

Te Kauwhata Retirement Trust Board - Aparangi Village Residential Care Unit

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 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:	Te Kauwhata Retirement Trust Board
Premises audited:	Aparangi Village Residential Care Unit
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 January 2026 End date: 14 January 2026
Proposed changes to current services (if any):	Reconfigure five dedicated hospital beds and one dedicated rest home bed to dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

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 Kauwhata Retirement Trust Board (hereafter referred to as Aparangi Residential Care Unit) is part of Community Trusts in Care Aotearoa. The service provides hospital (geriatric and medical) and rest home level of care for up to 59 residents. On the day of the audit there were 55 residents.

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

A concurrent partial provisional audit was also completed to assess the suitability of the service to reconfigure five hospital beds and one rest home bed to dual purpose beds. There is no change to overall bed numbers. This audit identified that proposed rooms for reconfiguration were appropriate for dual purpose use.

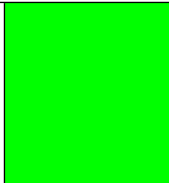
The care unit manager is a registered nurse with clinical and management experience. They are supported by a clinical manager and a team of registered nurses, healthcare assistants, and other staff.

Since the last audit, the service continues with environmental upgrades and refurbishments.

There were no shortfalls identified at the previous audit.

This audit has identified shortfalls in monitoring residents after unwitnessed falls and hot water temperature.

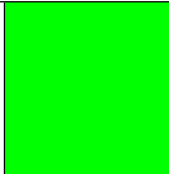
Ō tātou motika | Our rights

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 are fully attained.
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Aparangi Residential Care unit provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan implemented. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Aparangi Residential Care Unit provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The board of trustees is the organisation’s governing body responsible for services provided. The strategic plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations. There is a clinical governance committee in place.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards, and risk information is collated at facility level, and reported to the trust board each month.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Registered nurses assess residents on admission. An interim care plan guides care and service provision during the first three weeks after the resident’s admission. InterRAI assessments are used to identify residents’ needs, and long-term care plans are

developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies, and cultural needs are catered for. The service has a current food control plan.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of low risk.
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The building holds a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Rooms are personalised.

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

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

Subsections applicable to this service are fully attained.

The infection prevention and control programme is suitable for the size and scope of the service. There is a comprehensive pandemic plan. The infection prevention and control programme is implemented and provides information and resources to inform staff.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. Outbreak response plans are in place, and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit. Both were appropriately reported and well managed.

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 are fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit, there were residents using a restraint. Staff receive ongoing training in the policy and procedures and in using the least restrictive 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	18	0	1	1	0	0
Criteria	0	71	0	1	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>A Māori health plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and supports mana motuhake for Māori. The service recruit and employs staff who identify as Māori. During the audit there were residents who identify as Māori. Staff receive ongoing training in Te Tiriti o Waitangi, cultural awareness, tikanga and culturally safe practice as part of the annual in-service education programme. There is signage throughout the facility in te reo Māori. Interviews with the care unit manager, chief executive officer, clinical nurse manager, six healthcare assistants, two registered nurses, the cook and maintenance person included examples of providing culturally safe services in relation to their roles. The service has recently developed an information booklet on the service in te reo Māori in collaboration with staff who are fluent in te reo Māori.</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</p>	FA	<p>A Pacific health plan is implemented. This document is in accordance with the Ministry of Health Pacific Plan. During the audit there were staff who identify as Pacific people. Staff receive ongoing training in cultural safety and awareness as part of the in-service education schedule that includes recognising the world view, cultural and spiritual beliefs of Pacific people. During the audit there were no residents who identify as</p>

