activities resources from Thorrington Village to Archer Village, with the minimum disruption to residents. There is a clear communication plan in place with family/whānau and EPOA (enduring power of attorney).</p> <p>The site manager has previous management experience in aged care and health care management. The site manager reports to the general manager on a variety of operational issues and reports to the leadership, quality, and risk meeting held monthly. There will be no changes to the structure, manner, and content of the operations reporting.</p> <p>The clinical care manager (CCM) has recently (11 July 2025) transferred from their role at Thorrington Village, to assume the CCM role at Archer Village. The CCM has been employed at Archer Village Limited since May 2025 before transfer to Archer Village. The CCM has 20 years of experience in various clinical roles, with 13 years of experience in aged care, including dementia care.</p> <p>The management team are supported by a quality and education coordinator, registered nurses (RNs), an enrolled nurse (EN) and long-standing healthcare assistants (HCAs). The general manager advised that the Board engages with a representative from Pou Whakarae, Head of Māori Development & Education Vision West, who provide cultural training and advice to the Archer Group Trust and advice around the new development. All trustees demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies. The Board remains committed to embracing cultural diversity and engaging with and providing appropriate services to Māori.</p> <p>The general manager has a clinical background and provides collaborative accountability for continuous quality improvement activities, including (but not limited to) improvement of services, and delivery of a</p>
--	---

	<p>high standard of delivery of care. They are knowledgeable around contractual and legislative requirements.</p> <p>The business plan (April 2025 to March 2026) includes a mission, organisational values, and a life vision. The plan reflects the life vision and special character of faith-based care to create a culture of respect, holistic care, and treating others well. Part of the transition plan, the business goals, and the quality goals will be reviewed to incorporate the dementia friendly goals (previously from Thorrington Village). The goals will be reviewed at each Board meeting.</p> <p>Quality and risk meetings are the forums where information is collated to be reported through to the Board. Performance of the service and is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level. An external consultant provides oversight of policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa.</p> <p>The policies and quality and risk management plan reviewed is suitable for the care delivered to rest home residents, hospital level residents, and dementia level residents. Clinical governance is overseen by the quality and education coordinator, who chairs the monthly quality and risk meeting, and reports monthly to the general manager. Interviews with the general manager and clinical care manager confirmed that the management team analyses internal processes, business planning, and service development, to improve outcomes and achieve equity for Māori and tāngata whaikaha; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership.</p> <p>The general manager, quality and education coordinator and site manager complete professional development activities related to managing an aged care facility. The management team has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums/symposiums and online training. The clinical care manager is a comprehensive nurse and is working through the required orientation to the role at Archer Village. The partial provisional audit verified that the governance structure, including the quality and risk programme and the</p>
--	---

		reporting thereof to be suitable for the provision of dementia level of care.
<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>	PA Low	<p>The transition plan includes a proposed roster for the dementia unit. There are 11 HCAs that are already employed/appointed by Archer Village Limited and 10 currently still working at Thorrlington Village. The CCM stated the 10 HCAs are knowledgeable with the cares of the residents and will be transferred with the residents to the new dementia unit from 15 September 2025 onwards. The CCM advised the admission will be in a staged approach of four residents weekly, to ensure safe transition.</p> <p>All residents' electronic records will be transferred at the same time as the residents transferred are planned for. The two facilities electronic records are of similar format.</p> <p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The proposed roster evidence two HCAs in the morning, afternoon and two on night shift for the dementia unit to care for the first eight residents. There is opportunity on the roster to add a floater shift, should this be required.</p> <p>There are two weekday shifts still to be recruited for. Once fully recruited for outstanding shifts on the rosters, there will be sufficient and appropriate coverage for the effective delivery of care and support in a staged manner.</p> <p>There are three staff in the activities team. The CCM states the currently employed occupational therapist will provide oversight of the activities. A qualified diversional therapist (DT) has been employed for the dementia unit and will work six hours a day (10.15 am- 4.15 pm) Monday to Friday. The DT has started their orientation to the facility on the day of the audit.</p> <p>Staff absences will be replaced by their own staff before an agency is contacted. The HCAs allocated are sufficient according to the layout, design of the facility and to ensure residents' needs are met according to the initial occupancy. The CCM confirmed family/whānau meetings will occur regularly, and they will be informed of any staff changes.</p> <p>The CCM works full-time hours between Monday to Fridays. In addition,</p>

