

Waverley Care Limited - Waverley House

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Waverley Care Limited
Premises audited:	Waverley House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 April 2022 End date: 28 April 2022
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:	20

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

Waverley House Rest Home (Waverley) provides rest home services for up to 20 residents. The service is operated by Waverley Care Limited. It is a privately owned business, bought by the current owners in July 2021.

The three owners jointly operate the business from leased premises. Clinical oversight of the facility is managed by one of the joint owners who is a registered nurse and acts as the clinical nurse manager. Residents and family/whānau were complementary about the care provided.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with the district health board. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau members, managers, staff, and a general practitioner.

Improvements are required in respect of informed consent and freedom of movement in what is described as a gated community.

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.

Waverley works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of Mana Motuhake.

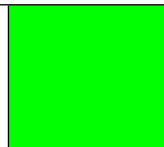
Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code). Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

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

The right of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld. Complaints processes are implemented, and complaints and concerns are actively managed, well documented, and resolved in a timely manner.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The management group, consisting of the three joint owners of the business, assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in organisational groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pacific peoples, and people with disabilities.

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

The service has an organisation-wide approach to quality and risk. Quality and risk management systems are focused on improving service delivery and care. Residents and families/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifying trends leading to quality improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with regulatory reporting obligations. While the service understands its obligations in recruitment in line with the Ngā Paerewa standard, it has not yet fully considered how this might be achieved.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter Waverley a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau/family.

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


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

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

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

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and a planned and reactive building maintenance programme. Electrical and functional equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Residents' rooms are spacious and personalised.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular six-monthly fire drills. Staff, residents and whānau understood emergency and security arrangements which are communicated to them through resident, family/whānau, and staff meetings and through staff education. There is always a staff member on duty with a current first aid certificate. Residents reported a timely staff response to call bells. Security is maintained.

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 owners of Waverley ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes.

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

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

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

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		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 service aims for a restraint free environment and describes itself as a gated community with doors that are locked to the outside. The restraint coordinator is the clinical nurse manager. This is supported by the other business owners and through policies and procedures. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

Staff did demonstrate a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, and alternative interventions and but did not view the secure door as a restraint given people could ask to be let out if they were going somewhere with someone. Education on restraint is included as part of the annual education programme for staff and is part of the orientation process. The service implements de-escalation techniques and alternative interventions and are working to eliminate restraint in the facility.

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	28	0	0	1	0	0
Criteria	0	172	0	0	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
<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>	<p>FA</p>	<p>Waverley has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation’s values. Manu motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and this is used for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Staff interviewed described how care is based on the four cornerstones of Māori health Te Whare Tapa Whā. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Interviews with the Māori residents confirmed that the service is actively supporting their needs and aspirations.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as</p>

		<p>vacancies and applications for employment permit. There are currently three Māori staff members (health care assistants) who confirmed they are supported in a culturally safe way and that their mana is respected. Managers are aware of the ethnicity of its staff and have plans to further utilise this information at management level.</p> <p>The service has links with a Māori health support person through the DHB and other tangata and (local) mana whenua organisations.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Waverley currently has no residents who originate from a Pacific people. Should a Pacifica resident be admitted to the facility, the facility has a plan for managing care so that their needs can be adequately met. There is support for Pacifica residents via a number of local Pacifica organisations.</p> <p>Interview with the organisation's owners confirmed that they are aware of their responsibility to support equity for Pacific peoples.</p> <p>The service supports increasing Pacifica staff capacity by employing Pacifica staff members across differing levels of the organisation as vacancies and applications for employment permit. There are currently no staff members who originate from a Pacific people.</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>Six staff and three managers interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents however are being cared for in an environment that does not enable the residents the right to freedom (refer 6.1.7).</p> <p>Fourteen (14) residents and five family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English, sign language, and in Te Reo Māori. Waverley has access to interpreter services and cultural advisors/advocates if required, and has established relationships with chaplains, the Māori Health unit at the Hawkes Bay District Health</p>