<p>tino rangatiratanga. 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>Pacific people.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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>Aparangi Residential Care Unit's policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in multiple locations in English and te reo Māori. Residents interviewed (one hospital and one rest home level) and three family/whānau (two hospital level and one rest home level) understood their rights and expressed the service upholds their rights and the rights of their loved ones.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Aparangi Residential Care Unit has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code of residents' rights. Policies reflect acceptable and unacceptable behaviours. Staff receive ongoing training on elder abuse and prevention as part of the annual mandatory training programme.</p> <p>Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy in place. Five resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney (EPOA). Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The care unit manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The care unit manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Since the last audit there have been four internal complaints. Review of complaints documentation shows all were acknowledged, investigated, and resolved to the satisfaction of the complainant. Complainants were informed of the outcome of the investigation. Since the last audit there have been no external complaints received.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The care unit manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Aparangi Residential Care Unit is located in Te Kauwhata, Waikato. Aparangi Residential Care Unit provides care for up to 59 residents at rest home and hospital (medical and geriatric) levels of care. On the day of the audit there were 55 residents: 29 rest home level (including one on respite and one on long-term support - chronic health conditions [LTS-CHC])) and 26 hospital level (including one young person disabled [YPD] and one on a palliative contract who was awaiting transfer to the age-related residential care contract. Aside from the residents on respite, LTS-CHC and palliative care funding, all other residents were under the age-related residential care (ARRC) contract. There are 23 dedicated rest home level beds, 15 dedicated hospital level beds and 21 dual purpose beds. All rooms are single occupancy.</p> <p>Aparangi Residential Care Unit is part of the Community Trusts in Care Aotearoa group but have their own trust board with five members. The trust board is the governing body. They meet formally on a monthly basis. The care unit manager submits a monthly report to CEO. The CEO submits reports to trust board which includes occupancy, health and safety, adverse events, infections, medication errors, staff injuries, complaints, restraint use, staffing, and corrective actions undertaken. There is a 2025 to 2030 strategic plan in place, with clear goals to support their documented vision, mission, and values. Current goals include but are not limited to succession planning; embedding the principles of Te Tiriti o Waitangi; quality and risk management; equitable outcomes; improved outcomes; equitable service delivery; inclusiveness; diversity; prevent inequality; infection prevention and control; restraint reduction; and to be the employer of choice.</p> <p>The trust board ensure the organisation is compliant with relevant legislative, contractual, and regulatory requirements. They assume accountability for delivering a high-quality service with the support of the general and clinical manager and staff. Services are provided in ways that honour Te Tiriti o Waitangi and improve outcomes for Māori.</p> <p>Organisational performance is monitored and reviewed at planned intervals. The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focussed on improving service delivery and care. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through</p>
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		<p>feedback and meetings. All of this is discussed and reviewed from the trustees down to facility level, with corrective actions being filtered through to all levels.</p> <p>The trustees have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and racism. The trustees ensure the service is equitable for Māori by ensuring staff practice in a culturally safe manner and by monitoring ethnicity data of staff and residents. Community Trusts in Care Aotearoa (which Aparangi Residential care unit is a member of) has Māori representation on the board. In addition, Aparangi Residential Care Unit has established links with Māori within the Te Kauwhata community.</p> <p>The care unit manager and clinical manager are registered nurses and have overall clinical responsibility. In addition, the general practitioners, clinical and general manager meet three to six monthly as clinical governance committee to ensure clinical practice including antimicrobial prescribing is in accordance with best practice. The clinical manager is responsible for ensuring the team of healthcare assistants and registered nurses provide safe and appropriate clinical practice, care, and services. Registered nurses have allocated portfolios for infection prevention, restraint minimisation, falls reduction and skin integrity. The clinical manager can access professional support and advice from the general practitioners and specialty teams at Waikato Hospital.</p> <p>The care unit manager (a registered nurse) will continue to manage the facility with the support of the clinical manager (also a registered nurse).</p> <p>Partial Provisional</p> <p>There are no changes to the governance structure as a result of the reconfiguration of five hospital and one rest home beds to dual purpose beds. Once the partial provisional is approved there will be 10 hospital beds, 22 rest home and 27 dual purpose beds.</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>FA</p>	<p>A quality and risk management programme is in place that allows Aparangi Residential Care Unit to track their progress against the organisations quality goals as outlined in the strategic plan. Quality goals are documented and progress towards quality goals is reviewed</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>regularly at staff meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries. The service actively looks for opportunities to improve through quality initiatives and analysis of clinical indicator data. The service is currently focussing on falls reduction through staff training and development of strategies for individual residents who are identified as medium to high falls risk such as wearing appropriate footwear.</p> <p>Meetings are held monthly for healthcare assistants, registered nurses, domestic staff, activities staff and health and safety team and these include health safety and quality (including infection prevention). There are regular resident and family/whānau meetings and residents and family/whānau interviewed stated they could approach the care unit manager and clinical manager at any time to raise concerns. Staff meetings include (but are not limited to): tabling the previous minutes, matters outstanding, incidents and accidents, clinical indicators as above, internal audit reports, human resources, education, compliments and complaints, policy updates, general business, and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are communicated to staff in the meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The care unit manager and CEO maintains oversight of the health and safety system and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the staff meetings. There are regular manual handling training sessions</p>
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		<p>for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported, collated, and categorised. Ten incident forms were reviewed and these evidenced immediate action taken and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. The adverse event reporting policy is in accordance with the National adverse event reporting policy.</p> <p>Discussion with the manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were many section 31 reports to HealthCERT in 2023 and 2024 for registered nurse shortage, but the care unit manager was incorrectly reporting this as there was always one registered nurse on duty. There were no other Section 31 notifications to HealthCERT since the last audit. There have been seven notifications to the Health Quality and Safety Commission since the last audit. Since the last audit there was one outbreak of Norovirus and one of Covid-19. These were appropriately reported to Public Health.</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>	FA	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The general and clinical managers are onsite five days per week and share after-hours on call. There is always a registered nurse on duty. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated overall, the staffing levels are satisfactory, and the general and clinical managers</p>

