

# Alaama Care Limited - Turama House Rest Home

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by 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 standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Alaama Care Limited
<b>Premises audited:</b>	Turama House Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 October 2022 End date: 5 October 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	27

# 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.

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

Alaama Care Limited Turama House Rest Home provides rest home level care for up to 36 residents. Turama House Rest Home is managed by a manager/director who is supported by a nurse manager, who oversees all clinical services. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards and the providers contract with Te Whatu Ora Te Toka Tumai Auckland. The certification audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents and family members. The general practitioner and staff were also interviewed.

This audit identified one area requiring improvement in relation to the cleaning and laundry services.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Turama House Rest home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi. Some staff, however, did not fully understand the concept of Māori mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.


Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

There are policies and procedures that align with the Te Tiriti o Waitangi and the principles of mana Motuhake. Additional cultural supports can be obtained for residents that identify as Māori and Pasifika if needed. The care provided is culturally appropriate for the diverse cultures of the current residents.

Procedures are in place to resolve complaints promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body and management team are responsible for delivering safe and appropriate care and services.

The purpose, values, direction, scope and goals of Turama House Rest Home are documented. Goals are reviewed during annual business planning processes. Performance is monitored and reviewed by the nurse manager and reported to management.

The quality and risk management systems are focused on improving service provision and care. Residents and family are given the opportunity to provide regular feedback and are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Actual and potential risks and hazards are identified and mitigated.

There is one staff member on duty at night and staff numbers are increased during the morning and afternoon shifts. The nurse manager covers the service 24 hours a day seven days a week.

Staff are provided with a detailed orientation and ongoing education programme relevant to the facility and level of care provided.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.		Subsections applicable to this service fully attained.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.


Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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.

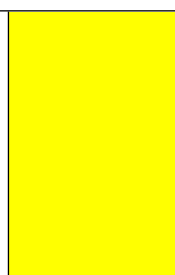
Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was comfortable and clean. Significant refurbishment both internally and externally has occurred since the previous audit. There is a current building warrant of fitness. Clinical equipment meets electrical and calibration check requirements. External areas provide shade and seating. Staff are trained in emergency procedures, use of emergency equipment and supplies and fire safety principles. Staff, residents and families understood emergency and security arrangements. Call bells are available all in all service areas. Security is maintained and managed by the staff.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk
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The manager/director and the nurse manager ensure the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The nurse manager ensures surveillance occurs monthly.

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. An experienced and trained infection control coordinator leads the programme.

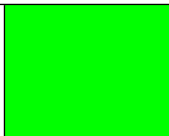
The infection control coordinator is involved in procurement processes, any facility changes and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service has been a restraint free environment for over four years. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of the audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and use of alternative interventions as needed.

## 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	26	0	1	0	0	0
Criteria	0	143	0	1	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>Turama House Rest Home provides an environment that supports residents’ rights and culturally safe care. Staff demonstrated an understanding of residents’ rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pasifika and other ethnicities. Residents currently represent many cultures as do the staff at this rest home. There is one resident who identifies as Maori. There are no staff who identify as Māori. The manager/director is endeavouring to work collaboratively with local Māori and Pasifika support groups in the community, to encourage a more Maori centred approach to service delivery. The organisation policy states an aim to employ staff representative of the residents. The manager/director advised there have not been any staff that identify as Māori applying for job vacancies. However, applicants would be employed if appropriate for the applied role. The manager/director noted that there are significant challenges and constraints in the current labour market, which is a sector wide issue.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There are policies and procedures available to guide staff in the care of Pacific peoples. The policy references the 'Pacific Health and Wellbeing Action Plan 2020 - 2025 and other documents that have been published. The provision of equitable services that are underpinned by the Pacific people's worldview policy notes 'to improve the health outcomes of Pasifika people'. Expert advice can be sought from the resident, family and staff as needed. The diversional therapist (DT) interviewed stated that residents are encouraged to participate in cultural activities in the community and at this rest home.</p> <p>Residents do have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. There are four staff who identify as Pasifika. Due to the size of the service this does not currently include leadership roles as these roles are already filled. The facility manager/director advised communication with Pasifika organisations would occur for advice and support if this is required for individual resident care in the future.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The nurse manager understood the need to engage and work in partnership with Māori. However, not all staff understood the concept of Māori mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and ways to enable participation in te ao Māori are being considered. Residents and whānau, including those with age related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected.</p> <p>There is a code of staff conduct in place and professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional or systemic racism.</p> <p>Care provision is holistic and is based on the identified strengths of residents. Wellbeing outcomes for all residents are identified and evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met. However, outcomes related to cultural needs for Māori are not always documented; refer criterion 3.2.7.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Staff communicate with other health professionals involved in each resident's care including the GP, specialist services and allied health</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>professionals. Staff knew how to access interpreter services, if required.</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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. The registered nurse and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>The registered nurse manager described involving whānau in the consent process and giving both residents and whānau time for discussion. However, best practice tikanga guidelines for consent were not available.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that would lead to improvements. This meets the requirements of the Code.</p> <p>Residents interviewed understood their right to make a complaint and knew how to do so. They informed they feel free and comfortable about raising any issue of concern with the nurse manager (NM) or the manager/director.</p> <p>There have been three written complaints and 12 verbal complaints in 2021 to September 2022. All complaints showed the complaint has been acknowledged, investigated and followed-up in a timely manner. There were no open complaints at the time of audit. The NM is the</p>

