

Westmar 2021 Limited - Westmar 2021

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:	Westmar 2021 Limited
Premises audited:	Westmar 2021
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 8 August 2023 End date: 9 August 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:	24

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Westmar Rest Home is certified to provide rest home level of care for up to 26 residents. There were 24 residents on the days of audit. This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability 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, family/whānau, management, and staff.

The manager is a registered nurse and co-owns the service. The manager is appropriately qualified and experienced and is supported by an operations manager, registered nurses, and experienced caregivers. There are quality systems and processes being implemented. Feedback from residents and families/whānau interviewed on the day of the audit was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed five of the nine previous audit shortfalls around staff signing code of conduct documentation; attendance at education; hot water testing; the maintenance schedule; and access to the dementia unit. There continues to be shortfalls around meeting minutes, care plan interventions and medication management.

This audit also identified a shortfall around wound management.

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 are fully attained.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Māori health plan is in place for the organisation and a Pacific Peoples Culture and General Ethnicity Awareness policy is documented. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner. There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent.

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 are partially attained and of medium or high risk and/or unattained and of low risk.

The business plan 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 is in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. 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. 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 were reviewed at least three-monthly by the general practitioner.

The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for the consumer group. The service celebrates cultural events, celebrating Māori and other ethnicities.

Food preferences and dietary requirements of residents are identified at admission and the kitchen staff provides meals which support the individual's cultural beliefs and values.

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 are fully attained.

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

There is an approved evacuation scheme and emergency supplies for at least three days.

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 are fully attained.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. The pandemic and Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit.

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 are fully attained.
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The restraint coordinator is the facility manager. There were no residents using restraints. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	0	3	0	0
Criteria	0	55	0	0	5	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
<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>The manager confirmed that the service supports the employment of a Māori workforce. There are staff identifying as Māori (or having whānau connections) at the time of the audit. The cultural awareness, cultural safety and responsiveness policy is documented for the service. The policy confirms a commitment to recruitment and retention of Māori staff.</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</p>	FA	<p>The service has an established relationship with a local leader who identifies as Pasifika and provides guidance and consultation. The Pasifika representative provides advocacy and support and visits Westmar at least weekly. The Pacific Peoples Culture and General Ethnicity Awareness policy is developed and implemented. At the time of the audit, there were no staff or residents who identified as Pasifika at Westmar.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Observation and interviews with three residents and three family/whānau confirmed the service respects the rights of all residents and encourages individuals to make choices. The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</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/understand this language. Staff interviewed stated they speak te reo Māori (common words and greetings) to residents during Matariki and Waitangi Day celebrations and Māori Language week.</p> <p>Interviews with seven staff (one registered nurse, one operations manager (senior caregiver), three caregivers, one activities coordinator and one cook), confirmed their understanding of tikanga best practice in relation to their role, with examples provided. This training is also included in the caregiver orientation programme.</p> <p>Specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori, facilitating staff, resident and tāngata whaikaha participation in te ao Māori, is included in the education planner. Management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who choose, have the opportunity to participate in te ao Māori. The service has access to a cultural advisor.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel 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</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>		<p>conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff files reviewed (including two new employees) evidenced a code of conduct house rules document signed by employees. The previous partial attainment related to HDSS.2008 Criterion 1.1.7.3 has been addressed. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff interviewed made comments about the positive working environment at Westmar Rest Home.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. At the time of the audit, there were no residents who identified as Māori. A Māori health care plan has been developed for future Māori residents. The resident care plans reviewed were holistic and promoted independence.</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>	FA	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. The resident files reviewed evidenced family/whānau were involved in decision making (with resident's consent). The relative interviewed stated they were involved in consent and decision-making processes.</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</p>	FA	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The manager maintains a record of all complaints, both verbal and written on a complaint register. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with</p>