	<p>there is an RN and an EN for the dual-purpose unit in the morning, a RN on afternoon shift and one RN on night shift. The CCM stated they will provide oversight in the dementia unit, support GP visits, complete RN reviews, complete interRAI and weekly clinical reviews. The CCM provides on-call services with the support from the GP practice. The site manager stated the GP practice has been informed of the changes to the service. The GP will continue with weekly visits to the facility. The site manager is available for non-clinical issues after hours.</p> <p>The part-time quality and education coordinator supports the implementation of the orientation, annual training programme, and the quality and risk programme.</p> <p>The quality and education manager stated that new HCAs will complete all competencies at orientation to the service, to ensure medication support on each shift. The competencies (first aid, restraint, medication, manual handling and transfer, hand hygiene and personal protective equipment [PPE]) of the 10 HCAs to be transferred to the new unit (from Thornington Village) could not be located on file; therefore, the quality and education manager stated that all staff transferred from Thornington Village will be provided with a full orientation and competency programme (link 2.4.4).</p> <p>There is an annual education and training schedule and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff training is completed on an online platform, formal face to face, and impromptu toolbox training.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification, with six of the eleven healthcare assistants having achieved level 4, four achieved level 3, and one achieved level 2. According to discussions with management, all HCAs have completed the required dementia standards; however, the records available at the time of the audit evidence three have completed the required dementia unit standards; three have been enrolled to complete the dementia unit (more than 18 months ago), but no records available that they have completed the training; the remainder of the HCAs had no records of completion on file. Individual records of past training and competencies were not on file (link 2.4.1).</p> <p>The staff annual training plan showed that training related to Māori health</p>
--	--

		<p>outcomes and disparities, and health equity are included in the topics. Staff having access to online modules and resources.</p> <p>There are four RNs employed and of these, three are trained and competent in completing interRAI assessments. Registered nurses complete syringe driver training and palliative care training.</p> <p>A positive work environment is promoted through implementation of staff feedback from annual staff surveys and staff meetings. An employee assistance programme is available to them when required. The CCM advise that new staff will be provided with an opportunity to provide feedback at a three-monthly review following the opening of the new dementia unit.</p> <p>The current contract for physiotherapist, pharmacy and podiatrist will continue. There is a dietitian available for support.</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 resource policies in place, including recruitment, selection, orientation and staff training and development. Six files (one staff member currently employed at Archer Village, and five HCAs employed from Thornington Village) were selected for review. The files reviewed did not all include all required documentation.</p> <p>A register of practising certificates is maintained for all health professionals. All files have individual job descriptions, responsibilities and accountabilities. There are policies and systems in place to review staff performance. Staff will complete a three-month post orientation performance appraisal in the new facility. Annual staff performances are scheduled and completed as they become due across the organisation.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. There is a staff orientation policy. New staff to Archer Village receive a staff handbook and will complete Orientation Clinical Self-Directed Learning Competencies. Registered nurses and the enrolled nurse currently (working in the dual-purpose unit) will be oriented to the dementia service.</p> <p>Archer Village demonstrated that the orientation programme supports RNs, ENs and healthcare assistants to provide a culturally safe environment for Māori. All staff files will be transferred from Thornington</p>

		<p>Village to be kept secure with all current files. Staff ethnicity data is collected and recorded.</p> <p>Staff satisfaction survey and staff interviews will indicate if staff feel supported in their roles. This process is already in place at Thorington. Feedback is followed up by the CCM, quality and education coordinator or site manager. The CCM reported that debrief and discussion occurs following any incidents.</p> <p>The staff transferring to Archer Village will commence a week orientation period starting on 15 September in two groups. The orientation programme sighted include a discussion of the staff handbook, Code of Conduct/professional boundaries is online and include topics related to dementia, behaviour management and de-escalation. Competencies will be completed at orientation and then as part of the ongoing education plan. The proposed orientation and competencies that will be required to be completed; meets the educational requirements of clause D17.5 of ARRC. Evidence of completion will be evidenced by signing of the general orientation workbook and staff competency workbook.</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>The activities programme is overseen by an occupational therapist (OT) with a current annual practising certificate (22 hours a week); divided between the dementia unit and the existing dual-purpose unit. The OT has been in the role for nine months and is implementing the “Thrive programme.” A newly appointed qualified diversional therapist (DT) will work 30 hours across weekdays Monday-Friday. On weekends, healthcare assistants will provide activities. Activities resources will be transferred from Thorington Village to the new dementia unit.</p> <p>The programme’s values are based on togetherness, holistic care, respect, integrity and equity, vitality, empathy and compassion. The programme will allow for flexibility according to residents’ mood and attention span. A copy of the monthly planner will be available in big print and written on a white board available in the lounge. The DT will complete a tree of life, and an assessment of hobbies, interests, and life experiences and uses this information to develop a care plan for group and individual activities.</p> <p>The activities programme (similar to what is currently provided at</p>