	<p>provide good support. Recently staffing has increased to have an additional healthcare assistant on a short shift in the morning and afternoon to provide additional support and hydration rounds.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by casual or regular staff picking up extra shifts. Residents and family/whānau interviewed reported there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and is aligned with Ngā Paerewa. There is an attendance register for each training session and a record of educational courses offered and completed, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and kitchen staff have a current first aid certificate.</p> <p>Healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 33 healthcare assistants in total and 28 have achieved NZQA level three or above.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, monitoring blood glucose levels, insulin competencies, and management of syringe drivers. At the time of the audit there were six registered nurses in addition to the clinical and care unit managers. Five have completed interRAI training. Staff have completed training that covers equality/diversity, Te Tiriti o Waitangi, Te Whare Tapa Whā, and a broad range of other subjects relevant to aged care nursing.</p> <p>Partial Provisional</p> <p>The current roster reviewed evidenced sufficient staff are available to respond to an increase acuity when required. The care unit manager confirmed that the request for reconfiguration of the six beds to dual purpose beds is to avoid residents having to change rooms if their level of care changes.</p>
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		<p>There is always at least one registered nurse on duty. The roster takes into consideration the footprint of the building and ease of getting to any resident at any time. There are sufficient number of healthcare assistants rostered to provide cultural and safe care for residents at a higher level of care. There are two registered nurses rostered from 6.45am to 3.15pm, in addition to the clinical manager Monday to Friday. There are also two registered nurses on from 2.45pm to 11.15pm, and one on from 10.45pm to 7.15am.</p> <p>The training topics are appropriate for hospital level care and will remain unchanged. There are sufficient number of registered nurses that are interRAI trained and with syringe driver competencies.</p> <p>Activities, laundry, and cleaning/household staff will remain unchanged.</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>A register of current annual practicing certificates was sighted and included all registered nurses, podiatrists, physiotherapist, and general practitioners.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and new staff are buddied with experienced staff until they are confident and competent in their role.</p> <p>Five staff files were reviewed including a registered nurse, two healthcare assistants, a diversional therapist, and a housekeeper. The files included evidence of completed orientation, training and competencies, and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</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</p>	PA Moderate	<p>Five resident files were reviewed: two rest home level (including one on LTS-CHC); and three hospital level (including one YPD). Registered nurses are responsible for conducting all assessments and for the</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and six monthly multi-disciplinary reviews.</p> <p>The initial care plan is completed within 24 hours of admission. Ongoing interRAI assessments have been completed in the timeframes required and all outcome scores were identified on the long-term care plans. InterRAI assessments are completed for all residents except for those on respite and palliative care (the registered nurse was in the process of completing interRAI for the resident on palliative care as they were awaiting transfer to ARRC contract during the audit). Both residents had a comprehensive assessment using validated assessment tools and a comprehensive and holistic care plan in place. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan.</p> <p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provide guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. InterRAI re-assessments have been completed six monthly and when changes occurred earlier as indicated for long term residents. Care plans are reviewed on a six-monthly basis or when there are changes in the status of residents.</p> <p>The service contracts the local general practitioners from the Medical Centre for onsite visits twice a week. They are available by phone or zoom when needed on other days of the week. Some residents can choose to remain with their own general practitioner during respite stay. Long term residents get enrolled with the local contracted general practitioners. After hours residents are transported by ambulance to Waikato Hospital if acutely unwell. The general practitioner sees and examines the residents within two to five working days of admission and completes monthly to three-monthly reviews as needed. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The general practitioner was interviewed and stated staff are competent and communicate with them in a timely manner when there are changes in the health status of residents.</p>
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		<p>Resident files identify the integration of allied health professional input into care, and a team approach is evident. A physiotherapist visits if needed. A podiatrist visits regularly.</p> <p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. Progress notes are written on every shift by healthcare assistants and the registered nurses document daily for hospital level residents and when there is an incident or changes in health status.</p> <p>Residents and family/whānau interviewed reported their needs and expectations are being met. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiates a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 19 wounds including skin tears, chronic lesions, ingrown toenail and two pressure injuries (one stage two and one stage three). There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress, and evaluation of wounds. Assessments and wound management plans including wound measurements and photographs were reviewed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Monitoring charts including vital signs, bowel charts and weight charts are available for staff to use. Improvement is required in completing neurological observations for unwitnessed falls or where head injury was suspected as part of post falls management.</p>
Subsection 3.4: My medication	FA	Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for

