

Wyndham and Districts Community Rest Home Incorporated - Wyndham and District Community Rest Home

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: Wyndham and Districts Community Rest Home Incorporated

Premises audited: Wyndham and Districts Community Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 February 2023 End date: 24 February 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: 18



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

Wyndham Districts Community Rest Home Incorporated provides rest home level care for up to 23 residents. On the day of audit there were 18 residents.

This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora - Southern. 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.

Wyndham District Rest Home is situated in rural Southland and provides a warm homely atmosphere for residents and family/whānau. Wyndham Home continues to provide a resident-centred approach to care and accommodates resident routines of daily life. The residents and family/whānau interviewed were very satisfied with all aspects of the care and services provided.

The service has addressed the two previous shortfalls around neurological observations, and medication 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 fully attained.

Wyndham Districts Community Rest Home Incorporated has relationships with a local Pasifika group and has a Pacific Health Plan in place. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Wyndham Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations.

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.

Wyndham Districts Community Rest Home Incorporated has a business plan which includes a mission statement and operational objectives. Further to this, there is a quality and risk management system in place that takes a risk-based approach. There are regular meetings and data is collated; this is documented as taking place as scheduled, with corrective actions as indicated.

Human resources policies cover recruitment, selection, orientation and staff training and development. There is an induction programme in place that provides new staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau report staffing levels are adequate to meet the needs of the residents.

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.

The registered nurse and enrolled nurse are responsible for each stage of service provision. Residents' records reviewed, provide evidence that the nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

The activity programme includes outings, community outings, and entertainment.

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

Food preferences, and dietary requirements of residents are identified at admission. The cook accommodates all cultural requests. All transfers and referrals for residents are done in partnership with residents and family/whānau.

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.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. Medical equipment has been serviced and calibrated annually. The building has an approved evacuation scheme. CCTV is in place and the facility is secured at night.

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.

Covid-19 response plans are in place and the service has access to personal protective equipment supplies. A pandemic plan is in place. The type of surveillance undertaken is appropriate to the size and complexity of the service. 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. There has been one outbreak since the previous audit, which was well managed, documented and reported appropriately.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the nurse manager. One resident has restraint in place. Restraint assessment, evaluations and monitoring aligns with policies and procedures. Staff receive training around restraint.

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	22	0	0	0	0	0
Criteria	0	57	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>Wyndham Rest Home is currently fully staffed and there are staff identifying as Māori. Further to this, they are open to employing staff who identify as Māori. The Māori Health Plan includes developing a Māori health and disability workforce that reflects the Māori population, values, and models of practice. Wyndham Rest Home has established connections with Māori providers and a marae in the local community.</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>Wyndham Rest Home has connections with a Pacific group in the local area and there is a Pasifika health plan. A Pasifika culture and general ethnicity awareness policy is documented to guide staff around providing culturally safe practices for residents who identify as Pasifika. The staff interviewed (two caregivers, the activities coordinator, and the cook), confirmed they have attended training around cultural safety. On the day of the audit there are no staff or residents who identify as Pasifika. On admission residents’ ethnicities are recorded in their</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>individual files. The RN and nurse manager encourages all families to be present at admission and ongoing meetings about care planning. Individual cultural and spiritual beliefs are recorded in the care and activities plans.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and is available in te reo Māori. Interviews with staff, residents and family/whānau confirmed Māori mana motuhake is recognised for all residents residing in the facility, by involving residents in care planning and supporting residents to make choices around all aspects of their lives. This is evident in the care plans reviewed. Residents and family/whānau are involved in care planning and staff interviewed described supporting residents to live their best lives, the way residents choose to. The two residents and two family/whānau confirmed this at interview and this was evident in the care plans reviewed.</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>	<p>FA</p>	<p>Interviews with staff confirm their understanding of tikanga best practice, with examples provided in relation to their role. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training is provided annually. Māori cultural training for staff has been included in the 2023 education planner. The service is actively promoting te reo and te ao Māori throughout the service, including in the activities programme.</p> <p>The management and staff work in partnership with residents (including those with disabilities) and family/whānau to ensure residents who choose to, have the opportunity to participate in te ao Māori. This is also covered in the Māori health plan.</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</p>	<p>FA</p>	<p>Wyndham Rest Home has policies in place to prevent any form of discrimination, coercion, harassment, or any other exploitation. There were no residents identifying as Māori on the day of the audit. The staff interviewed report there was a good culture of teamwork and feel</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>supported by the management and Board. The service promotes a strengths-based model of care by supporting and enabling residents to participate in whatever they choose to do. Care plans focus on residents' strengths and maintaining independence as much as possible.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. 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. 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>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the resident receiving services wants them to be involved.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The nurse manager maintains a record of all complaints. There were no complaints in 2021 and 2022. Staff are informed of complaints/concerns in the staff meetings. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. There have been no complaints received from external agencies since the previous audit. Residents have various ways they can choose from to make a complaint or express a concern. Resident meetings are held, although these have been limited due to Covid-19 restrictions. Meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint</p>