		Board (HBDHB), and several local Māori health providers.
<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>Waverley supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence (refer 6.1.7). Care staff understood what Te Tiriti o Waitangi means to their practice with Te Reo Māori and tikanga Māori being promoted. Evidence of Te Tiriti o Waitangi training was sighted. Staff are aware of how to act on residents advance directives and maximise independence. Residents verify they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs.</p> <p>Employment practices at Waverley include police vetting. Policies and procedures outline safeguards in place to protect people from abuse, and workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Waverley is promoted, that encompasses an individualised approach that ensure best outcomes for all.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	FA	<p>Residents and family/whānau at Waverley reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings. Changes to residents' health status were communicated to residents/relatives/whānau in a timely manner. Incident reports evidence family/whānau are informed in a timely manner of any events/incidents. Documentation supports family/whānau/next of kin (NOK)/Enduring power of attorney (EPOA) contact has occurred. Staff</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Waverley and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. When residents are admitted to Waverley, the residents NOK/EPOA signs a form verifying they are comfortable with the facility being a “gated facility”. In the six resident files reviewed no evidence was sighted of an activated EPOA, nor specialists’ notification a secure environment was required. There is no space on the form for the resident to sign. (this however was addressed during the audit) The residents are unable to exit the facility unless enabled to do so by a staff member. The required code to exit is not on display, and of eight residents interviewed regarding their knowing the code to enable them to exit, only one resident knew what it was. Residents said they had to ask to go out. Family members interviewed, relied on staff to unlock the door (refer 6.1.2).</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent are documented. Three staff who identify as Māori assist staff to support cultural practice. Evidence is sighted of supported decision making, being fully informed, the opportunity to choose and cultural support when a resident had a choice of treatment options available to them.</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</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints and leads to improvements. This meets the requirements of the Code. The clinical nurse manager (CNM) maintains a record of all complaints on a complaints register. Residents and family/whānau understood their right to make a complaint and knew how to do so. Documentation sighted demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There have been three complaints logged since the previous audit. All complaints documented a comprehensive investigation, follow-up, and</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>replies to the complainant. Corrective actions (where possible) have been identified and implemented. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service: The strategic/business plan includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. The owner who is a registered nurse with a current practising certificate oversees clinical governance for the organisation. External support for te ao Māori and Pacific peoples is available in the local community and from staff. This is supported by a health plan to include specificities aligned with Te Whare Tapa Whā and Ola Manuia, as well as peoples from other ethnic backgrounds.</p> <p>A sample of management reports showed adequate information to monitor performance is reported. The owners of the organisation confirmed knowledge of the sector, regulatory and reporting requirements and they maintain currency within the field. They each share responsibility for managing aspect of the business that matches their experience levels. One owner is a registered nurse, one is a diversional therapist, and one is a mechanical engineer with business and financial experience. The registered nurse and diversional therapist have both been employed within aged care for a number of years.</p> <p>The management team works with staff to meet the requirements of relevant standards and legislation. A monthly report is presented to the management meetings that outline an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. All quality data collected identifies trends and specific shortfalls are addressed using a corrective action process. A sample of management meeting minutes showed adequate information to monitor performance is reported. The management team also</p>

		<p>evaluates services through meetings with residents, family/whānau meetings (though these have been disrupted due to the COVID-19 pandemic), and through surveys from residents and families/whānau making relevant changes where shortfalls are identified, or new ideas elicited.</p> <p>The service holds contracts with Hawkes Bay District Health Board (HBDHB) for the provision of rest home services. Twenty (20) residents were receiving services under this contract at the time of audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident and family/whānau satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Residents, whānau and staff contribute to quality improvement through being given feedback at staff meetings on quality data, complaints, internal audit activities, and resident and family/whānau feedback. Outcomes from the last resident and family/whānau satisfaction surveys (2022) were primarily favourable with corrective actions raised where deficits in service were identified.</p> <p>Combined quality management meetings, health and safety meetings, and staff meetings ensure that quality data is communicated, discussed and that issues are acted upon. Corrective action plans are documented at the end of each set of minutes, detailing actions to be taken and signed off by the CNM once completed.</p> <p>The CNM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and</p>

