

Windsor House Board of Governors - Windsorcare

Introduction

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

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

Legal entity:	Windsor House Board of Governors
Premises audited:	Windsorcare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 23 March 2023 End date: 24 March 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	77

Executive summary of the audit

Introduction

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

- ō 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

Windsorcare is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 81 residents. There were 77 residents on the days of audit.

This unannounced surveillance audit was conducted against a sub-set of the relevant Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, families, management, staff, and the general practitioner.

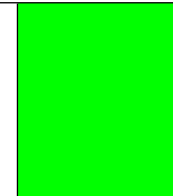
The general manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided.

The service has addressed the three previous audit shortfalls around monitoring charts, care plan evaluations and progress note entries by a registered nurse.

This audit identified shortfalls related to satisfaction surveys, and medication room temperatures.

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.

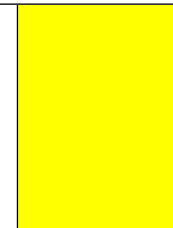


Subsections applicable to this service fully attained.

A Māori health plan is in place for the organisation. There were staff employed who identify as Māori during the audit. The service is working towards developing relationships with Pacific groups for guidance and support. The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Policies are in place around the elimination of discrimination, harassment, and bullying. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.



Some subsections applicable to this service partially attained and of low risk.

The Strategic plan 2021-2024 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te ora | 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities calendar provides activities for both rest home, hospital, and dementia residents. Residents have opportunities to participate in te ao Māori.

The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. There are nutritious snacks available 24 hours per day.

Te aro ki te tangata me te taiao haumarū | 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.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated.

There is an approved evacuation scheme. The facility is secure after hours. The dementia unit is secure.

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.

Subsections applicable to this service fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The pandemic plan and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been five outbreaks since the previous audit, and these have been well documented.

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.

The restraint coordinator is a registered nurse. There were no residents using a restraint at the time of the audit. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.

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	19	0	1	1	0	0
Criteria	0	56	0	1	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	The Māori health plan acknowledges a commitment to employ staff representative of the ethnic population. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. There were staff employed who identify as Māori during the audit.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.	Not Applicable	The Māori and Pacific Health Plan and Ethnicity Awareness Policy includes information on Pacific health and refers to the Ministry of Health Pacific Island and Ministry of Pacific Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit, there were staff who identified as Pasifika. The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and support.

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>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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service actively ensures that Māori mana motuhake is recognised by encouraging residents to be involved in making decisions about care and outcomes. Seven residents (one rest home and six hospital) and five family/whānau (two dementia care and three hospital) interviewed confirmed that individual cultural beliefs and values, knowledge, morals, and personality are respected, and they are supported to be as independent as possible.</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>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>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand the language. Interviews with fifteen staff (five registered nurses (RN), six caregivers, one head of diversional therapy, one diversional therapist, one cook and one kitchen hand) confirmed their understanding of tikanga best practice. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</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>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed described a positive culture of teamwork.</p> <p>The Māori health plan identifies Māori health models; the Māori philosophy towards health is based on a wellness and holistic health model. At the time of the audit, there were no residents that identified as</p>