		<p>complaints officer.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC) or Te Whatu ora Te Toka Tumai Auckland since the previous audit.</p> <p>The complaints management system has not been specifically reviewed to ensure this works effectively for Māori.</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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Turama House Rest Home is owned by Alaama Care Limited. The manager/director is fully committed and assumes accountability for delivering a high-quality service. The service does not have Māori representation at management level. Organisational goals do, however, aim for integrated service delivery and mana Motuhake values is embedded into practice for all residents.</p> <p>There is a defined governance and leadership structure with clinical management that is appropriate to the size of this organisation. The manager/director has owned the facility since 2017 and works full time at this facility. The manager/director is supported by a NM with a current annual practising certificate (APC). The NM has worked in aged care for ten years and in this role for the last three years. There are two casual registered nurses available to cover the NM for annual leave or for other leave circumstances. The manager /director and the NM interviewed confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples if needed, is available through Te Whatu Ora Te Toka Tumai Auckland cultural advisory group. The training schedule was sighted. All staff have received cultural training and completed competencies. Training on Te Tiriti and health equity has not occurred. At audit there is no evidence that any barriers for equitable access for Māori exist.</p> <p>Staff and quality meetings are held monthly and all items on the agenda are discussed. Any quality data collected identifies trends and/or specific shortfalls are addressed using a corrective action process. A sample of minutes of meetings were reviewed and showed</p>

		<p>that adequate information to monitor performance is reported. Resident meetings are held monthly. Any issues are dealt with in a timely manner.</p> <p>Policies and procedures have been developed by an external consultant and provided to Turama House Rest Home. These documents have current references including those related to equity and outcomes for Māori. The manager/director advised cultural advice and support for Māori residents is available if needed. Interviews with residents verified residents chose the facility and are happy with the care received. There have been no concerns raised about cultural appropriateness of care provided to residents. Staff have completed cultural competencies this year but no training on equity has occurred. Improving outcomes and reviewing any barriers for equitable access to services for Māori have not been evaluated. The manager/director and nurse manager have an open-door policy and are available to residents and families at any time.</p> <p>The manager/director of Turama Rest Home assumes accountability for delivering a high-quality service through the defined business plan and objectives for 2022 to 2023 which are implemented, identifying the values, direction, scope and monitoring and reviewing performance at planned intervals. Demonstrating leadership and commitment to quality and risk management and ongoing quality improvement of the service is appropriate for the size and nature of this rest home.</p> <p>Families are welcome to actively participate in all aspects of planning, implementation, monitoring and evaluation of their relatives individualised care provided. This includes reviewing services for tangata whaikaha (residents with disabilities) via the care planning and review process and environmental audits.</p> <p>The service holds contracts with Te Whatu Ora Te Toka Tumai Auckland for the provision of rest home level care, respite services, younger person disabled under 65 years (YPD of age and long-term chronic health conditions (LTCHC)). On the day of the audit 27 residents were receiving care at this rest home. One resident was in</p>
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		<p>hospital. Rest home level care 23, nil respite care, four LTCHC residents and one under 65 years of age. The resident under YPD service is aged 70 years of age and is under a Tikura Trust, Ministry of Health (MoH) contract. No residents were on respite care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of quality improvement. This includes the management of incidents/hazards/accidents, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The NM interviewed understood the processes for the identification, documentation, monitoring, review and reporting of risks. This included health and safety risks and development of mitigation strategies. Turama House Rest Home has not yet included potential inequities in the organisational risk management and review processes. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A contracted quality consultant provides advice and updates for all policies and procedures as needed.</p> <p>Residents/family and staff contribute to quality improvement through the ability to give feedback at meetings. Outcomes from the last resident/ family satisfaction survey 12 September 2022 were mostly positive and any areas of concern/issues were actioned and used for quality improvement.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. There is a process in place for identifying and mitigating risk. The risk review process does not include aspects related to potential inequalities. The NM understood and has complied with essential notification requirements. There has been one section 31 notification completed since the last audit. This related to a resident who was</p>