<p>their care and support. 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>guidelines set by the Health and Disability Commissioner (HDC). There have been three written complaints in 2022 and six complaints in 2023 year to date since the previous audit. One complaint from two consumers was forwarded by the Health and Disability Advocacy Service to the Health and Disability Commissioner (HDC) in December 2021 and remains unresolved. A follow-up letter was received from HDC on 22 June 2023 requesting additional information, which was forwarded by the provider on 26 June 2023. The complaint remains open. All other complaints are documented as resolved. Discussions with residents and the relative confirmed they are provided with information on the complaints process. Complaints forms are located in a visible location at reception. Management advised that the complaint process could be printed in te reo Māori if required and acknowledge the importance of face-to-face interactions for Māori.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Westmar House Rest Home is a privately-owned service that provides rest home level care for up to 26 residents. On the day of audit there were 24 residents. All residents were on the age-related residential care contract (ARRC). There was a reconfiguration letter dated April 2023; however, the service has not proceeded with this. The owners are a husband-and-wife team, who have owned the business for over two years. The wife is the manager and is a registered nurse with many years of experience in the aged care sector. She is responsible for the clinical areas of the business. The husband (non-clinical) is responsible for maintenance, finance, and accounting. They are supported by an operations manager (an experienced senior caregiver) and registered nurses. The manager and registered nurses oversee medication administration and the electronic medication system. Senior caregivers are long standing and are experienced in their field. Westmar House has an annual business quality and risk management plan in place which is reviewed regularly. The manager has maintained at least eight hours annually of</p>

		<p>professional development activities related to managing a rest home. This includes Health and Disability Sector Standard education, Covid-19 preparedness and management, and has completed training with the local cultural advisor specific to Te Whare Tapa Whā and te ao Māori. The manager and co-owner attend local aged residential care (ARC) meetings and annual New Zealand Aged Care Association conferences.</p> <p>The manager collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. Barriers are identified and addressed for Māori to be provided with equitable service delivery. The satisfaction surveys and resident meetings provide forums for tāngata whaikaha to have input into the service.</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>PA Moderate</p>	<p>The service has an established quality and risk management programme provided by an external consultant who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data is collected, analysed, and cascaded for discussion in staff meetings. This aspect of the previous shortfall HDSS:2008 criterion 1.2.3.6 has been addressed. There is no evidence to confirm that where staff have not been at the meeting, they have been informed of the contents of staff meetings or have access to the meeting minutes. This aspect of the previous partial attainment HDSS.2008 Criterion 1.2.3.6 continues to require improvement. Quality data is benchmarked through the electronic resident management system.</p> <p>Two-monthly staff meetings also provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); internal audit results and corrective actions required, staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. The previous partial attainment HDSS:2008 Criterion 1.2.3.8 has been addressed.</p>

		<p>Resident and family/whānau satisfaction surveys are completed annually. The survey (completed by less than 40% of residents) reflected positive levels of resident satisfaction, which was also confirmed during interviews with residents and families/whānau. The service actively looks to improve health equity through critical analysis of organisational practices. This is completed through annual reviews of the quality programme.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.</p> <p>A health and safety programme is being implemented with the manager and maintenance manager in the role of health and safety officers. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident, a debrief process is documented on the incident report. Each incident/accident is documented in hard copy. Ten accident/incident forms reviewed for September and October 2022 (unwitnessed falls, skin tears, and bruising) indicated that the forms are completed in full and are signed off by the registered nurse and checked by the manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings. There is a policy and procedure for recording neurological observations which is closely followed. Neurological observations are completed for unwitnessed falls, or where there is a head injury. The manager and/or the registered nurse reviews all neurological observations on a daily basis. The previous shortfall HDSS:2008 Criterion 1.2.3.4 has been addressed.</p> <p>Discussions with the manager evidenced her awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 reports submitted to HealthCERT since the previous audit. Te Whatu Ora – Waitaha Canterbury has been advised of a human resource issue. There have been two outbreaks documented since the last audit.</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering. There is a roster that