		<p>contractual requirements and were current.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. The CNM understood and has complied with essential notification reporting requirements. There has been one section 31 notification completed since the last audit, this was later withdrawn due to re-diagnosis as a venous ulcer.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the needs of residents. Health care assistants reported there were adequate staff to complete the work allocated to them. Residents and family/whānau interviewed supported this. All staff, except for one cook, have a current first aid certificate and there is daily registered nurse (RN) coverage in the facility.</p> <p>Staffing for the facility comprises of RN cover over seven days per week. Monday to Friday eight hour shifts with four hour shifts on the weekend. There is an RN on-call after hours. The RNs are supported by health care assistants, two in the morning (one eight-hour shift and one seven hours), two in the afternoon (one eight-hour shift and one six hours) and one on night shift (supported by the on-call RN) A kitchen assistant works for one hour in the afternoon to assist with meal service. One of the owners is a diversional therapist and organises recreational activities for the residents which take place over seven days. Cleaning, laundry, and food services are carried out by dedicated support staff seven days per week.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control portfolio. Continuing education is planned on an annual basis, including mandatory training requirements. The service has embedded cultural values and competency in their</p>

		<p>mandatory training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Māori staff interviewed confirmed that culturally competent care is delivered to Māori residents. Related competencies are assessed and support equitable service delivery. The service supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Records reviewed demonstrated completion of the required training and competency assessments. Training and competence support are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE).</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying, and harassment.</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>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of five staff records were reviewed (one RN, two health care assistants, one cleaner/health care assistant, and one cook) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed orientation. Staff performance is reviewed annually.</p> <p>Staff information is secure and accessible only to those authorised to use it. The service understands its obligations in recruitment in line with the Ngā Paerewa standard, but it has not yet fully considered how this might be achieved. Ethnicity data is not yet collected for staff.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (e.g., GPs and pharmacy).</p> <p>The wellbeing policy outlines debrief opportunities following incidents</p>

		or adverse events and this is implemented.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records are uniquely identifiable and all necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents are sighted for data collection. Ethnicity data is not being collected at the time of audit. Waverley is not responsible for National Health Information (NHI) registration.</p> <p>Residents' files are integrated electronic and hard copy files. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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>Residents enter Waverley when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Waverley provides. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Residents entering Waverley, require the consent of the EPOA/NOK, to acknowledge Waverly is a gated facility, that is kept locked (refer criterion 6.2.1).</p> <p>At the time of audit, Waverley did not carry out routine ethnic analysis of entry and decline rates. Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau. Waverley at the time of audit has no evidence of analysis of entry or decline rates for Maori.</p> <p>Waverley has developed meaningful partnerships with the local Māori health provider and the Māori health unit at Hawkes Bay District Health Board (HBDHB), to benefit Māori individuals and whānau. When admitted, residents have a choice over who will oversee their medical requirements, whilst most choose the main medical provider</p>