		<p>Thorrington Village) was reviewed. The DT will plan group and individual activities, in consultation with residents, their family/whānau and will record residents' participation in activities. The daily activities will be displayed on a whiteboard in the lounge/dining room.</p> <p>The planner is colour coded to represent each of the Thrive values. A range of activities are available to enhance physical strength, along with balance, cognitive and sensory stimulation; social engagement; and enjoyment of life. Activities include celebrating events and cultural theme days. There are two vans and a car available to transport residents on outings. Individual activities such as hand massage, wheelchair walks, music, craft, individual outings, and reminiscing are provided for residents who choose not to participate in group activities is included. Matariki celebrations included a service by a Māori chaplain, embracing Christian values with Māori values, flax weaving and singing of waiata. Te ao Māori will be facilitated by supporting community kapa haka rehearsals at the local primary school, and initiatives that meet the health needs and aspirations of Māori and whānau.</p> <p>The policy states that resident files would include the activity plan (incorporated into the electronic care plan) based on the assessment, with at least six-monthly review occurring at the same time as the review of the long-term care plan. Resident and family/whānau meetings and satisfaction surveys are scheduled on the audit/ and meeting calendar.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>An electronic system is in use at the facility for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. There are policies and procedures in place for safe medicine management. These will continue in the new dementia wing. Healthcare assistants who have completed medication competencies, and RNs will be responsible for medication administration. The RNs, EN and one HCA allocated to the dementia unit are currently medication competent. However, 10 of 11 HCAs rostered for the new dementia wing do not currently have medication competencies. These will be completed at orientation (link 2.4.4).</p> <p>Regular medications and pro re nata (PRN) medications are delivered in blister packs. The RNs check the packs against the electronic medication</p>