<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>provides sufficient and appropriate coverage for the effective delivery of care and support. The manager (RN) covers Monday to Friday and 24/7 on call. An enrolled nurse is employed five mornings a week. Two registered nurses work part time and support the management team.</p> <p>The manager, registered nurses, a selection of caregivers and activities staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers and casual staff. The enrolled nurse (EN) performs the managers role in her absence. The EN has access to the manager and the GP for support if required.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Caregivers stated there is enough time in their shift to complete all cares and laundry duties throughout the shifts. There is the flexibility on the roster to increase hours to meet residents' needs. The caregivers, residents and relatives interviewed, inform there are sufficient staff on duty at all times.</p> <p>The education and training schedule lists compulsory training, which includes culture and support and, Māori operating principles and Pacific Values and principles training. The training schedule is provided by an external online education provider, and has been delivered as planned. Attendance registers are maintained. Additional in-service training is provided at staff meetings and via toolbox talks. The previous partial attainment HDSS:2008 Criterion 1.2.7.5 has been addressed. Online cultural awareness training has been provided and a self-learning cultural competency has been completed. The training included the provision of safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provides resources to staff that provides them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training days provided by Te Whatu Ora – Waitaha Canterbury.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen caregivers are employed. Two caregivers have achieved level four</p>
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		<p>NZQA qualifications, seven have a level 3 qualification, one caregiver has achieved level 2, and three caregivers are new to caregiving.</p> <p>There are eight caregivers working in the dementia unit; four have completed the required dementia standards, three are in the process of completing this, and one staff member is newly appointed.</p> <p>Westmar House Rest Home's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All caregivers are required to complete annual competencies, including (but not limited to): restraint; hand hygiene; correct use of personal protective equipment; medication administration (if medication competent); and moving and handling. A record of completion is maintained.</p> <p>Additional RN specific competencies include (but are not limited to) wound management and an interRAI assessment competency. The manager and the two registered nurses are interRAI trained. All care staff are encouraged to also attend webinars and zoom training where available.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Information held about staff is kept secure, and confidential in a locked cupboard in the manager's office. Ethnicity data has not previously been identified; however, management advised this is now in place for employees. A new staff form which collects this data was sighted.</p> <p>Five staff files were selected for review which evidenced a recruitment process is being implemented, which includes interviews, reference checking, signed employment contracts and orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first</p>

		employed. Competencies are completed at orientation. The service demonstrates that the orientation programme includes information on providing a culturally safe environment for Māori.
<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>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes, including required documentation. The manager currently keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. On interview, the manager confirmed all viewings have resulted in admission. The service includes ethnicity in viewing information.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There are no residents who identify as Māori. There are staff members identifying as Māori. The service has a strong relationship with the local cultural advisor who can access the local marae and access supports for residents who identify as Māori.</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>	PA Moderate	<p>Five resident files (including three dementia level care and two rest home residents) were reviewed. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. On interview, staff confirmed they would support future Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses a nursing assessment, including risk assessments and an initial support plan completed within 24 hours of admission. Additional risk assessment tools include behaviour and wound assessments as applicable. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of risk</p>