		to Waverley, residents are able to request the local Māori health provider to manage their medical needs, if they desire.
<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>The multidisciplinary team at Waverley works in partnership with the resident and family/whānau to support the resident's wellbeing. Six residents' files were reviewed and these included residents who identify as Māori, have a chronic wound, a recent fall, behaviours that challenge, use restraint and have several chronic co-morbidities. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau/family input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, short term care plans and review/evaluation timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which</p>	FA	<p>The diversional therapist oversees an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Prior to COVID-19 restrictions being in place, several community groups including the local school</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>and community groups visited Waverley, however group visits have not occurred during the COVID-19 outbreak.</p> <p>Residents' meetings occur every month and these enable residents to express concerns or offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidence residents/family/whānau are generally satisfied.</p> <p>Residents and whānau/family are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines were stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Waverley.</p> <p>There were no residents at Waverley, at the time of audit, who self-administer medications. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Waverley is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian in July 2021. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken in December 2021 by the Napier City Council and expires August 2022. Two areas requiring corrective action were identified, regarding fridge and freezer temperature monitoring and the monitoring of the dishwasher temperatures. No follow-up post audit was requested by the verifier; however, evidence is sighted of these areas being monitored and temperatures being within the required range.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will attend to it. Resident's meeting minutes include requests from Māori residents for boil ups, Māori bread, hangi's, pigs head brawn, and riwanna, in addition to several other items. Interviews verify these requests are attended to.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau/family. The resident and whānau reported being kept well informed during the transfer of their relative. The facility uses the yellow HBDHB yellow envelope transfer form.</p>

<p>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>		
<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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensures the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Monthly hot water tests are completed for resident areas and were below 45 degrees Celsius. There are environmental and building compliance audits, completed as part of the internal audit schedule. The building has a building warrant of fitness which expires on 11 November 2022. There are currently no plans for further building projects requiring consultation.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There is a shared dining room and lounge. Lounge areas are used for activities for residents, and it is adjacent to an outdoor area which is planted and landscaped with appropriate seating and shade. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, three of the rooms are ensuite. All rooms and bathrooms have appropriately situated call bells. Resident use areas have signage in English and te reo Māori.</p> <p>Residents' rooms are personalised according to their preference. All rooms have external windows which can be opened for ventilation; safety catches are in place. Corridors are wide and promote safe</p>

		<p>mobility with the use of mobility aids and handrails, residents were observed moving freely around the areas with mobility aids during the audit.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster, pandemic, and civil defence plans and policies direct the facility in their preparation for challenges. These described the procedures to be followed as well as the duties required by staff (e.g., as fire wardens). Staff have been trained and those interviewed knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service on 5 December 2000. A fire evacuation drill was held on 3 March 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In the event of a power outage cooking facilities are available. There are adequate supplies in the event of a civil defence emergency including approximately 200 litres of water. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person trained in first aid is always available on site.</p> <p>Call bells alert staff to residents requiring assistance, these are present in all rooms, bathrooms, and communal facilities. Call bells are checked as part of the internal audit programme, the last on 1 November 2021 showed 100% compliance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Security arrangements are in place, the building is secure at all times (refer 6.2.1). Information about security and emergency procedures given to residents and their family/whānau on admission to the facility.</p> <p>Visiting is not restricted under the COVID-19 orange setting, precautions are being taken with rapid antigen testing (RAT), temperature checking and health declarations prior to entry to the</p>

		facility
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>Key performance indicators for IP and AMS are monitored, and expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues, and significant events to the governing body.</p> <p>Signage around the facility is in te reo Māori and English, and includes advice regarding hygiene practices, COVID-19 precautions and actions required to minimise the risk of infection.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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 infection prevention and control coordinator (IPCC) is the CNM who is also one of the three owners. The IPCC is responsible for overseeing and implementing the IP programme with reporting lines to the other owners, who are on site working alongside. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies are provided by an external advisory company and reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau</p>

		are educated about infection prevention in a manner that meets their needs.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Waverley is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections at Waverley is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Waverley uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data at the time of audit does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented. There have been no outbreaks of infections at Waverley since the last audit in July 2021.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Waverley. Suitable personnel protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including resident's personal clothing. Evidence is sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Achieving a restraint free environment is the aim of the service and the owners show commitment to this in their strategic/business planning. Policies and procedures meet the requirements of the standard. The restraint coordinator is a defined role providing support and oversight for restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. Family/whānau/EPOA were involved in decision making. A restraint register is maintained and reviewed at each restraint approval meeting. The register contained enough information to provide an auditable record apart from the environmental restraint described (refer 6.2.1). Staff interviewed understood the difference between restraint and equipment used to enable residents. Restraint is only used as a last resort when all other options have been explored. Any enabler equipment use is voluntary for the safety of residents in response to individual requests. Staff receive training at orientation and thereafter annually. The restraint/enabler policy is reviewed annually.</p> <p>Waverley provides safe, secure accommodation for older adults assessed as requiring rest home level care. It describes itself as a</p>