		<p>can involve an independent support person in the process if they choose. The residents and family/whānau interviewed both stated they are comfortable voicing any queries with staff or the nurse manager. Due to being a small facility, the management team talk to the residents on a daily basis, and any concerns are addressed immediately.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Wyndham Rest Home provides rest home care for up to 23 residents. On the day of audit there were 18 residents, including one resident assessed as hospital level care. The nurse manager applies for a dispensation three-monthly for the hospital resident. There is one shared room, although this is not currently used as a shared room.</p> <p>The nurse manager is an experienced registered nurse and has been the manager for the past eight years. An experienced registered nurse and an enrolled nurse are responsible for the admissions and clinical requirements, as well as two registered nurses who support Wyndham Rest Home by providing weekend call. The nurse manager and registered nurse have at least eight hours of professional development in relation to management of a rest home, including infection control and cultural training. Further to this, there is a team of experienced caregivers.</p> <p>Wyndham Rest Home is set in a rural setting and has a person-centred approach which aims to provide a “quality, homely environment for the frail and or confused elderly”. The service tailors the care to suit residents’ individual needs and ability, identifying and reducing any barriers to care or information to provide equitable services for all residents. This was evidenced through policy and interview with the nurse manager.</p> <p>The Board is an experienced group of seven local people who meet monthly and provide a high-quality service. Members of the Board understand the meaning and purpose of addressing health equity for Māori and Pasifika and culturally diverse communities. There are some members of the Board who have experience and training around Te Tiriti o Waitangi.</p> <p>The service has an annual business plan and quality and risk management plan that include goals that are reviewed annually as part</p>

		<p>of the governance and operational management of Wyndham Rest Home. The 2023 goals are being implemented. The service is working towards including input from Māori regarding business planning. The Whakamaua; Māori Health Action Plan 2020-2025 has been adopted. This is comprehensive and includes commitment to provision of equitable services for Māori and tāngata whaikaha, as evidenced in resident care plans, policies and confirmed during interviews with the manager and staff.</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 quality management manual includes the quality risk and management plan and service philosophy. An external consultant provides the service with policies and procedures and updates. There is a document control policy that outlines the system implemented, whereby all policies and procedures are reviewed regularly. Documents no longer relevant to the service are removed and archived. The quality risk and management plan and service philosophy take a risk-based approach, and these systems meet the residents needs and those of the staff at Wyndham Rest Home.</p> <p>There is a 2022 and 2023 quality improvement calendar documented. The quality programme is reviewed annually (last completed December 2022). The 2023 quality and risk management plan has documented aims and objectives. The internal audit schedule and internal audits are completed. Corrective actions have been developed where compliance is less than expected, and evidenced full completion, and sign off. Combined quality/staff meetings are held monthly and evidence discussion of quality outcomes. Staff interviewed, reported they are informed of all infections and incidents, as well as any other issues on a daily basis. Resident meetings are held three-monthly. Data is collated monthly to include wounds, incidents, and infections.</p> <p>The nurse manager system collects ethnicity information. Staff report any changes of resident's condition promptly to ensure high quality sharing of health information. The staff interviewed were knowledgeable around providing a culturally safe service.</p> <p>The resident and family/whānau survey was conducted in 2021 and 2022, with respondents advising that they were overall very satisfied</p>