		Māori. A section of the Māori health care plan captures any required Māori health and cultural information for each Māori resident.
<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>	FA	<p>There are policies in relation to informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Residents and relatives interviewed could describe what informed consent was, knew they had the right to choose, and were involved in the decision-making process and the planning of resident's care. All resident consents sighted were included in the residents' files.</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>	FA	<p>There has been one complaint made in 2023 year to date and five received in 2022 since the previous (certification) audit. Complaints reviewed evidenced appropriate action was taken. Documentation including acknowledgement letters, follow-up letters and resolution dates demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). Any corrective actions developed are followed up and implemented. There have been no complaints received from external agencies.</p> <p>The complaint policy is equitable and is provided to residents and relatives on admission to the facility. Discussions with relatives confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are located in a visible location at the entrance to the unit. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the family meetings (residents are included) which are held quarterly.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Windsorcare provides rest home, hospital (medical and geriatric) and dementia level care for up to 81 residents. At the time of the audit, one rest home room was being used as a whānau room. There are 11 dedicated rest home beds, 10 dual purpose beds, 40 hospital beds and 20 beds in the dementia unit. The 10 dual-purpose beds are in the rest home unit.</p> <p>On the day of the audit there were 77 residents in total, including 19 rest home residents (including one resident on a younger persons with a disability (YPD) contract), and 39 hospital level residents (including one resident on an end-of-life and two residents on ACC contracts). There were 19 dementia care residents. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>The service is governed by the Windsor House Board of Governors (there are eight Board of Governors, including a chair). The Board meets monthly and receives reports on all aspects of service delivery at Windsorcare. The general manager reports to the monthly Board of Governors meeting. The service has a strategic plan in place for 2021-2024. The organisation has a philosophy of care which includes a mission statement. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Windsorcare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The chair of Windsor House Board of Governors is in collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Board of Governors have completed cultural competencies.</p> <p>The general manager has a PhD in management and has been in the role for eight and a half years. He is supported by an experienced clinical manager who has been in the role for five and a half years and provides clinical oversight at Windsorcare. She has 20 years' experience in aged care and clinical management.</p> <p>The general manager and clinical manager have completed in excess of</p>
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		eight hours of professional development in the past 12 months. The clinical manager attended an infection prevention conference in November 2022.
<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>	PA Low	<p>Windsorcare has a strategic plan and a quality and risk management programme that outlines objectives/goals. Interviews with the general manager, clinical manager, quality manager and staff from each area reflect their understanding of the quality and risk management programme. Key components of the quality and risk management programme link to the monthly combined quality/management/infection control and health and safety meetings, and monthly clinical meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): resident falls; infection rates; complaints received; restraint use; pressure injuries; and medication errors. Quality and risk data, including ethnicity and trends in data, are collated and benchmarked. The service has in place a range of policies and procedures to support service delivery that are reviewed regularly. Staff interviewed stated they are well informed and required to sign meetings minutes/reviewed policies when read.</p> <p>An annual internal audit schedule including specific clinical-focused audits was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Quality improvements are raised for identified areas for improvement. Results of quality data, benchmark results, internal audits and corrective actions are discussed in all facility meetings. A resident/relative satisfaction survey is scheduled to be completed annually; however, there has been no resident/relative satisfaction survey completed in 2022.</p> <p>The health and safety committee meet monthly to review the accident/incident reports. The general manager is the health and safety officer and has completed health and safety training. Hazard identification forms are recorded for any hazards, accidents or near misses and there is an up-to-date hazard register in place. Staff undergo annual health and safety training which begins during their orientation. Falls prevention is discussed each month and there is a specific action plan in place for falls</p>

		<p>minimisation. Individual falls minimisation is documented in resident's care plans. Caregivers interviewed confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</p> <p>Fifteen accident/incident forms were reviewed. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>The general manager and clinical manager interviewed could describe situations that would require reporting to relevant authorities. There have been six Section 31 notifications completed to notify HealthCERT in 2022 and 2023 year to date of four pressure injuries (all unstageable) and two RN shortages for July and August 2022. There has been a total of five outbreaks since the previous audit; these have been notified to the public health authorities.</p> <p>Staff complete cultural competency questionnaires to ensure a high-quality service and cultural safe service is provided for Māori. Review of policies and quality data provide a critical analysis of practice to improve health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The electronic roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and clinical manager both work full time from Monday to Friday. The general manager is available 24/7 for any operational or facility concerns, and the clinical manager is on call 24 hours a day for any clinical issues.</p> <p>Residents and relatives interviewed stated that there were adequate staff on duty at all times. Staff interviewed felt that the RNs are accessible, and they are supported by the clinical manager who responds quickly to afterhours clinical concerns. Registered nurses have a roster pattern of 'four on, two off'. Due to this, there are often more than two nurses on duty. In this case, one of the RNs completes documentation. There are separate laundry and cleaning staff.</p> <p>There is an annual education and training schedule being implemented.</p>

		<p>The education and training schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural awareness training in 2022. External training opportunities for care staff include training through Te Whatu Ora- Waitaha Canterbury, and the Nurse Maude service. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 49 caregivers in total. Completed Careerforce training are as follows: 20 have completed level four, 14 have completed level three, and 11 have completed level two training.</p> <p>There are 32 of 35 caregivers who work in the dementia care unit that have completed the dementia unit standards. The three caregivers that have not completed, have been enrolled to complete their dementia standards and have been employed less than eighteen months. Staff complete competencies relevant to their roles. All staff are required to complete annual competencies for hand hygiene, correct use of personal protective equipment, medication administration (if medication competent) and moving and handling. A record of completion is maintained. All nine of the RNs have completed their interRAI training. All RNs are encouraged to complete Covid-19 outbreak, infection control, wound management, skin care, pain management and medication administration training. Māori health information (when there are Māori residents) is shared along with quality data in facility meetings, which all staff are encouraged to attend. Meeting minutes are available for staff.</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</p>	FA	<p>Eleven staff files reviewed included relevant employment documentation, including current performance appraisals, and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. A register of practising certificates is maintained for all health</p>