<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>prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Registered nurses and medication competent healthcare assistants are trained in policy and procedure requirements and are required to demonstrate competency annually with this sighted as being completed in staff files reviewed.</p> <p>There is one locked medication room. The locked medication trolleys are stored there when not in use. The room has counter space to prepare medications. There is a hand basin in the medication room. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported on incident forms and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are four residents who self-administer inhaled medication and there is a process for assessing the competency for residents who wish to self-administer their medications and a policy for the safe storage of medications. There are no standing orders.</p> <p>Partial Provisional</p> <p>There are no changes to medication management or administration as a</p>
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		result of the reconfiguration of beds.
<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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>Meals are served directly from the kitchen to the dining room. Residents were observed enjoying their meals. Staff were observed assisting residents discreetly. Modified utensils, plates, and cups are available for residents to maintain independence with eating.</p> <p>The food control plan is current to 30 January 2026. The service has had their audit and is awaiting a new food control plan certificate.</p> <p>Partial provisional</p> <p>There are no changes to food services as a result of the reconfiguration of beds.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition to a different level of care, transfer to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents otherwise staff transport residents to appointments.</p>
Subsection 4.1: The facility	PA Low	The building warrant of fitness is current to 26 May 2026. The physical

<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>environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside, on the covered decks and in the internal courtyards. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings as viewed on the day of audit.</p> <p>The planned maintenance schedule includes calibration and testing of clinical equipment, last completed on 4 June 2025. The maintenance person completes testing and tagging of all electrical appliances and records viewed show this is up to date. An electronic system is in place to alert the maintenance person when appliances are due for testing. Hot water temperatures are tested weekly. Improvement is required to maintain the temperature at or below 45 degrees Celsius.</p> <p>Partial Provisional</p> <p>The hospital rooms planned for reconfiguration to dual purpose are room 25, 26, 27, 36 and 38. The rest home level room for reconfiguration to dual purpose is room 7. All are generously sized with ample room for hospital beds and equipment. Hallways and doorways are wide enough to accommodate transfer by gurney. Staff confirmed all equipment is appropriate to meet the needs of individual residents.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is radiant heating in all areas. There is adequate ventilation throughout the facility. The service has recently double-glazed all windows to improve temperature control. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that the temperature is comfortable.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. Some rooms have a full ensuite; otherwise, there are sufficient communal showers and toilets. All rooms have a handbasin. Ensuities, communal showers, and toilets are spacious to manoeuvre transfer and mobility equipment and have handrails. Taps are designed for ease of opening. Floors are non-slip</p>
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		<p>and appropriate for ease of cleaning.</p> <p>There is a one large lounge that is used for church services and group activities. There are several other seating areas where residents can sit quietly or meet with visitors. Furniture in the main lounge is arranged in a very homely manner and allows residents to freely mobilise. Activities can occur in the lounges, dining rooms, activities areas and courtyards and this was confirmed by staff interviewed.</p> <p>The layout of the facility ensures communal areas are easy to access. Residents can easily access the outdoor areas.</p> <p>The chief executive officer ensures the inclusion of local Māori to ensure aspirations and Māori identity are included for any future building projects or refurbishments.</p> <p>The partial provisional audit verifies that all rooms are suitable to provide hospital level care (dual purpose beds).</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the Fire Emergency New Zealand on 19 October 2020. A trial evacuation drill was last performed in October 2025. The drills are conducted every six-months, and these are added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and there is a designated assembly point in the main car park area. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency including food, water (10 000 litres), torches, continent products, and a gas BBQ to meet the requirements for up to 59 residents including rostered staff. There is a small generator on site. An external plug has been installed for a hired generator from a local supplier if needed. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current</p>