		<p>with the care and service they receive. The nurse manager reported that residents talk to the management team daily and any issues are identified and addressed. The residents interviewed confirmed this.</p> <p>Wyndham Districts Rest Home promotes a safe working environment. The nurse manager is the health and safety officer and oversees all health and safety matters, which are discussed at the staff meetings. Contractors have all been inducted to the service. The hazard register is reviewed annually, and new hazards are discussed at the staff meetings and added to the hazard register if required. Information on resident incidents and accidents, as well as staff incidents/accidents, are collated monthly and reported at the staff meetings. Security and safety policies and procedures are in place to ensure a safe environment is provided. Emergency plans ensure appropriate response in an emergency.</p> <p>A sample of four incident reports were reviewed. All incidents were reported and followed up by the RN in a timely manner. Family/whānau are notified where possible and appropriate. When a fall occurs, the policy requirements are followed for notification of families and completion of neurological observations. The previous shortfall in (NZS 8134:2008 criteria #1.1.8.1) has been addressed. There have been no Section 31 notifications and the nurse manager and RN understand their responsibilities for reporting Section 31 notifications.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The staffing policy describes rostering requirements. The documented rosters reviewed provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager reported at present, the facility is fully staffed and they have experienced minimal staff turnover since the previous audit.</p> <p>The nurse manager, RN and enrolled nurse support the caregivers with resident cares. Caregiving and activities staff have current first aid certificates to ensure there is a current first aider on shift 24/7. Interviews with staff and residents identified that staffing is adequate to meet the needs of the residents.</p> <p>The nurse manager is on site each day of the week and is on call Monday to Friday after hours. There is a RN on call over the weekend.</p>

		<p>The RN and enrolled nurse cover the Monday to Friday days and are supported by two caregivers on the morning shift, afternoon shift and one on the night shift. If resident acuity is high, there is a split shift that is added, as necessary. There are dedicated cleaning staff, across seven days and caregivers are responsible for laundry.</p> <p>An annual education planner has been documented which provides the required eight hours training. Sessions include (but are not limited to): abuse and neglect; cultural awareness; minimising falls; continence; nutrition; and pressure injury prevention.</p> <p>Competencies are completed during orientation, including (but not limited to): hand washing; infection control; Code of Rights; restraint; complaints; privacy; confidentiality; advocacy; health and safety documentation; and hoist training. Staff have current medication competencies in place. The RN and enrolled nurse maintain interRAI competency, and has access to training sessions through Te Whatu Ora, aged-related residential provider meetings and online education platforms.</p> <p>All staff are encouraged to gain qualifications through New Zealand Qualification Authority. There are two staff with a level two New Zealand Certificate in Health and Wellbeing, five at Level 3, two at Level 4a and six at Level 4b.</p> <p>Staff attend meetings which provides a forum to share health information through quality data collated, and corrective actions identified are discussed.</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</p>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience, and veracity. A copy of practising certificates for the RN, EN and nurse manager are kept. The human resources policies include orientation, staff training and development. Five staff files were reviewed (two caregivers, the RN, cook and activities coordinator). The nurse manager described the employment process. Wyndham Rest Home has an orientation programme that provides new staff with relevant information for safe</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>work practices. Staff were able to describe the orientation process and at interview stated new staff are adequately orientated to the service. All staff files and records are securely stored in accordance with the Health Information Standards Organisation (HISO) requirements. Staff ethnicity is collected at the time of employment and a report can be provided for this.</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>	<p>FA</p>	<p>The service collects ethnicity information at the time of admission from individual residents, which is evident in the residents' files reviewed. The enquiries form has an ethnicity section for prospective residents to enter (if they choose). The service is working towards completing an analysis of the same for the purposes of identifying entry and decline rates for Māori.</p> <p>The service has linkages with local kaumātua and Māori health services through the local marae and Te Whatu Ora – Southern. There are staff at the facility identifying as Māori who are available to provide supports to residents and whānau as required.</p> <p>The nurse manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals. At present, these records do not currently capture ethnicity data.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including one hospital level resident with a dispensation from HealthCERT. The registered nurse (RN) and enrolled nurse (with RN sign off) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviews, as confirmed in resident and family/whānau interviews. Initial interRAI assessments, reassessments, long-term care plans and routine care plan reviews had all occurred within expected timeframes.</p> <p>Long-term care plans include assessment outcomes and align with the holistic model of care. The care plans reviewed were individualised and reflected resident individual preferences; however, not all interventions were documented to guide staff around management of diabetes and</p>

