

# Oceania Care Company Limited - Redwood Rest Home and Village

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## 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Redwood Rest Home and Village

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

**Dates of audit:** Start date: 24 March 2022 End date: 24 March 2022

**Proposed changes to current services (if any):** Stage one of the refurbishment of the facility is now complete. Stage two is underway with a number of buildings being demolished and rebuilding is about to occur around remaining buildings.

**Total beds occupied across all premises included in the audit on the first day of the audit: 29**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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

Oceania Group owns and operates Redwood Rest Home and Village. The facility provides rest home and hospital level care for up to 30 residents. Stage one has seen the refurbishment of three rooms and the construction of two new rooms, enabling the facility to provide care for 35 residents. They also provide care for residents under the younger people with physical and/or intellectual disabilities contract. The facility is managed by a business and care manager (BCM), supported by a clinical manager (CM).

There have been no changes to senior staffing since the last audit, a certification audit which was completed in January 2022.

This partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the service's contract with the DHB, to identify the preparedness of the building changes for safe entry of patients to the new rooms and areas. The audit process included review of policies and procedures and environmental observations. Interviews with the CM, BCM which included assurance of evidence sighted at the January audit was still current, staff and national quality compliance and audit manager. The full site redevelopment is likely to be completed by the end of the year.

All areas of the standard were seen as being met, there were no corrective actions.

## **Ō tatou motika | Our rights**

Not applicable

## **Hunga mahi me te hanganga | Workforce and structure**

The governing board assumes accountability for delivering a high-quality service, and recognises Te Tiriti and all it means to New Zealand. They are working toward ensuring meaningful inclusion of Māori in governance groups, reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic planning continues and ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and a certificate of public use for stage one has been issued by the local district council. Electrical equipment has been tested as required. External areas are accessible and meet the needs of people with disabilities.

Changes to the building evacuation plan have been sent to the local fire and emergency service for the stage one completion. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Security is maintained.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced.

The national project team for the refurbishment has included infection control advice.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## **Here taratahi | Restraint and seclusion**

Not applicable

## 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)
Subsections	0	12	0	0	0	0	0
Criteria	0	78	0	0	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)
Subsections	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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. The national quality compliance and audit manager stated the board is currently working on their strategic and business plan. The business care manager (BCM) and clinical manger (CM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. Regular reporting to the regional managers and to the board demonstrate the organisation's leadership and commitment to quality and risk management. A sample of reports to the board showed adequate information to monitor performance is reported and this was confirmed by the national quality compliance and audit manager. Work is underway to ensure the board has meaningful inclusion of Māori in governance groups and honouring Te Tiriti. A new Māori and Pacific Peoples Health Policy and Oceania Māori Health Plan 2022 – 2025 have been developed and are ready for sign off. There were no residents who identify as Māori at Redwood Rest Home.</p> <p>The facility has contracts for young persons with disability (YPD) residents with physical disabilities and was seen as providing this service to the satisfaction of the DHB and the residents. The quality compliance and audit manager stated the board is aware of their need to improve their</p>

		<p>focus on improving outcomes and equity for Māori and this is work that is in progress.</p> <p>The organisation has had a clinical governance committee for approximately two years, and this is currently being reviewed.</p> <p>The service holds contracts with the DHB for long term hospital level care (at audit 14 residents), rest home level care (at audit 15 residents) and respite care (no residents during the audit). A Ministry of Health contract for younger persons with disability ((YPD) (two residents), one of whom is over 65 years of age. One is receiving hospital level care and the other rest home level care. There are twelve care suites/occupational rights agreements (ORA) with nine rest home level care and three hospital level care residents. The stage one has seen the refurbishment of three rooms and two new rooms. Of these rooms one is a standard room and the other four are for ORA residents. One room is presently being used as the clinical manager's office and a portacabin is to be installed as the temporary office. The business care manager is working from home and will join the clinical manager in the portacabin.</p> <p>The site refurbishment is being undertaken by a project group at national office who report on progress to the board. The BCM oversees the contractors working on site and monitors the impact on the residents. They also report on progress to the regional manager and onto the board.</p> <p>Oceania has policies and processes to appoint a suitably qualified manager for each facility, including a defined job description, employment agreement and delegations' policy. At Redwood this is the BCM who holds relevant qualifications and business experience and has been in the role for three years. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through Oceania meetings, the Aged Care Association briefs, and meetings with the local DHB.</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</p>	<p>FA</p>	<p>There is an Oceania documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Redwood have undertaken a continual clinical improvement initiative with the outcome being to improve efficacy of staffing and quality of care utilising a resident acuity mix planner as well as ensuring staff wellness. A continual improvement rating was</p>

