

Waverley Care Limited - Waverley House

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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora 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: 13 February 2024	End date: 13 February 2024
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:	19	

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 tātou 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

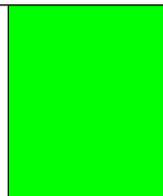
Waverley Care Limited is certified to provide rest home care for 20 residents. The facility is privately owned by three business partners who are all actively working in the service on a day-to-day basis. One of the owners is the clinical manager. Residents and families stated the care provided is of a high standard.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke's Bay (Te Whatu Ora Te Matau Māui Hawke's Bay). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, managers, staff, and a general practitioner.

There was one area of improvement from the previous audit related to environmental restraint which has been fully addressed. No new areas for improvement were identified from this audit.

Ō tātou 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 House Rest Home worked collaboratively to support and encourage a Māori world view of health in service delivery throughout the facility. There were residents who identified as Māori in the service.

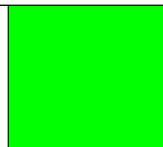
Waverley House collaborates with staff to provide support to residents in all aspects of service delivery. All staff had received in-service education on Te Whare Tapa Whā and Fonofale models of care, cultural safety, and the Code of Health and Disability Services Consumers' Rights (the Code). Residents interviewed who identified as Māori verified that they were treated equitably and confirmed that their mana Motuhake was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori were incorporated in daily practices. Residents who identified as Pasifika had their needs met.

Residents and their relatives/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

There is a process in place to ensure that complaints are resolved promptly and effectively in collaboration with all parties.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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 quality and risk management systems are focused on quality service provision and care. Actual and potential risk are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora Te Matau a Māui Hawke's Bay.

Staff coverage is maintained for all shifts. Acuity is considered when planning and ensuring adequate cover. Staff receive a full orientation, job descriptions for their individual role, and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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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On admission to Waverley House, residents received a person-centred and family/whānau -centred approach to care. The service conducts routine analysis of entry rates, and this included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing, through timely assessment that was planned, coordinated and reviewed to address residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau.

The activity program offered a diverse range of activities and incorporated the cultural requirements of the residents. All activity plans were completed in consultation with residents and their family/whānau, with residents having noted their activities of interest. Residents and their Enduring Power of Attorney (EPOA)/family/whānau expressed satisfaction with the activities programme in place.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

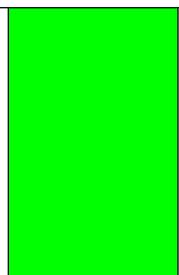
The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that are culturally specific to te ao Māori.

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

Includes two 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 is a current building warrant of fitness. Electrical equipment and calibration were up to date and accurate records were kept. An external courtyard is in the centre of the home and is accessible, safe and meets the needs of residents living in this care home.

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

Includes five 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.
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Waverley House Rest Home ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The clinical manager coordinates the programme. There was a pandemic plan in place which is assessed periodically.

Surveillance of infections was undertaken, with results monitored and shared with all staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint elimination orientation and ongoing education of staff is maintained annually. Policies and procedures are in place that evidenced promotion of eliminating restraint use. No personal restraints have been used since the service commenced in July 2021. However, the use of environmental restraint occurs. This was an area of improvement in the previous audit which has been effectively and safely addressed and applies for the nature of the service and to meet the needs of the residents.

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	17	0	0	0	0	0
Criteria	0	49	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.