	<p>oxygen therapy. Long-term care plans are evaluated and document progress toward the residents' identified goals. Where progress is different from expected, the RNs update the care plan. Short-term care plans are used for acute issues, including (but not limited to) infections and wounds (eg, skin tears). If a short-term care plan is developed, they are either resolved or transferred to a long-term care plan. There were no barriers identified that prevent whānau of tāngata whaikaha from independently accessing information and strategies to manage these documented. The service supports all residents to identify their own pae ora outcomes in their care plan.</p> <p>The service contracts a GP from a local practice. The GP visits to complete three-monthly reviews and as necessary for residents of concern. Three-monthly reviews are completed for residents who are stable, and at least monthly reviews for residents identified by the RNs and GPs as requiring closer monitoring. GP correspondence is maintained in the resident file, which evidenced timely notification of acute needs. The regular GP was not available for interview during the audit. All files demonstrated a multidisciplinary approach, with evidence of input from allied health professionals (eg, physiotherapist), who visits as required or by referral. The podiatrist visits regularly. When a resident's condition alters, the RN initiates a review and if required a GP or nurse specialist consultation. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora - Southern.</p> <p>Caregivers complete progress notes at the end of each shift. 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. The service also utilises handover sheets where any changes are documented.</p> <p>The caregivers interviewed reported having access to sufficient continence products, as sighted during the audit. The resident files sampled included a continence assessment and plan. Specialist continence advice is available.</p> <p>Wound management policies and procedures are in place. Wound documentation is available and includes assessments, management plans, progress, and evaluations. There were five current wounds,</p>
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		<p>including four chronic ulcers. Adequate dressing supplies were sighted in the treatment room. The wound care specialist continues to be involved with the residents with chronic wounds. All wounds had a wound assessment, treatment plan and written evaluations to evidence progression towards healing. Photos and correspondence with wound care specialist are maintained in the resident file.</p> <p>There is evidence that family members are notified of any changes to their relative's health. Discussions with family/whānau were documented in the residents' progress notes. Care staff complete monitoring charts, including (but not limited to): bowel chart; blood pressure; weight; neurological observations; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Incident reports reviewed were followed up by a RN in a timely manner, opportunities to minimise future risks (where identified) were 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 are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori language for everyday greetings and is working to further increase opportunities in activities. The family/whānau and residents interviewed spoke positively about the activities programme. Staff members who identify as Māori assisted in the recent Waitangi Day celebrations and making decorations for a stand to celebrate Waitangi Day, which is displayed in the reception area. The service has linkages with local kaumātua and a local Māori school who visit (Covid-19 restrictions allowing) and perform dances and songs in te reo Māori. The activities coordinator has started 'word of the week' which are displayed in a range of languages including (but not limited to) te reo Māori, Dutch, and Thai, to celebrate cultures of all staff and residents. The service has a facility van so residents can access the community for picnics at areas of interest and local events. There are several volunteers who support the residents and the facility.</p>
Subsection 3.4: My medication	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications</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>are assessed for competency on an annual basis. Staff were observed to be safely administering medications. The registered nurse, enrolled nurse and caregivers interviewed described 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 and any discrepancies are fed back to the supplying pharmacy. There are no expired medications. Standing orders are not used.