	<p>assessments formulate the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days. Care plan interventions were holistic, resident centred and provided guidance to staff. Evaluations were completed six-monthly for three residents and contained documented progress towards care goals. One rest home and one dementia level care resident had not been at the service for six months and did not require evaluations. Short-term care plans are utilised for issues such as infections, weight loss, and wounds and are signed off when resolved or moved to the long-term care plan. Resident files reviewed did not consistently include all required interventions or strategies to minimise assessed needs. The previous partial attainment relating to HDSS:2008 Criterion 1.3.5.2 continues to require addressing. Written evaluations reviewed, identified if the resident goals had been met or unmet. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly on site or earlier if required. The service transports and accompanies residents to visits with their individual GP for non-regular visits and as required and records medical notes in the integrated resident file. A local paramedic service provides out-of-hours cover. The GP was unavailable to interview on the days of audit. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist as required and a podiatrist visit regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora- Waitaha Canterbury.</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 sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status. The family/whānau members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the manager initiates a review with a GP. Family/whānau was notified of all changes to health, including</p>
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		<p>infections, accident/incidents, GP visit, medication changes and any changes to health status, as sighted in resident files.</p> <p>Wound assessments and wound management plans were reviewed for three residents. One residents wound was being managed by the district nursing service; however, there was no associated documentation. The other two residents had chronic skin lesions. The wound assessments identified the location and characteristics of the wound; however, evidence of assessments, a management plan and evaluations were not always evidenced. A wound register is maintained. Documentation did not identify progression towards healing.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Adequate supplies of wound and continence products were sighted during the audit. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers, EN and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. There is a policy and procedure for recording neurological observations, which is closely followed. Neurological observations are completed for unwitnessed falls, or where there is a head injury. The manager and/or the registered nurse reviews all neurological observations on a daily basis. All incident reports evidenced timely follow up by an RN and opportunities to minimise risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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</p>	<p>FA</p>	<p>The facility policies and the Māori health plan detail the supports the service would provide for future Māori residents. The activities coordinator confirmed on interview that future Māori residents would be supported to embrace their culture.</p> <p>The activities coordinator discussed the use of a game called 'Tour of NZ' and provided talks during happy hours on the Māori wars, the Treaty, local areas, why they lived in certain areas, and how it all came</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>about. Discussion included the meaning of Māori names and how and why places were named. Themed days such as Matariki, Anzac Day and Christmas are celebrated with appropriate resources available.</p> <p>The facility has its own van which is used for outings and resident transportation to appointments as required. Community visitors include entertainers, kapa haka performers, line dancing, local ministerial visits, and pet therapy visits.</p> <p>Residents interviewed were happy with the overall activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. A representative from the contracted pharmacy provides education to all medication competent staff on an annual basis. If required, syringe driver medication is provided by the district nursing service.</p> <p>Staff were observed to be safely administering medications. The manager, enrolled nurse and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart by the registered nurse and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the locked medication cupboard. Fridge temperatures are monitored daily, and medication room temperatures are monitored weekly. The temperatures were within acceptable ranges. The manager on interview stated all medications are checked monthly; however, not all medications in current use has current expiry dates and not all eyedrops have been dated on opening or discarded within manufacturer guidelines. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. All residents have a current medication chart signed by a doctor. The previous partial attainment relating to HDSS:2008 Criterion 1.3.12.1 has been</p>

		<p>addressed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification; however, the allergy status is not always identified. There were residents self-administering inhaler and eye drop medications. The GP had signed the self-medicating competencies three-monthly. Safe processes were in place for residents who wish to self-administer. There were no vaccines kept on site and standing orders are not used.</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 nurse and manager described working in partnership with all residents (which would include future Māori residents) and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. There are menu options culturally specific to te ao Māori. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa.</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</p>	FA	<p>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>

<p>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>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Westmar, and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 July 2024. The owner is responsible for all maintenance, including scheduled preventative maintenance, and is available after hours. There are maintenance request books for repair and maintenance requests located at reception. These are checked daily and signed off when repairs have been completed.</p> <p>Electrical testing and tagging, equipment and call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures have been completed. The previous partial attainment relating to HDSS:2008 Criterion 1.4.2.1 regarding hot water temperature checks and planned maintenance has been addressed. Essential contractors/tradespeople are available as required. Testing and tagging of electrical equipment and calibration and testing of medical equipment, hoists and scales have been completed as scheduled. Hot water temperatures sighted were within acceptable ranges.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise 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 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</p>	<p>FA</p>	<p>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 accordance with the facility's building warrant of fitness.</p> <p>The building is secure after hours and staff complete security checks at night. Security cameras are utilised in communal areas with a notice advising these are in place. All visitors are required to log in at reception before leaving the reception area. The dementia unit is</p>