		<p>found deceased outside of the facility, this was a police/coroner's case. The hazard register is current and up to date signed off by the NM 3 January 2022.</p> <p>Quality meetings are held monthly. Data is communicated and discussed. Minutes of meetings confirmed issues raised are acted upon. Resident meetings are also held on a monthly basis and minutes are maintained. Education is provided to meet the needs of all ethnicities including for Māori, to ensure care staff can provide high level care for all persons who access this service.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the needs of residents. Healthcare assistants (HCAs) interviewed reported there were adequate staff to complete the work allocated to them. Residents and family/whanau interviewed reported that the residents are well cared for. The NM has completed a first aid and basic cardiac pulmonary respiration (CPR) course and senior HCAs have also completed first aid. Certificates were reviewed in the personal records reviewed. The manager/director and the NM both cover the facility Monday to Friday. The NM is on call 24 hours a day 24/7, seven days a week. The general practitioner (GP) is contracted to cover the same hours as the NM. The NM is the only registered nurse and is responsible for the interRAI assessments which are completed three weeks after admission and every six months as required. The annual interRAI competency is recorded in the personal record reviewed.</p> <p>On the morning shift in addition to the management staff there are two HCAs, one 7 am to 3pm and one 7am to 11am. The afternoon shift consists of one HCA 3 to 11pm and one 3pm to 6pm and night duty one HCA 11pm to 7am.</p> <p>Cleaning/laundry and the nutritional services are carried out by dedicated support staff seven days a week. The service has a diversional therapist (DT) who works presently Monday to Thursday.</p>



		<p>All staff have job descriptions reflecting the position and expected behaviours and values. Continuing education is planned and is often linked with staff meetings held monthly. Additional on-line education is promoted by management and staff participate at their leisure. All mandatory education is covered annually and is recorded by the NM. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti and tikanga practices. Ethnicity is maintained and recorded in the resident register and is in policy reviewed. Information would be shared for Māori is admitted to this service. Related competencies are assessed and support equitable service delivery. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. The DT has completed a certificate in diversional therapy and community health (level 4). Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, chemical safety, food handling, emergency management including fire drills, pandemic planning including the use of personal protective equipment (PPE).</p> <p>Staff interviewed reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment.</p> <p>Current Māori health information and equity training is not yet included in the planned staff training programme.</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</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. Staff have been stable at this facility since the previous audit. A sample of staff records were reviewed and evidenced implementation of the recruitment process, individual employment contracts, reference checking, police vetting, COVID-19 vaccination status, completed orientation and staff performance annually.</p> <p>Staff individual records are stored appropriately in the nurse</p>

<p>of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>manager's office. The manager/director and the NM understood their obligations for recruitment in line with Nga Paerewa standard and would consider both Māori and Pacific peoples if they applied for a position. Ethnicity data is now recorded and used in line with health information standards.</p> <p>A register of health professionals annual practising certificates is monitored by NM inclusive of the general practitioner, pharmacist, podiatrist and other health professionals involved in the multidisciplinary team.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, legible, and met current documentation standards. No personal or private resident or staff information was on public display during the audit. Records are stored safely and in a secure room. A system is in place to retrieve records if required. Timeframes are clearly documented when records can be destroyed. The service provider is not responsible for the issuing of National Health Index (NHI) unique identification numbers for the residents.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents and whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision.</p> <p>Enquiries are documented. However, the service does not yet analyse entry and decline rates and ethnicity data is not collected prior to</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission.</p> <p>There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurse, health care assistants and GP work in partnership with the resident and whānau to support wellbeing. A care plan is developed by the registered nurse manager following comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for mobility, falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. An initial care plan guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six monthly thereafter. Long term care planning details strategies required to maintain and promote independence, wellbeing, and where appropriate, resident involvement in the community. Cultural needs are identified for residents during the assessment process. However, goals related to cultural needs for Maori residents, are not always documented and supports to meet cultural needs are not always documented; refer criterion 3.2.7. Short term care plans are developed, if necessary, and examples were sighted for infections. These are reviewed weekly of earlier if clinically indicated.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements All interRAI assessments and long-term care planning was up to date. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, or new needs are identified, changes are made to</p>