<p>culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>awarded for this initiative at the last audit (January 2022). This initiative improves the process for adjusting staffing levels to meet the changing needs of residents. The staff are culturally diverse with staff who identify as European, South African, Philippian, Fijian and Māori. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>An afterhours on call roster is covered by the BCM and clinical manager. At weekends there is also an on-call roster covered by senior RNs. Staff reported that good access to advice is available when needed. Rostering continues in the pattern sighted in January. They currently have one registered nurse (RN) vacancy which is being advertised. Presently this is being filled by a RN on a short-term contract. Other vacancies have filled since the January audit. The two new rooms and renovated rooms will not impact on the present staffing numbers.'</p> <p>Continuing education is planned on an annual basis, includes any issues identified the previous year, mandatory training requirements for all staff based on their role and their contractual requirements. Annual study days ('GEM') are held to cover these areas and a new cultural area has been added. An electronic training record is kept for each staff member, and this alerts the clinical manager when a staff member is due for re-training on mandatory training areas, such as first aid certificates. Care staff can also undertake medication competencies to assist RNs with medication rounds. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. All staff, with the exception of the kitchen staff, undertake first aid training. Healthcare assistants (HCA) are registered or commence New Zealand Qualification training within (NZQA) the first months of employment. The training levels identified for the HCAs were:</p> <p>Level 2 – 4  Level 3 – 6  Level 4a – 1  Level 4b – 5.</p> <p>A staff member is the internal assessor for the programme.</p>
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		<p>All registered nurses are trained, competent and maintaining their annual competency requirements to undertake interRAI assessments.</p> <p>Ethnicity data is collected from each resident on admission. There were no Māori or Pacific Island residents presently. The BCM and CM spoke of how they celebrate the cultural diversity of their staff and have shared lunches with staff bringing food from their home country. Staff are supported to undertake training at a level that they can manage and the facility supports staff who require support in their home situations if required. For example, taking home extra food.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, validation of qualifications, the legal right to work in New Zealand, and practising certificates (APCs), where required. Job descriptions described the role and responsibilities. All health professionals had a current annual practising certificate in January 2022 and was confirmed by the CM as still the case. A sample of staff records reviewed in January 2022, confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed three months into employment and annually. Staff files are kept, accurate, relevant, secure, and confidential in line with health information standards. Redwood have knowledge of the ethnicity of its staff, however this is not formally documented, the Oceania central human resource process, are making changes to their processes to ensure staff ethnicity is collected as part of recruitment practices.</p> <p>Staff orientation includes an employee resource pack and orientation manual which includes all necessary components relevant to the role. Cultural training has been extended as part of the orientation pack. Staff records reviewed showed documentation of completed orientation and a performance review after a year.</p> <p>The BCM and CM spoke of ensure wellness of staff following any incident which may cause them to be distressed.</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>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</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>A safe system for medicine management using an electronic system is in place. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted local pharmacy Medicine reconciliation occurs. Clinical pharmacist input is provided on request and education has been provided for staff. Over the counter medicines are charted on the electronic record by the GP or nurse practitioner (NP), examples given were Aloe vera and Cranberry capsules.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. Controlled drugs are checked weekly and six-monthly.</p> <p>The records of temperatures for the medicine fridge and the medication room were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly GP review is recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. No resident was self-administering presently. All residents, and their whānau, are supported to understand their medications.</p> <p>The addition of five residents as part of stage one will not impact on the current medication management processes.</p> <p>A continual improvement was given, at the last audit in January, for the comprehensive analysis of any medication errors, in 2020.</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>The food service is provided on site by a qualified chef and kitchen team and is in line with recognised nutritional guidelines for older people. The winter menu has been reviewed by the food services manager, Oceania who is a registered dietitian and is to commence in May 2022. Māori menu options that are culturally specific to te ao Māori, are yet to be added to the generic Oceania menu.</p> <p>All aspects of food procurement, production, preparation, storage,</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>transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Ministry of Primary Industries, current until March 2023.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile is developed. Any personal food preferences, any special diets, such as Māori preferences and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. This was confirmed by the chef. Special equipment to meet residents' nutritional needs is available.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, in January, satisfaction surveys and resident meeting minutes.</p> <p>The addition of five residents as part of phase one will not impact on the food service process</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 1 July 2022) was publicly displayed. A certificate for public use has been issued by the local council, dated 17 February 2022, for stage one. Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Observation of the three refurbished rooms and two new rooms confirmed their appropriateness for aged residential care. The environment was comfortable and accessible, promoting independence and safe mobility. Each occupied room has been personalised by the resident and whānau, personal equipment, such as walking frames or slings was available for residents with disabilities to meet their needs.</p> <p>The stage one has seen the refurbishment of three rooms and two new rooms built, a new kitchen and two dining rooms, new clean and dirty laundry areas and a new reception which will become the nurses' station when stage two is completed. All rooms are ensuite and an additional toilet has been installed beside one of the dining rooms. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. A new staff toilet and shower area has been incorporated as well as a new staff dining area. Residents and whānau have been</p>