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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The directors of Waverley House Rest Home (Waverley House) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They were aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents at Waverley House who identify as Māori. No staff employed identified as Māori. The service engages with external Māori supports.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>On the day of the audit there were residents and family who identified as Pasifika. The recruitment policies are in place as for sub-section 1.1. No staff identified as Pasifika. There were documented policies and procedures and operational plans that included the organisation's approach to Pacific peoples and their models of care. The service has established links with Pacific communities. Staff interviewed stated that family could be consulted to provide advice if needed for any Pasifika residents admitted to this aged residential care service.</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>All staff interviewed at Waverley House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</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>Policies and procedures outline the facility's commitment to promoting an environment that does not support institutional and systemic racism. Cultural training includes discussion on institutional and systemic racism, and the ability to question its existence at Waverley House if it was thought to exist.</p> <p>Residents interviewed expressed that they have not witnessed any abuse or neglect, they are treated fairly, and they feel safe and protected from abuse and neglect.</p> <p>Observation on the day of the audit demonstrated that staff were professional when interacting with residents. Staff also respected resident's property. Management operated a comfort fund for residents.</p> <p>During interviews the staff stated that a holistic model of health at Waverley House is promoted, that encompasses an individualised approach and that ensures best outcomes for all.</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,</p>	FA	<p>Appropriate best practice tikanga guidelines around informed consent is in place to guide staff. Residents' whānau assist staff to support residents with informed consent. Evidence was sighted in residents' files of informed consent for the gated community, with 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. 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 were also evident. Staff have received training on cultural safety</p>

<p>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>		<p>and tikanga best practice.</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>	<p>FA</p>	<p>The complaints/compliments management policy and procedures were documented to guide staff. The process complies with Right 10 of the Code of Rights which is the right to complain, to be taken seriously, respected and to receive a timely response.</p> <p>Staff, residents and families interviewed stated they were fully informed about the procedures and where to locate the forms if needed, or how to complete online. The family members interviewed spoke highly of the care their family members received at Waverley House.</p> <p>Since the previous audit there have been nine written complaints received (six were received from the same resident) and these were followed through in the register reviewed. The complaints are numbered, signed and dated when resolved. Any complaints received were used for quality improvement.</p> <p>There were no complaints received from the Health and Disability Commissioner's (HDC) office or any other external agency.</p> <p>In the event of a complaint being made from a Māori resident or whānau member, the service would seek the assistance from an interpreter or Māori health advisor if needed. The service has a staff and a resident advocate, and all contact details were accessible.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into</p>	<p>FA</p>	<p>Waverley House provides aged related residential care for rest home level care. The clinical manager (CM) and two directors were interviewed. The Strategic Plan and Operational Goals 2023 – 2024 was reviewed. Clear objectives were in place and monitoring, reviewing and evaluations occur on a regular basis. The clinical manager ensures the plan is updated as objectives are achieved.</p> <p>The clinical manager/director and two directors purchased this facility on 1</p>

<p>organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>July 2021. The CM and the diversional therapist/director/facility manager, have both worked in the aged care sector and are experienced. The third director/financial and maintenance was also present for the audit. The CM is currently the infection prevention and control and restraint coordinator and was supported by a registered nurse, newly employed since the previous audit. Family interviewed spoke highly of the care provided and the ongoing communication with families.</p> <p>The service has a focus on ensuring services with tāngata whaikaha are provided to improve residents' outcomes, and this was documented in the reviewed strategic plan for Waverley House. No identified barriers were discussed for Māori seeking care at this care home. The directors have completed online training on Te Tiriti o Waitangi and health equity. Te Tiriti o Waitangi training was provided for all staff as per the education plan reviewed. Core cultural competencies are completed by staff at orientation and ongoing updates are provided.</p> <p>Waverley House has aged residential care (ARRC) contracts with Te Whatu Ora Te Matua a Māui Hawke's Bay for providing rest home level care. There are 20 total beds. On the day of the audit 19 beds were occupied: 18 rest home level care residents, and one under 65 years on the long-term support - chronic health (LTSCH) contract.</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 and assurance and risk management policy were discussed and reviewed. The programme reflects the principles of continuous improvement. This includes the management of incidents and complaints, internal and external activities, monitoring of quality outcomes, policies and procedures, health and safety reviews and clinical incident management. The CM is responsible for the implementation of the quality and risk system with input from the registered nurse (RN). The CM reports monthly to the directors, from a clinical perspective. The organisation's policies and procedures are managed effectively by a contracted quality consultant. All policies were reviewed last on 10 December 2023.</p> <p>There were a range of internal audits planned monthly and undertaken in 2023 and for the first three months of this year, as per the audit calendar reviewed and verified in the minutes of staff and quality meetings. Results are collated monthly and action plans are developed as needed, addressed</p>