</p> <p>Medications are stored securely in accordance with requirements. Controlled medications are checked by two staff for accuracy in administration. Weekly checks are conducted, including six-monthly stocktaking. Medication fridge and room temperatures are monitored and were within acceptable temperatures. All eyedrops have been dated on opening. Over the counter vitamins or alternative therapies residents choose to use, have been reviewed, and prescribed by the GP. Ten electronic medication charts were reviewed. The medication charts reviewed all had current photo identification, and allergies were clearly identified. All 'as required' medications were prescribed and administered appropriately, with efficacy documented in the residents' progress notes and the electronic medication system. Processes are in place should residents wish to self-administer medications. There were no residents self-administering medications on the day of the audit. The previous shortfall (NZS 8134:2008 criteria #1.3.12.1) around medication documentation has been addressed.</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 cook interviewed reports there is a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. The cook identifies as Māori and supports staff to adhere to Māori practices in line with tapu and noa. The cook accommodates all requests from residents and cultural and religious preferences. Residents interviewed spoke positively about the meals provided. There are alternatives meal choices available.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested, as sighted in resident files.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness. Maintenance is undertaken by the chairman of the Board as necessary and is available on call after hours. Maintenance request books are located at the nurse's station. These are checked regularly and signed off when repairs have been completed. The service has a maintenance plan that includes call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing, tagging and calibration of electrical and medical equipment has occurred as scheduled. Hot water temperatures recorded were within expected ranges.</p> <p>Although there are no current plans to expand the building, the nurse manager and the chairman of the Board are 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>	FA	<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. Fire drills are held six-monthly.</p> <p>The building is secure after hours, and CCTV is installed around the</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>facility. Staff complete security checks at night.</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. 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>	<p>FA</p>	<p>A pandemic plan is documented and available to staff. Personal protective equipment (PPE) is ordered through the Ministry of Health, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted and held in a central location in the facility. Personal protective equipment (including eyewear) was sighted in the sluice room/ laundry area. Staff have access to handwashing facilities in resident rooms. Hand sanitiser is available throughout the facility. All shared equipment is cleaned between use, and all shared PPE (eye wear/goggles) are cleaned appropriately between use.</p> <p>Infection control information and resources in te reo Māori is available online for Māori residents. The Māori health plan and cultural policies guide staff around culturally safe practices and acknowledging the spirit of Te Tiriti o Waitangi in relation to infection prevention and control. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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>	<p>FA</p>	<p>Monthly infection data is collected for all infections based on standardised definitions. An individual resident infection log is completed which includes signs and symptoms of infection, treatment, follow up, review, and resolution. Surveillance of all infections is collated monthly, and analysis is completed. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality/staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are accessible to staff. Ethnicity data is not as yet collated with infection control data.</p> <p>There has been one Covid-19 outbreak in 2022. Logs were maintained, and family/whānau were kept up to date with information. Public Health were advised and updated appropriately.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Board are committed to a restraint-free environment and have achieved this in previous years. Restraint data is collated in quality data and included in the managers' report to the Board.</p> <p>Restraint minimisation and safe practice policies and procedures are in place. Policies and procedures include definition of restraint that are congruent with the Ngā Paerewa Standard. The nurse manager is the restraint coordinator. Wyndham Rest Home has one resident who has restraint in place at the time of the audit and all assessments, permissions and monitoring processes were in place. Staff receive training in restraint minimisation annually.</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.

No data to display

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.