		<p>consulted and get updated on all aspects of the work being undertaken. One YPD resident spoken with stated high satisfaction with the new areas.</p> <p>There are plans to include Māori culture, aspirations and identity within the refurbished and new facility, with options being discussed presently.</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>	FA	<p>Oceania have a comprehensive emergency management plan. There are also policies, guidelines, flip charts and grab bags for emergency planning, preparation and response. These were displayed and known to staff. Disaster, civil defence planning and COVID-19 guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of these emergency. These consider the special needs of younger people with disabilities. Staff have been trained and knew what to do in an emergency.</p> <p>Stage one changes have been incorporated into a new fire evacuation plan and submitted to Fire and Emergency New Zealand. It was confirmed, at audit, and via an email, that this had been received and passed onto the local Fire and Emergency Service. Staff are being trained in the changes related to stage one and a fire drill is scheduled for later this month. This will be carried out by the external contracted fire and emergency service provider.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, New water storage system has been put in place, and these supplies would meet the needs of the additional five extra residents.</p> <p>Call bells and emergency call systems alert staff to residents requiring assistance. A new call bell system is currently being installed. These were seen as available in the new and refurbished rooms, ensuites and dining areas. Residents and whānau reported, in January, staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality</p>

<p>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>improvement system and are reviewed and reported on monthly and yearly. The national quality compliance and audit manager stated that expertise and advice are sought following a defined process by the national infection prevention and control group (NIPCG), which includes input from pharmacies on antimicrobial usage. Infections are recorded via the electronic patient management system which can be viewed by all managers including national office. Reporting on resident's infections is carried out monthly to the governing body. Outbreaks would be escalated in a timely way. The CM stated local advice on outbreaks is available from the DHB and primary care organisation.</p> <p>A pandemic/infectious diseases response plan is documented and the COVID-19 response meets the requirements of the Ministry guidelines and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>The new residents will be managed under this framework.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The CM is presently the infection prevention and control coordinator (IPCC) and responsible for overseeing and implementing the IP programme with reporting lines to regional clinical manager and national (IPCG). The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Oceania are in the process of identifying Māori persons to be involved in committees or advising on areas such as infection control.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Staff were familiar with policies through education during orientation and ongoing education. Staff were observed using PPE and following the organisations COVID-19 requirements. There is sufficient equipment to ensure residents have their own such as wheelchairs and slings. Where there is a need to share equipment staff clean as per the organisation's policy. Single use items are used once then discarded.</p> <p>Oceania are working through the process to ensure te reo Māori</p>

		appropriate infection prevention and control information is available.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is a process for identification and confirmation of infections which leads to a decision by the residents GP on the prescribing or not of an antibiotic. Responsible use of antimicrobials is promoted, the CM stated that their GPs are very responsible when prescribing antibiotics. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use is undertaken at a national level and identifying areas for improvement.</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>Surveillance of health care associated infections (HAIs) is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal and the upper and lower respiratory tract. The CM reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the quality meeting and national support office. Data is benchmarked within the group and against the aged care sector. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. A new external waste storage area has been created, for storage of waste prior to it being picked up by an external contracted waste management company and this was observed to be appropriate. The BCM spoke of having this area secured in the future. Laundry services are managed by an Oceania facility in Nelson</p>

<p>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 antimicrobial resistant organisms.</p>		<p>and new clean and dirty rooms have been built to manage the segregation of linen. These were seen as being clean and tidy. Cleaning processes are monitored for effectiveness. Staff involved have completed relevant training. Chemicals were stored safely. A new utility room was seen as have clear delineated clean and dirty areas and no chemicals were being stored there.</p>
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## Specific results for criterion where corrective actions are required

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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 standard by looking at the code. For example, a 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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display
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End of the report.