		<p>gated community, it has environmental security in place in the form of locked external doors with coded keypads to exit the building (refer 6.2.1).</p> <p>Aside from the environmental security noted above, at the time of audit one resident was using a restraint in the form of a lap belt. When restraint is used, this is as a last resort when all alternatives have been explored, alternatives are explored prior to any restraint being applied. The restraint for this resident has been approved, and the overall use of the restraint is being monitored and analysed.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Moderate</p>	<p>Environmental security in the form of locked external doors with coded keypads are in place to exit the building. Residents and their family/whānau are aware that the building is secure when they are admitted to the facility, however, appropriate consent for that security and the ability of residents to move freely outside the building was not demonstrated (refer 6.2.1).</p> <p>The previous audit conducted 2021 has noted that “The keypad and displayed code are explained and demonstrated to all residents’ families and friends and any other involved in the resident’s care. On admission, consent is obtained from individual residents or next of kin or those with enduring power of attorney. Signed consent forms were evident in the resident records reviewed. Residents that are independent are able to exit the facility whenever they wish”. Investigation during this audit revealed that appropriate informed consent is not gained as consent forms were only able to be signed by the family/whānau. There was no provision on the consent to a gated community form for competent residents to consent for themselves. Added to this, the code for the keypad was not displayed and, at interview, no residents or family/whānau members were able to explain how they could exit the building freely. Residents interviewed said that if they wanted to go out of the building, they would tell the staff who would let them out if they were going somewhere with someone.</p> <p>In the event of the fire alarm being activated the locked door</p>

		<p>automatically releases.</p> <p>Aside from the above, assessments for the use of the one restraint in use, its monitoring and evaluation, was documented and included all requirements of the Standard. Family/whānau confirmed their involvement with the restraint process. Access to advocacy is facilitated as necessary.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use (except environmental restraint refer 6.2.1) which includes all the requirements of the Standard. The outcome of the review is reported to the management team comprised of the three owners of the facility. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint is kept to the minimum with a strategic intention to eliminate restraint as possible.</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 standard by looking at the code. For example, a Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 6.2.1</p> <p>The decision to approve restraint for a person receiving services shall be made:</p> <p>(a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;</p> <p>(b) After adequate time has been given for cultural assessment;</p> <p>(c) Following assessment, planning, and preparation, which includes</p>	<p>PA</p> <p>Moderate</p>	<p>Waverley has environmental security in place in the form of locked external doors with coded keypads to exit the building. While residents and their family/whānau are told that the building is secure when the resident is admitted, appropriate consent for that security and the ability of residents to move freely outside the building was not demonstrated. There was no provision on the Consent for a Gated Community Form for competent residents to consent to the gated community for themselves. The code for the keypad to exit the building was not displayed and, at interview, no residents or family/whānau members were able to explain how they could exit the building without staff assistance.</p> <p>Other than the above, Waverley uses restraint only as a last resort and when all other strategies have failed. Cultural</p>	<p>Environmental security is applied without appropriate consent for competent residents and residents and their family/whānau do not have the ability to exit the building freely.</p>	<p>Informed consent for the gated community includes the option for competent residents to consent for themselves, and strategies to allow residents and their family/whānau to exit the building should they wish to do so needs to be implemented.</p> <p>30 days</p>

<p>available resources able to be put in place; (d) By the most appropriate health professional; (e) When the environment is appropriate and safe.</p>		<p>assessment is part of the restraint process and staff who identify as Māori are involved in assessment for Māori residents. This was confirmed in documentation and by staff at staff interview.</p>		
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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, a Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.