		<p>chart and a record of medication reconciliation is maintained. A process for returning expired medications to the pharmacy in a safe and timely manner is described and documented in policy (with a contract with the pharmacy detailing this sighted). Residents in the dementia wing will not be self-administering their medications.</p> <p>The managers stated that the service will provide appropriate support, advice and treatment for residents and family/whānau. Registered nurses and doctors will be available to discuss treatment options to ensure timely access to medications.</p> <p>The nurses' station is combined with a medication area, and it is not fully functional and secure (link 4.1.1). The combined nurses/ medication room will be fitted with handwashing facilities, locked cupboards to store medications/wound products, medication fridge, secure lockable safe, and will have adequate bench space. There is a medication trolley that will be positioned in this area. There are processes in place to check air temperatures, with air ventilation in the room. Medication fridges will be monitored for appropriate temperatures prior to placing medications.</p> <p>An agreement with a local pharmacy is in place. The effectiveness of pro re nata (PRN) medications will be consistently documented in the electronic medication management system and in progress notes. The contracted general practitioner prescribes all medications, including over-the-counter supplements and completes three-monthly reviews. No standing orders will be used.</p> <p>The CCM interviewed described processes for working in partnership with Māori residents and 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>FA</p>	<p>There is a fully functional kitchen, and all food will be cooked on site. The meal service is outsourced to a contracted provider. All meals and baking are done on site by a chef and kitchen assistants. Kitchen staff have been orientated to the service and role and have completed food safety training. Kitchen staff were seen to be wearing appropriate personal protective clothing.</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>Meals will be served directly from the adjacent kitchenette to the dining room in the dementia unit. The kitchenette is not yet fully functional with an opening hatch to the dining room, bain-marie, hot zip for coffee making, storage for snacks, and serving bench (link 4.1.1).</p> <p>As per current process, the kitchen receives resident dietary forms and notification of dietary changes. The managers interviewed stated that dislikes and special dietary requirements are accommodated including food allergies, cultural preferences, residents requiring texture modified diets, and other foods, or pureed/soft meals. The menu is seasonal and there is a six-week summer and winter cycle. The menu was reviewed by an external dietitian in 2025. Residents will enjoy their meals in a separate dining room; dining room is spacious but still under construction and furniture will be transferred from Thorrington Village on completion (link 4.1.1). Furniture will be placed in a way to ensure a pleasurable dining experience.</p> <p>The cook interviewed reported they are available to address any concerns raised related to food and food choices. The menu reviewed confirmed cultural choices are available.</p> <p>The food control plan expires on 30 January 2026. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available. Cleaning schedules are documented. There are safe storage areas for chemicals and managers interviewed stated that chemical use and dishwasher are monitored daily. Residents in the dementia wing will be supported by healthcare assistants during mealtimes to maintain their dignity and independence. Residents will be supported to give feedback around satisfaction with food services through the planned resident/family/whānau meetings, satisfaction surveys and through discussions with the chef.</p> <p>The CCM stated residents in the dementia wing will be weighed monthly and if there is loss in weight, consultation will occur with the general practitioner and dietitian.</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>There is a current building of warrant of fitness. The refurbishment project is still in progress and was completed under a building consent exemption; therefore a code of compliance certificate is not required. There are maintenance request books for repairs and maintenance requests are located at reception and the nurse's station. This is checked daily, and actions are transferred to a computer spreadsheet and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Where hot water temperatures are outside acceptable ranges in the rest home/hospital, corrective actions are implemented. Hot water temperatures will be completed prior to occupancy of the dementia unit.</p> <p>The property manager (interviewed) stated essential contractors/tradespeople are available 24 hours as required. Testing and tagging of any new electrical equipment in the dementia unit will be included as part of the current maintenance plan. A maintenance person is employed for 40 hours per week and is overseen by a property manager, who manages all Archer sites. Maintenance of gardens is outsourced to an external contracting service.</p> <p>The dementia unit is situated to the left of the main entrance and reception area. The entry door to the dementia unit still needs to be secured. The managers advised that a manual keycode for secure access and exit will be activated. There will also be a call bell placed at the door for visitors to use.</p> <p>There is a nurses' station with a window overlooking the dining room, which is not yet fully functional and secured. There is a whānau room/quieter sensory space opposite the nurses' station.</p> <p>There are 14 bedrooms for single use only. The rooms have carpet tiles. The bedrooms still need to be fully furnished. One staged bedroom viewed evidenced to be spacious enough to provide care. There is cabinetry within the rooms for clothes and personal belonging. Personal rooms will be identifiable with memory box in/on the door.</p> <p>The dining room and lounge is spacious; however, has yet to be fully furnished. The access to the outdoors still needs to be levelled. Activities will occur in the lounge. Managers stated that seating in the lounge area</p>
--	---------------	---