<p>needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatrist, speech and language therapist and dietitian).</p> <p>All staff information is held securely. Ethnicity data is collated during the employment process, and a database is maintained.</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 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>	FA	<p>There are policies and procedures documented to guide management around admission and declining processes, including required documentation. The clinical manager and reception administration staff keep records of how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service has information available for Māori, in English and in te reo Māori. There were no residents identifying as Māori. Staff who identify as Māori (including one who is a kaumātua) provide support and advice to all staff and management. The service is currently engaging with members of the local Tuahiwi marae in order to further develop meaningful partnerships with Māori communities and organisations, to benefit future Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six paper-based resident files were reviewed: three hospital level (including one on an ACC contract and one on an end-of-life contract), one dementia level, and two rest home level care (including one resident on a YPD contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. Family/whānau are invited to attend a three-week review meeting after admission and six-monthly reviews. The service supports all residents and family/whānau to identify their own pae ora outcomes in their care or support plan, as evidenced through review of the Māori health plan and interviews with staff.</p> <p>There is documented evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. On interview, family members confirmed they were kept informed of matters</p>

		<p>relating to changes in health, including the recent outbreaks.</p> <p>Initial assessments and an initial support plan are completed within 24 hours of admission. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan.</p> <p>Initial interRAI assessments and ongoing reassessments had been completed for long-term residents (including residents funded by ACC and YPD contracts) within the required timeframes. Long-term care plans had been developed within timeframes. Care plan interventions were resident centred, holistic, and addressed identified problems. Care plans are reviewed at least six-monthly and where there were changes in resident condition. This is an improvement from the previous audit (NZS 8134:2008 criteria 1.3.8.3). Written evaluations reviewed identified if the resident goals had been met or unmet. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Residents in the dementia unit with behaviours that challenge all had behaviour plans with triggers, strategies to de-escalate and a 24-hour support plan that documents their routine and habits to assist caregivers in their care. Behaviour monitoring documents are well utilised.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with two medical providers, one of whom visits weekly, and the other on alternate weeks. Both GP's visit more often if required. The GP service also provides out of hours cover. The GP (interviewed) commented positively on the care, communication, stable nursing, and the timeliness of raising issues of concern. The GP reviews the residents at least three-monthly or earlier if required and records their medical notes in the integrated resident file. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for twelve hours a week. There are regular podiatrist visits and an organisational dietitian available. There is input from the older adult mental health service, and a psychogeriatrician into the care of residents in the dementia unit. A speech language therapist, continence specialist nurse and the Nurse Maude service are available as required.</p> <p>Wound assessments, wound management plans with body map, photos</p>
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		<p>and wound measurements were reviewed for wounds, including five pressure injuries (one unstageable, one stage I and three stage II). Wound dressings were being changed appropriately, within the required frequency. This is an improvement from the previous audit (NZS 8134:2008 criteria 1.3.6.1). A wound register is maintained. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a three-day urinary continence assessment.</p> <p>Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations had been completed for six unwitnessed falls and any known head injury. All observations reviewed were completed according to the timeframes detailed in policy. This is an improvement from the previous audit (NZS 8134:2008 criteria 1.3.6.1). All incident forms reviewed identified relatives' notification, timely RN assessment of the resident. Corrective actions to minimise resident risk were included in the resident care plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers. The RN further adds to the progress notes, and if there are any incidents or changes in health status. This is an improvement from the previous audit (NZS 8134:2008 criteria 1.3.3.4). Progress notes give an accurate picture of the resident care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. The RNs utilise an email template based on the Introduction, Situation, Background, Assessment and Recommendation (ISBAR) tool when communicating with clinicians regarding deteriorating residents. There is evidence that residents that had deteriorations in health, are rapidly assessed and reviewed in a timely manner by the GP. Family/whānau had been notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p>
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		Staff described how the care they deliver is based on the four cornerstones of Māori health 'Te Whare Tapa Whā'. Care plans include the physical, spiritual, family, and mental health of the residents. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.
<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 service employs two full-time activities coordinators and four part-time activities assistants (including three qualified diversional therapist and one in training), who lead and facilitate the activity programme Monday to Sunday in the dementia unit, hospital and in the rest home. The service facilitates opportunities for Māori to participate in te ao Māori with visiting kapa haka groups and in activities, signage, and culturally focused food related activities.</p> <p>Community visitors include entertainers, church services and pet therapy visits. The service has monthly church services. Themed days such as Matariki, Māori language week, Waitangi, and Anzac Day are celebrated with appropriate resources available.</p> <p>Residents in the secure unit have 24-hour activity plans, which include strategies for distraction and de-escalation.</p> <p>Residents and family/whānau interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for</p>