event.		secure. The previous partial attainment relating to HDSS:2008 Criterion 1.4.7.6 has been addressed.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has a pandemic plan which includes the Covid-19 response plan. This includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests, should this occur. There are outbreak kits readily available and sufficient supplies of personal protective equipment.</p> <p>The service is able to incorporate te reo Māori information around infection control for future Māori residents. Staff members who identify as Māori and the cultural advisor advise around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed provided examples of culturally safe practices around infection control in relation to their role.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 combined quality/staff meetings; however, meeting minutes and graphs are not available for staff who didn't attend the meeting (link 2.2.2). The service is able to incorporate ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two outbreaks since the previous audit. The facility has a documented pandemic plan. Communication is provided to residents and relatives around infections and treatment. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p>
Subsection 6.1: A process of restraint	FA	There are current policies that reflect best practice and eliminating

<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>restraint. The policy reflects the owners' commitment to maintaining a restraint-free environment. The manager is the restraint coordinator and has a job description that defines the role and responsibilities. No residents were using restraints on the day of audit.</p> <p>Staff receive training around restraint minimisation and managing challenging behaviours. Caregivers' complete restraint training annually and have completed recent online training on restraint and safe practice.</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 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>	<p>PA Moderate</p>	<p>Westmar is implementing a quality system provided by an external consultant. Aspects of the quality system are discussed at staff meetings; however, there is a lack of evidence ensuring communication of results to staff who do not attend the meeting. This is an ongoing shortfall.</p>	<p>Quality data including corrective actions, trends and analysis are not consistently evidenced as being communicated to all staff.</p>	<p>Ensure the quality system results are evidenced as communicated to all staff.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development</p>	<p>PA Moderate</p>	<p>The manager (RN) and registered nurse are responsible for reviewing resident assessments and care plans. There is evidence of residents and family/whānau input to care planning. Care plans are holistic and promote resident’s independence; however, not all care plans reflected the</p>	<p>(i). Two dementia level care residents did not have interventions documented to manage recent weight loss and falls prevention strategies.</p> <p>(ii). One dementia level care resident did not have sufficient interventions documented to manage assessed</p>	<p>(i) –(iii). Ensure all care plans contain current interventions to reflect residents’ current needs and requirements.</p>

<p>of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>interventions required to meet all assessed needs. This is an ongoing shortfall.</p>	<p>challenging behaviours. (iii). One rest home resident did not have interventions documented in their long-term care plan to address assessed risks of bleeding, bruising, loss of limb function and diabetes, including frequency of blood glucose monitoring, reportable ranges, or signs and symptoms of hypoglycaemia and hyperglycaemia documented.</p>	<p>60 days</p>
<p>Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is</p>	<p>PA Moderate</p>	<p>Monitoring charts are in place and completed as per interventions in the care plan, including bowel charts, weight monitoring and food and fluid monitoring charts. A wound register identifies current wounds; however, wound assessments, management plans and frequency of dressings</p>	<p>Three of three current wound plans in place did not consistently include fully completed assessments, or regular evaluations as per documented management plans.</p>	<p>Ensure wound plans document assessments, a management plan, and regular evaluations.</p>

<p>consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>were not consistently documented.</p>		<p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The medication policy states all medication is checked by staff involved with medication administration, who complete medication competencies annually. All staff who administer medication have current competencies. Eye drops are dated on opening; however, these are not always discarded in accordance with manufacturer guidelines.</p>	<p>(i). Two of five eyedrops in current use were past the expiry date.</p> <p>(ii) Ten expired medications including creams and midazolam were available for current use.</p>	<p>(i). Ensure all eyedrops in current use are discarded as per manufacturers guidelines.</p> <p>(ii) Ensure all expired medications are discarded.</p> <p>60 days</p>
<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medication related allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>Indications for use are documented for 'as required' medications. The policy states that all known allergies or nil known will be noted on the front of the resident's medication chart; however, this is not always documented.</p>	<p>The status of resident's allergies was not recorded in ten of ten charts reviewed.</p>	<p>Ensure the allergy status is documented on each resident's medication chart.</p>

				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, 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

End of the report.