		<p>first aid certificates. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Call bell audits were completed as per the audit schedule. Residents and whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. All external doors except the front door are unable to be opened from the outside. Staff are required to check windows, and the front door is locked in the evening. Whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually. The review for 2025 was sighted.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>The clinical and care unit manager were consulted from an infection prevention view point during renovations.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator, registered nurses and healthcare assistants described how they work in</p>

		<p>partnership with Māori residents and whānau and use of tikanga best practice to ensure culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>Partial Provisional</p> <p>There are no changes to the infection control and prevention programme as a result of the changes to dual purpose beds.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six monthly. Infection control surveillance is discussed at monthly health safety and quality and staff meetings. Infection surveillance data is reported to the trust board in the monthly reports. Ethnicity data is included in infection surveillance. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection.</p> <p>Since the last audit there have been two outbreaks of infection: Covid-19 in September 2025 and Noro virus in December 2025. Each of these were appropriately reported and well-managed.</p> <p>Partial Provisional</p> <p>There are no changes to the surveillance programme as a result of the changes to dual purpose beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>Partial Provisional</p> <p>Staff follow documented policies and processes for the management of</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer’s labels and stored in locked cupboards. The trolleys are kept in a locked cleaner’s room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is one sluice room with a sanitiser and stainless-steel bench and separate handwashing facilities. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>Laundering of bed linen, bath and hand towels and flannels, kitchen towels, and feeders is contracted out. Personnel clothing, blankets, and other residents personal items are laundered onsite. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</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>Aparangi Residential Care Unit is committed to providing service to residents with the least restrictive practice. At the time of the audit there were 10 residents using restraints, either lap belts or bedrails. The service is committed to reducing the use of restraint. Policies and procedures meet the requirements of the standards. Restraint is discussed at the service meetings and trust board level.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This</p>	<p>PA Moderate</p>	<p>Registered nurses develop care plans in collaboration with the resident and their family/whānau. The interRAI assessment outcomes inform the long-term care plan along with the residents’ individual goals and aspirations. Cultural assessments are completed by the diversional therapist who has been trained to do this. Residents who identify as Māori have a Māori care plan in place and these reflect extensive input from family/whānau. Care plans are detailed, comprehensive and holistic and describe clearly the interventions required to meet the residents’ needs. Monitoring charts including vital signs, bowel charts and weight charts are available for staff to use.</p>	<p>Neurological observations were not completed as per the policy in three of three records of unwitnessed falls reviewed.</p>	<p>Complete neurological observations as per the policy for unwitnessed falls.</p> <p>90 days</p>

<p>includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>There is a current building warrant of fitness. Clinical and electrical equipment is tested and serviced on a scheduled basis. The environment is inclusive of residents' cultures. There are quiet spaces for residents to practice cultural and spiritual activities. Hot water temperatures are taken as per schedule however some are recorded as being over 45 degrees Celsius.</p>	<p>Hot water temperatures exceeded 45 degrees Celsius in some taps accessible to residents.</p>	<p>Ensure hot water temperatures are maintained at or below 45 degrees Celsius. 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.