		<p>regular medication and 'as required' medications.</p> <p>Medications were stored in the main hospital medication rooms and in locked trolleys in the dementia and rest home nurses' stations. The medication fridges in each area are monitored weekly and meet policy requirements. The temperatures in the hospital wing are checked daily as per policy; however, medication room temperatures in the dementia and rest home nurses' stations are checked weekly and not all temperatures were consistently recorded within acceptable ranges. All medications (including the bulk supply order) are checked weekly and signed on the checklist form, and any discrepancies are fed back to the supplying pharmacy. Eyedrops and other medications have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There were no self-medicating residents; however, there are policies and procedures for staff to follow should a resident wish to administer their medications. No vaccines are kept on site. There were no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management interviewed described how they work in partnership with residents and family/whānau, ensuring appropriate support and advice on medication is timely.</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</p>	FA	<p>The kitchen manager and lead cook oversee the on-site kitchen, and all cooking is undertaken on site. A resident nutritional profile, which includes cultural preferences, is developed for each resident on admission.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. The kitchen staff are familiar with Māori and cultural preferences and is able to provide culturally specific</p>

and wellbeing.		menu options. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks and finger foods are available for the residents at any time of the day or night.
<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	There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
<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>The buildings, plant, and equipment are fit for purpose at Windsorscare and comply with legislation relevant to the health and disability services being provided. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan which includes monthly hot water checks, testing of electrical equipment and calibration of medical equipment, including hoists and weigh scales. The current building warrant of fitness expires 1 January 2024. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.</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>	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in

<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>accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours, and staff complete security checks at night. All visitors are screened before entering the facility. The dementia unit is secure.</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 service has a comprehensive pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment. Adequate supplies of personal protective equipment were sighted and are readily available to staff.</p> <p>The service incorporates te reo information around infection control for future Māori residents. Facility signage included infection prevention posters in te reo throughout the facility. The Māori health plan and staff members who identify as Māori advise around culturally safe practices, acknowledging the spirit of Te Tiriti. The clinical manager advised additional support was available through Te Whatu Ora- Waitaha Canterbury if required.</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>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical and quality/staff meetings. Meeting minutes and graphs are displayed for staff. The service has commenced incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been five outbreaks since the previous audit (Covid-19 June</p>

		and August 2022 and February 2023, and two gastroenteritis outbreaks in July 2022 and March 2023). The facility followed their pandemic plan. All areas were kept separate, and staff were cohorted where possible. Staff wore PPE and residents and staff had rapid antigen (RAT) tests daily during Covid-19 outbreaks. Families/whānau were kept informed by phone or email. Visiting was restricted. Daily logs were maintained, and the Public Health team were informed.
<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>	FA	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The restraint coordinator is an RN. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be collated with quality data and reported in the facility meetings and reported to the Board. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	There is an established quality and risk management programme in place. Internal audits are held according to schedule, and any identified corrective actions are implemented and signed off once completed. Quality data is collated monthly and analysed for trends. All quality information is discussed at all facility meetings and then included in Board reports. Health and safety is discussed at all meetings and the hazard register is up to date; however, there has been no annual satisfaction survey completed for in 2022 to provide the service with feedback from residents and relatives.	There was no resident/relative satisfaction survey completed in 2022.	<p>Ensure that there is resident/relative satisfaction survey completed.</p> <p>180 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate</p>	PA Moderate	Medication policies and procedures align with current best practice and medication legislation. All medications are stored securely. Registered nurses and medication competent caregivers are	i). The temperatures in the hospital medication room and rest home medication rooms evidence	i). & ii). Ensure all medication rooms are monitored as per policy and corrective actions

to the scope of the service.		responsible for all aspects of medication checking and administration. All staff administering medications have current medication competencies. Systems are in place to ensure safe storage is monitored by regular checks and internal audits; however, not all medication room temperatures were recorded and maintained according to policy.	temperatures above 25 degrees. ii). The temperatures in the rest home and dementia unit are checked weekly and not daily as per policy.	implemented when outside documented ranges. 60 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.