		<p>and signed and dated on completion. The service prioritises any findings related to key aspects of service delivery, and resident and staff safety. the staff are informed of any results at the regular monthly quality/staff meetings. Resident meetings are held monthly on the first Monday of the month. These meetings are facilitated by the diversional therapist (DT) and the CM. A set of agenda and minutes of meetings were maintained. Staff sign that they have read the minutes available online.</p> <p>The results of surveys undertaken in April 2023 (both resident and next of kin surveys were completed) and the resident food survey June 2023 were sighted. Comments and data gathered were analysed and used for improving services as needed. Health and safety systems were implemented. There was a current up-to-date risk register, reflecting the current environment/facility, with the severity and probability of each risk identified and the risk is determined. The risks are monitored, analysed and addressed, especially risks associated with service provision.</p> <p>The CM and directors interviewed were fully informed and complied with statutory obligations in relation to essential notification reporting and a copy of the National Adverse Event Policy was available. The CM has completed three section 31 notifications to HealthCERT, since the previous audit. One was related to COVID-19, one a resident with dementia wandered from the facility, and a third incident involving a resident occurred on 27 January 2024 and was reported. No other external notifications to other agencies have been required since the previous audit.</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 CM and the facility manager (FM) interviewed explained how the rosters are adjusted in response to resident numbers and the level of care required, and when residents' needs change. Health care assistants interviewed confirmed that they can complete their work and can ask for assistance as needed. Family interviewed supported this. No agency staff are used at this facility. The CM and the RN are both interRAI competent. All interRAI assessments and care plans are up to date.</p> <p>The rosters reviewed evidenced staff were replaced for planned and unplanned leave. There are 15 HCAs, two RNs (including the CM), one diversional therapist, a cook, a kitchen assistant, a cleaner/laundry assistant and the maintenance person/director who make up the team at Waverley</p>

		<p>House. The HCA staff interviewed were positive in their comments and a core of stable staff have worked at this facility for some time. One staff member on each shift was a 'first aider' and this was documented on the rosters reviewed. All staff have completed relevant competencies including medication, infection prevention and control, cultural, and restraint competences.</p> <p>The CM provides the in-service education and maintains the education records for all staff. In-service education is provided regularly onsite. An electronic education system is also available for staff to complete relevant and elective education of their choice. Mandatory education was completed as required for all staff recorded. The RNs can choose any training to meet their individual needs and competencies, and topics relevant to their scope of practice. Professional development is encouraged in topics such as open communication, informed consent, privacy, palliative care and wound care management. The training reviewed meets the requirements of the service provider's agreement with Te Whatu Ora Te Matau Māui Hawke's Bay.</p> <p>The HCAs are encouraged to complete a recognised New Zealand Qualification Authority (NZQA) course and related training. Currently two HCAs have completed level 4, four level 3 and three level 2, and six mostly new staff are at commencement level. The DT has completed level 4 diversional therapy and the dementia levels. Two level 4, two level 3 and two level 2 plus the two RNs, have completed the medication competency requirements to administer medicines. InterRAI competencies are maintained annually.</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</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. All employed and contracted health professionals have current annual practising certificates (APCs), and these were sighted, and recorded annually. The CM is responsible for the recruitment of staff. Staff records randomly selected for review were well maintained and performance reviews were completed annually with a system in place to ensure these are recorded.</p> <p>An orientation programme has been implemented and staff confirmed its usefulness, applicability and felt well supported. New staff are buddied to work with a senior HCA for orientation. Additional time was provided as</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>required for new staff. A checklist was completed and filed in the individual staff records reviewed. Ten staff are fully trained in first aid and basic cardiopulmonary resuscitation (CPR). Certificates were in the records reviewed and are current for two years.</p> <p>Staff ethnicity was documented along with country of birth in the staff register. There are staff of different nationalities employed. The ethnicity data collected was used in accordance with Health Information Standards Organisation (HISO) requirements and was maintained securely and confidentially.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Waverley House, work in partnership with the resident and family/whānau to support the resident's wellbeing. Five residents' files were reviewed. Files included residents under 65 years, one on a LTSCHC contract and residents being cared for under the Aged Related Residential Care (ARRC) contract. File reviews included residents who identified as Māori, residents with behaviours that challenge, residents with insulin dependent diabetes, residents with weight loss and residents under Mental Health services. 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 family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, interRAI, long-term care plan, short-term care plans and review/evaluation timeframes met 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 was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with the staff verified their familiarity with all aspects of the care</p>