		<p>will be placed appropriately to allow for groups and individuals to relax or take part in activities. The corridors are of sufficient width to promote safe mobility with the use of mobility aids. Corridors are easy to navigate and encourage purposeful walking rather than dead-ends. There are handrails in all corridors which promotes safe mobility. All bedrooms and communal areas have ample natural light and ventilation. Artificial light is sufficient to minimises glare and enhances the domestic feel of the unit.</p> <p>There are two showers, and four toilets centrally located in the wing. Fixtures, fittings, and flooring are appropriate. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are flowing soap and paper towel dispensers. There are privacy signs on all shower/toilet doors. There will be visible cues (coloured wall) for toilets and bathrooms. There is a separate staff toilet, and a visitors' toilet is situated near reception just outside the door.</p> <p>There is a sluice area which is not yet functional with sanitiser and handbasin. The service has radiators in all rooms and in communal areas run by boilers using reticulated gas. There is a heat pump in the lounge/dining area.</p> <p>There is not yet adequate space in the new unit for storage of continence products and linen. The dementia unit has a spacious outdoor area off the open plan living area; however, the perimeter still needs to be secured. Managers stated the fencing will be constructed with wooden fence; material will deter from climbing and planting/shrubbery to be placed to deter residents from climbing. The landscaping is still underway with the completion of the directional pathway, adequate path lights, seating, and shade. The general manager, site manager, property manager and clinical nurse manager reported the Māori chaplain has been involved with the refurbishments, to ensure the environment reflects the aspirations and identity of Māori. The Māori chaplain completed a blessing prior to the refurbishment project.</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</p>	<p>PA Low</p>	<p>The fire department has been notified of the changes around having a secure unit. A fire drill has not been scheduled. The fire exits and signage is in place. There is fire separation between evacuation areas such as open spaces (eg, lounges). There is evidence that the amended fire</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>scheme has been lodged for review with the fire service. 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. Newly appointed staff will be trained in emergency procedures during orientation and annually (link 2.4.4).</p> <p>All current RNs are first aid trained, with a selection of HCAs that will provide a current first aider on each shift. A sample of the newly appointed/transferred HCAs will complete first aid training. Call bells are in each bedroom and toilet/shower and are functional. There is a display panel when call bells are activated. The call bells in the lounge/dining rooms are not yet functional. Call bell points are suitable for the use of sensor mats. Call bells are monitored as part of the internal audit schedule. Doors leading to the outdoors will be alarmed for security purposes.</p> <p>Civil defence supplies are stored in a central cupboard within the facility and are checked three-monthly. The well-stocked kits contain first aid equipment, torches, batteries, radios etc. In the event of a power outage, there is a generator available, emergency lighting and gas cooking. There is an adequate supply of non-perishable food stored, along with extra blankets and dressing supplies.</p> <p>The vehicles used to transport residents has a current warrant of fitness and registration. There is a first aid kit inside the vehicles which are checked three-monthly and restocked as required.</p> <p>The dementia unit will be secure at all times (link 4.1.1). Closed circuit television cameras (CCTV) monitor all exits and identified public areas. The site manager confirmed that there will be CCTV to monitor the hallway in the dementia wing. Staff complete a checklist each evening to ensure the building is secure. The facility is locked at night and if there is a breach of security, staff phone the police. A contracted security firm checks the facility at night. There is lighting in the carpark. There is a sign in process for visitors and contractors. The outdoor path lights/sensor lights for outdoors still need to be installed.</p> <p>There is a main double-door entrance into the care centre that is secure at dusk, with call bell access.</p>
---	---

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the Board of Trustees and is linked to the quality improvement system. The governance body has identified the infection prevention and control, and the antimicrobial programmes as being integral to Archer Village strategic, business and quality plans, to improve quality and ensure the safety of residents receiving services.</p> <p>Significant infection control events are managed using a stepwise approach to risk management and receive the appropriate level of organisational support. All infection control data is available to all through a dashboard system. The GM receives information via the quality and risk meeting they attend, and they escalate any significant issues to the Board. This was confirmed in an interview with the general manager and quality and education coordinator. Infection rates are presented and discussed at various meetings and at a governance level. Documented evidence showed infections were reviewed with GPs.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</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>	<p>PA Low</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are linked to the quality improvement system and reported on annually. The clinical care manager is the infection prevention and control coordinator and oversees the infection control programme. They work closely with the quality and education coordinator. There are clearly documented roles and responsibilities related to the infection control role.</p> <p>The CCM is new to the role and confirmed they plan to attend external training to support their infection control role when next available. An external expert has developed the infection prevention and control policies. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may</p>