		<p>the care plan in collaboration with the resident and/or whānau. Multidisciplinary review occurs six monthly with resident and whānau input when possible. Residents' and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Cultural resources are available and staff training has been provided. However, Not all staff understood the Māori constructs of oranga and pae ora.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The trained diversional therapist provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. Connections with the community has been limited due to the Covid-19 pandemic.</p> <p>Recreational profiles, activity assessments and plans identify individual interests and consider the person's identity, strengths and skills. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are being considered.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs by the GP when prescribing. All medications sighted were within current use by dates.</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>Medicines are stored safely. There were no controlled drugs on site at the time of audit, however, safe storage is available when required. The required stock checks for controlled drugs held earlier in 2022 had been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents were self-administering medications at the time of audit. The registered nurse manager described how this is facilitated and managed safely when the need arises.</p> <p>Residents, including Māori residents and their whānau when required, are supported to understand their medications. Partnerships with local Māori providers are being explored to enable the facility to support Māori residents who wish to access traditional Māori medicines when requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a dietary profile and nutritional assessment completed on admission to the facility and updated as required. The personal food preferences, any special diets and modified texture requirements are accommodated and made known to the kitchen. There are vegetarian options available on the menu.</p> <p>Residents have opportunities to be involved in food preparation through the activities programme. How to incorporate menu options</p>

		<p>that are culturally specific to te ao Māori is being explored.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys (last completed July 2022) and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p> <p>Residents and whānau reported being kept well informed during the transfer of their relative.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the facility is well maintained and that all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, regular equipment checks, calibrations of weigh scales and clinical equipment (dated 30 May 2023) was reviewed. Monthly hot water testing occurs and where deficits are identified, evidence of remediation was sighted. There are environmental and building compliance audits being performed. Since the last audit a considerable amount of facility maintenance and renovations, refurbishing has occurred, with safe external areas for residents to walk around on the covered in deck and the pathways around the building. The planting and garden areas reflect the aspirations of</p>

		<p>Māori with greenery and ferns. The nurse's office has been enlarged providing more space and the phone system has also been upgraded since the previous audit. The building has a current building warrant of fitness dated expiry 15 June 2023 and this is displayed at the entrance to the facility.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Spaces are culturally inclusive and suited the needs of the diverse resident group. Lounge areas are used for activities for residents. There are adequate numbers of shared and separate shower/bathrooms. There are five rooms that have ensuite bathrooms (shower and toilet) four single and one double room. The one double room is currently unoccupied. Additional toilets are available for staff/visitors. Rooms are personalised and are an adequate size.</p> <p>Call bells (a new nurse call system has been installed) are throughout the facility in each resident's room and in all service areas. All rooms have external windows which can open for ventilation. Electric heaters are in all individual rooms. Gas fireplace heating is available in the main lounge. Residents were all mobile, but there was adequate room should a mobility aid be needed to assist an individual resident with mobility.</p> <p>The rest home vehicles have current registration and warrant of fitness. These are used to transport residents to appointments in the community and for activities.</p> <p>Residents and families interviewed were happy with the environment, privacy and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. No building alterations have been made to the existing facility as yet but consultation would be sought to ensure aspirations for Maori are considered in any new build. This is documented in policy reviewed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and responses are displayed and known to staff. Civil defence planning guides the facility in their preparation for disasters and describe the</p>