		these residents required. Updates on care were provided by verbal instruction, electronic instructions, and RN guidance. An interview with the GP also evidenced a high degree of satisfaction with the high-quality care provided by Waverley House, despite the pressures of COVID-19 and the adverse weather event (Cyclone Gabrielle) in February 2023.
<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>	FA	<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 were 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>Ten resident medication files were reviewed with evidence of resident's medicine-related allergies and sensitivities and responses to any adverse events.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>No residents were self-medicating on the day of the audit. Self-administration of medication is facilitated and managed safely if required. 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. Standing orders are not used at Waverley House.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs</p>	FA	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 1 April 2023. All recommendations have been incorporated into the menu and signed off by</p>

<p>and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Napier City Council. The food control programme period of certification extends from 19 July 2023 through to 31 August 2024.</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. Facility policy viewed, identified that other menu options would be available for other cultures, including te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, through satisfaction surveys and resident meeting minutes. Residents could choose a time preference to eat their meals. Residents were also given sufficient time to eat their meals. Assistance was provided to residents who required this. Residents also had a choice of which eating utensils to use.</p> <p>Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. The resident and family/whānau interviewed reported being kept well informed during a recent transfer of their relative to an acute care facility.</p>
<p>Subsection 4.1: The facility</p>	FA	<p>Appropriate systems are in place to ensure the residents’ physical</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>environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness displayed at reception which expires on 1 November 2024</p> <p>Calibration of equipment was current and up to date. A programme is set up for both annual and two-yearly checks as needed. Testing and tagging are completed by a contracted service provider. An inventory was completed and documented clearly, with next due dates for checks to be undertaken.</p> <p>Family interviewed were pleased with the environment being suitable for their family member's needs. There were well maintained garden areas and an internal courtyard which has been renovated since the previous audit. Shading and seating has been provided for residents. The environment was clean and tidy throughout the home. A vacant room is currently being refurbished. The lounge was a good size for the activities programme to be implemented and for residents to sit and relax.</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>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the directors. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from the Te Whatu Ora Hawke's Bay IP clinical nurse specialist.</p> <p>The infection prevention and control programme reflected the requirements of the Ngā Paerewa standard and are based on current good practice. The IP programme was linked to the quality improvement programme and was reviewed and reported on annually.</p> <p>Staff at Waverley House were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested in late December 2023 and early January 2024. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff</p>

		had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.
<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 (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the IP team, directors, residents, and whanau. Results of the surveillance programme are also discussed with the directors.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the clinical manager.</p> <p>There are culturally safe processes for communicating between service providers and people receiving services who develop a hospital-acquired infection.</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>	FA	<p>Waverley House is committed to a restraint-free environment. There were robust strategies in place to eliminate restraint use. The directors are committed to the restraint elimination strategy adopted by the organisation. Documentation confirmed that restraint is discussed annually and at the quality and staff meetings and at the director's monthly meetings. Personal restraint has not been used since 1 July 2021 when the service was purchased. The CM and staff confidently discussed the alternatives to restraint use. Training records verified that all staff attended restraint education and clinical staff completed a restraint competency during orientation. Training is planned annually. Environmental restraint is used for safety purposes and all residents and family/whanau have access to the door code.</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>FA</p>	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. Access to advocacy is facilitated as necessary and family/whānau would be involved.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record.</p>

Specific results for criterion where corrective actions are required

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

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

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

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 audit.

No data to display

End of the report.