		<p>impact on HAI risk.</p> <p>Staff will continue to be made familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau will continue to receive infection prevention and control education tailored to their needs. Infection control training includes cleaning of equipment, management of unwell residents, management of staff and visitors, food, and laundry services. New staff to the dementia unit will receive training in infection prevention and control during orientation and will complete related competencies (link 2.4.4).</p> <p>Policies and procedures addressing the single use of consumables and disinfection of equipment between resident use are available. There is a framework for communicating significant events to the general manager and through the quality and risk meetings. An outbreak response is documented, and the pandemic plan has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available at the facility level, and new staff to the dementia unit will be trained accordingly.</p> <p>There is information and posters in te reo Māori around infection prevention and control for Māori residents; that will be accessible once construction is completed. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator oversees the implementation of culturally safe practices in relation to infection prevention and control.</p> <p>The CCM quality/educator and GM (both RNs) have been involved with the refurbishments of the building. The infection prevention and control coordinator procures all clinical equipment and consumables.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p>	<p>FA</p>	<p>The antimicrobial programme has been approved by the Board. Reports are escalated to the Board. The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The clinical care manager and GP monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. The general practitioner prescribes prophylactic antibiotics, if they deem this appropriate.</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>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data related to the dementia wing will be incorporated, collected for all infections based on signs, symptoms, and definition of infection. Infections include ethnicity data and are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Surveillance data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the facility meetings.</p> <p>Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There were two outbreaks of Covid-19 in 2024. Archer Village staff adhered to its outbreak management plan and any outbreaks are notified appropriately. Clear communication pathways that are culturally appropriate, including daily outbreak meetings and updates to residents, to family/whānau and staff, are clearly documented as part of the policy requirements. There was sufficient PPE available in the facility. Staff allocated to the dementia unit will have training sessions and debrief meetings following outbreaks.</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</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management team. Staff involved in laundry and cleaning services have completed relevant training.</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Chemicals are stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. The sluice area in the dementia unit is incomplete and not yet secure with PPE (link 4.1.1). There is a cleaning trolley that is securely locked in a centralised cleaning area in a service corridor, with secure chemical storage.</p> <p>A visual inspection of the laundry was completed at the sister facility. Personals and kitchen items are laundered at the sister facility, and bed linen and towels off site through a commercial company. There is sluicing facility at the sister facility, with appropriate PPE available and hand washing facilities. There is a vehicle to transport personal laundry between the facilities; laundry is transported in big covered plastic containers. Sufficient storage/shelving for the storage of linen in the dementia unit is not yet in place (link 4.1.1). There are good quality linen and towels in stock.</p> <p>The laundry and cleaning supervisor manage and distribute all personal clothing in baskets to residents` rooms and the facility receives clean linen/slings in plastic containers and distribute to the linen cupboards in vinyl covered linen trolleys. Residents and family/whānau are given opportunities to provide feedback on any concerns raised related to cleaning and laundry. The infection prevention and control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical care manager and site manager share an ongoing commitment for the facility to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies Archer Village`s committed to a restraint-free environment.</p> <p>The clinical care manager is the restraint coordinator and has documented roles and responsibilities that relates to the role. The restraint coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies, and strategies for managing challenging behaviour. Staff meetings are held monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and</p>

		current annual training were sighted. Newly appointed staff to the dementia unit will receive training at orientation (link 2.4.4).
--	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	The proposed roster provides for two HCAs in the morning, afternoon and two on night shift for the dementia unit. There are two day shifts still to be recruited for; once fully recruited for outstanding shifts on the rosters, there will be sufficient and appropriate coverage for the effective delivery of care and support in a staged manner.	The roster has two week-day shifts which still need to be covered by HCAs.	<p>Ensure that the roster is fully covered.</p> <p>Prior to occupancy</p>
<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</p>	PA Low	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Reference checking, qualifications, employment contract, and job descriptions were on file; however, HCAs that will be transferred from Thorrington Village with continuation of employment, did not have all	<p>i). Five HCAs transferring from Thorrington Village to Archer Village did not have individual records of previous individual training.</p> <p>ii). Three of the files reviewed did not have qualification records or completion of</p>	<p>i). & ii). Ensure that the records of staff being transferred from the sister facility includes all required documentation.</p> <p>Prior to occupancy</p>

legislation.		documentation on file.	dementia standards on file.	
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>There is an orientation policy in place. All newly employed staff and staff transferring from the sister facility will undergo a comprehensive orientation programme. Current staff from Thorington transferring to the new Archer Village facility were noted to have incomplete individual records. Advised that these staff will commence a week orientation period starting on 15 September in two groups. The orientation programme sighted includes (but not limited to) a discussion of the staff handbook, Code of Conduct/professional boundaries is online, and topics related to dementia, behaviour management and de-escalation. Competencies will be completed at orientation and then as part of the ongoing education plan. The proposed orientation and competencies that will be required to be completed; meets the educational requirements of clause D17.5 of ARRC. Evidence of completion will be evidenced by signing of the general orientation workbook and staff competency workbook.</p>	<p>The staff employed for Archer Village has not yet commenced the specific orientation programme, which includes the completion of competencies and mandatory topics that meet the educational requirements of clause D17.5 of ARRC. A weeks Orientation commences the 15th September.</p>	<p>Ensure that staff are orientated to the facility.</p> <p>Prior to occupancy</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</p>	PA Low	<p>There is a current building of warrant of fitness. The refurbishment project is still in progress and the unit is not yet fully fitted and functional.</p>	<p>(i). Furniture and furnishings have not yet been installed.</p> <p>(ii). The access door to the dementia unit is not yet in place and yet to be secured with a call bell for visitors to enter.</p> <p>(iii). The nurses' area</p>	<p>(i). Ensure furnishings and furniture are all in place.</p> <p>(ii). Ensure that the dementia unit is always secure.</p> <p>(iii)-(iv). Ensure the</p>