<p>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>procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 23 November 2004. Six monthly fire drills are performed as documented and are included in the training programme. The staff orientation programme includes fire and security training. The last drill was 22 September 2022. Staff confirmed their awareness of the emergency procedures when interviewed. The staff are aware of the residents' safety to be maintained. In an emergency event alternative resources are available including a barbecue, water, emergency power and lighting. Torches, blankets, continence products and emergency supplies, frozen and dry foods were sighted and stored appropriately. The NM and senior care staff are trained in first aid as per the training records reviewed.</p> <p>Door and windows are checked by staff on the afternoon and night shifts. Security sensor lighting is available around the outside of the building.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The governance body has identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and part of the quality programme. Management/quality meeting minutes reflected the reporting of the IP and AMS information. They provide information on planned IP and AMS programmes e.g., COVID-19 and any corrective actions arising from deficits identified. The general practitioner provides initial support and advice as needed. Expertise and advice are sought as required following a defined process and includes escalation of significant events. The NM is the designated infection prevention coordinator. The NM is experienced and has completed relevant updates for infection prevention through Te Whatu Ora Te Toka Tumai Auckland. Auckland City Hospital provided support with personal protective resources during the Covid-19 outbreak. No staff or residents contracted Covid-19 during the pandemic. There have been no infection outbreaks reported since the previous audit.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting</p>



<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>lines to the director The IPCC is a registered nurse and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice is sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</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 and most were observed to follow these correctly; refer criterion 5.5.2.</p> <p>Policies include procedures related to the decontamination and disinfection of medical instruments. Staff were aware which items were designated single use, and these are not reused.</p> <p>There is a Pandemic Plan in place, staff were familiar with the plan and the service has sufficient stores of personal protective equipment available (PPE).</p> <p>Cultural resources are available to support staff. However, there are no resources available in te reo Māori and the service is yet to develop external partnerships to ensure culturally safe practice for Māori.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>An antimicrobial policy is in place, this appropriate to the size and scope of the service has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The service is yet to evaluate the effectiveness of the antimicrobial programme and to monitor the quality and quantity of antimicrobial prescribing.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance does not yet include ethnicity data. Results of the surveillance programme are reported to the director and shared with staff.</p> <p>There are clear processes for communication between staff and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare acquired infection.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>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>PA Low</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Clinical staff follow documented policies and processes for the management of waste and infectious and hazardous substances. PPE is available to staff when handling hazardous waste and chemicals. Clinical staff described when this would be used.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. However, the staff member working in the cleaning and laundry services was unclear on the correct processes to follow when handling soiled linen and cleaning equipment; refer criterion 5.5.2.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The NM interviewed is the restraint coordinator and described the focus on eliminating restraint.</p> <p>Policies and procedures meet the requirements of the New Zealand Standards Nga Paerewa for restraint/seclusion. The restraint coordinator is a defined role undertaken by the NM who provides support and oversight should restraint be required in the future. There is a documented job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions and de-escalation as part of the ongoing education programme. Restraint protocols are covered in the orientation programme of the facility and restraint is identified as part of the quality programme and reported at all levels of the organisation. There were no residents using a restraint at the time of the audit and restraint has not been used since the previous audit.</p> <p>The restraint coordinator and the general practitioner (GP) would be responsible for the approval of the use of restraint should this be required. There are clear lines of accountability. For any decision to use or not use restraint there is a process to involve the resident/their family as part of the decision-making process.</p> <p>A restraint register reviewed is clearly documented and this includes information to provide an auditable record should restraint be used. Six monthly review of all residents who may be a restraint risk and outlines the strategies to be used in the event of a restraint being required. Any changes to policies, guidelines, education and processes are implemented as required.</p> <p>Given that no restraint has been used four years or more sub-section 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p>	PA Low	<p>There are clearly documented processes for staff to follow when handling hazardous waste and substances, including soiled linen. PPE is available to staff. The staff member responsible for cleaning and laundry completed induction/orientation on employment and chemical safety training, however, no education on infection control practices was recorded. They were observed following unsafe practices when handling soiled linen, incorrectly wearing PPE (a cloth apron won over a plastic apron and reusing household gloves) and were unable to describe the correct process for cleaning mop heads used in the clinical areas leading to unsafe handling of hazardous (potentially infectious) linen and cleaning equipment.</p>	<p>Personnel working in the laundry and cleaning service were unclear of correct processes for handling of soiled linen including incorrect use of PPE and incorrect process for cleaning of mop heads, leading to increased risk from handling waste and hazardous substances.</p>	<p>Ensure correct processes are followed to reduce risk from handling potentially infectious linen and mop heads.</p> <p>180 days</p>



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

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

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

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

No data to display
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End of the report.