<p>peoples' cultures and supports cultural practices.</p>			<p>(combined with the medication room) is not yet secured to deter from residents having access.</p> <p>(iv). The medication room (combined with the nurse station) is yet to be fully fitted, and functional.</p> <p>(v). The ventilation, heating, flooring and lighting is yet to be completed in the lounge/dining room area.</p> <p>(vi). The access roller door to the small kitchenette adjacent to the dining room is still to be installed and made fully functional, with bench space with ability for residents to obtain snacks and drinks.</p> <p>(vii). The sluice area is not yet functional and secure with sanitizer, personal protective equipment and handbasin.</p> <p>(viii). There is not yet adequate space in the new unit for storage of continence products and linen.</p>	<p>nurses' station/medication room is fully fitted, functional and secure, with secure medication storage.</p> <p>(v). Ensure that the ventilation, heating, flooring and lighting is completed in the lounge/dining room area.</p> <p>(vi). Ensure that the kitchenette is fully functional.</p> <p>(vii). Ensure the sluice area is functional and secure with sanitizer, sufficient PPE and handbasin.</p> <p>(viii). Ensure there is yet adequate space in the new unit for storage of continence products and linen.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and</p>	<p>PA Low</p>	<p>There will be a directional pathway within the secure outdoor areas. Residents will be able to use three doors to get to the outdoors: one from the dining room, one from the sensory/whānau/quieter room, and one from the hallway. The door from the</p>	<p>(i). Egress is not yet fully completed and levelled.</p> <p>(ii). The fence is not yet completed to provide a secure outdoor area.</p>	<p>(i). Ensure egress is fully completed and levelled.</p> <p>(ii)- (iii). Ensure the external garden area off the dementia unit is completed, securely</p>

independence.		sensory/whānau /quieter room is still boarded off; the egress to the outdoors is not levelled. The property manager advises the fence will be a secure wooden fence; however, the perimeter is not yet fenced off and made secure, with seating and shade provided. Landscaping and the directional path are incomplete.	(iii). The landscaping is still underway with the completion of the directional pathway, adequate path lights, seating and shade.	fenced off with seating and shade. Prior to occupancy
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Low	The fire exits and signage is in place. There is fire separation between evacuation areas, such as open spaces (eg, lounges). There are no changes to the fire exits in the unit other than the unit will be secure. This change has been submitted to the fire department who are yet to approve the changes. A fire drill is not yet scheduled prior to opening.	(i). The changes to the existing fire evacuation plan are yet to be approved by the New Zealand Fire Service. (ii). Staff have not yet completed a fire drill in the new dementia wing.	(i). Ensure the changes to the fire evacuation plan are approved prior to occupancy. (ii). Ensure a fire drill is scheduled for prior to occupancy for all staff to attend. Prior to occupancy
Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.	PA Low	Call bells are in each bedroom and toilet/shower and are functional. There is a display panel when call bells are activated. The call bells in the lounge/dining rooms are not yet functional. Call bell points are suitable for the use of sensor mats. Call bells are monitored as part of the internal audit schedule.	The call bells in the lounge/dining rooms are not yet functional.	Ensure all call bells are functional. Prior to occupancy
Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of	PA Low	The CCM has not yet completed education related to the responsibilities of the role. There are clearly documented roles and responsibilities related to the infection prevention and control coordinator role. The	The infection prevention and control coordinator has not yet attended external training in relation to the role.	Ensure the infection prevention and control coordinator attends external training.

<p>the service provider, who shall:</p> <ul style="list-style-type: none"> (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making; (c) Have documented reporting lines to the governance body or senior management; (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people. 		<p>existing education plan includes training in relation to infection control practices and outbreak management.</p>		<p>90 days</p>
--	--	--	--	----------------

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.