

Christchurch Methodist Central Mission - WesleyCare

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, 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:	Christchurch Methodist Central Mission
Premises audited:	WesleyCare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 February 2024 End date: 14 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: 98



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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

WesleyCare is a division of the Christchurch Methodist Mission which operates a range of social services. WesleyCare is a modern, spacious, purpose-built facility, which provides hospital (geriatric and medical) care, and rest home care for up to 108 residents. There were 98 residents on the day of audit. WesleyCare is an experienced aged care provider, and procedures and responsibilities for the safe management of residents at all levels of care are in place.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Waitaha Christchurch. The audit process included the review of; policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

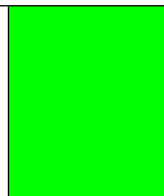
The divisional manager has been in the role for nine months and is supported by the Christchurch Methodist Mission executive director, an assistant manager (household) and clinical quality manager. The management team are supported by staff at head office. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls relating to clinical governance, equipment management and restraint monitoring.

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.

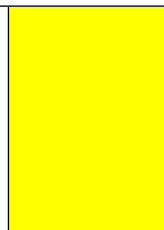


Subsections applicable to this service fully attained.

WesleyCare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. WesleyCare supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicate with them about their choices and preferences. Evidence was available demonstrating residents and family/whānau are kept informed. 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 documented.

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.



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

The Christchurch Methodist Mission has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The annual business plan informs the site-specific operational objectives which are reviewed on a regular basis. WesleyCare has an established quality and risk management system. Quality and risk performance is

reported across various meetings and to the organisation's management team. WesleyCare collates clinical indicator data and internal benchmarking occurs.

Human resources policies are in place. These policies include recruitment, selection, induction, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. An in-service education/training programme covers relevant aspects of care and support, and external training is in place. Staff maintain a range of clinical and non-clinical competencies. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

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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The admission package is in place and available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision and assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau. Care plans reviewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and health care assistants are responsible for administration of medicines. Annual medication competencies and education are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities team provide and implements a varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Discharges and transfers were coordinated.

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.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place.

Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management and outbreaks. There is always a staff member on duty with a current first aid certificate.

There are appropriate emergency equipment and supplies available. A fire drill is conducted six-monthly. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 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.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of staffs' induction and within the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Antimicrobial usage is monitored and reported on.

A robust pandemic and outbreak management plan is in place. Covid-19 response procedures are included to ensure screening of residents as indicated and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There has been one Covid-19 outbreak since last audit.

Documented processes are in place for the management of waste and hazardous substances. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.		Some subsections applicable to this service partially attained and of low risk.
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The restraint approval process is described in the restraint policy and provides guidance on the safe use of restraint and strategies to work towards eliminating restraint. The clinical quality manager (RN) is the restraint coordinator and provides support and oversight for restraint management in the facility. There were seven residents documented in the restraint register using restraint. Restraint use is monitored and reviewed three monthly. Restraint is only used as a last resort. There is appropriate quality review processes documented related to restraint use.

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	26	0	3	0	0	0
Criteria	0	173	0	3	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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service, which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. WesleyCare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident’s care plan. Clear processes which include tikanga in everyday practice and training for staff are in place.</p> <p>The divisional manager stated that they support increasing Māori capacity within the workforce and will be employing more Māori applicants when they do apply for employment opportunities at WesleyCare. At the time of the audit there were Māori staff members. WesleyCare evidences a commitment to a culturally diverse workforce as evidenced in the strategic, business and Māori health plans.</p> <p>The WesleyCare organisational strategic plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. WesleyCare has historic links with the local Rehua Marae and ongoing relationships with local hapū particularly through Whare Tiaki (supported accommodation for kaumatua Māori), Te Taha Māori (of Methodist Church), relationships with He Waka Tapu and Ngā Maata Waka (local kaupapa Māori organisations), and</p>

		relationships also through Māori residents.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the WesleyCare's Pacific Peoples' Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. On admission all residents state their ethnicity. There are no residents who identify as Pasifika. Pacific Peoples' Health policy and procedure objective states WesleyCare's commitment to supporting Pacific residents and their family/whānau.</p> <p>The divisional manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, and identity are respected. WesleyCare has links with the Ministry of Pacific Peoples and Pacific Navigation Service to ensure connectivity within the region. At the time of the audit there are Pasifika staff members who assist with providing support and guidance.</p> <p>Interviews with 28 staff including ten health care assistants (HCAs), four registered nurses (RNs), clinical quality manager, divisional manager, assistant manager (household), diversional therapist (DT), activities coordinator, two physiotherapy assistants, one property and asset manager, maintenance coordinator, cleaner, three laundry assistants and the chef manager, and the documentation reviewed, identified that the service provides person centred care.</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>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The divisional manager, supported by the clinical quality manager and RNs, discuss aspects of the Code with residents and their family/whānau at admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and</p>

		<p>Disability Advocacy Service and the resident advocacy information is available at the entrance to the facility and within the entry information pack provided to residents and their family/whānau. There are links to spiritual support documented in the policy and a full-time chaplain is employed.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at induction and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Eight residents (five hospital and three rest home) and five family/whānau (five hospital) were interviewed and reported the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>Healthcare assistants interviewed described how residents are supported to choose what they want to do. Residents interviewed stated staff provided them with choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in.</p> <p>WesleyCare's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. Annual satisfaction survey results and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect residents. There were no married couples at the time of the audit. Staff</p>

		<p>were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified. A full-time chaplain is employed with twice weekly church services held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The divisional manager is learning te reo Māori and was observed actively promoting te reo Māori in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The diversional therapist confirmed that the service is actively supporting Māori by identifying their needs and aspirations, this was evidenced in the care plan of a Māori resident which included the physical, spiritual, family/whānau, and psychological health of the resident.</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>	<p>FA</p>	<p>An abuse, neglect and prevention policy is being implemented. WesleyCare policies prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during induction and annually as per the training plan on code of ethics, workplace bullying, harassment and discrimination, whistle blowing policy and professional boundaries.</p> <p>All residents and family/whānau interviewed stated staff are very caring, supportive, and respectful. Police checks are completed as part</p>

		<p>of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. WesleyCare includes Te Whare Tapa Whā in their personalised model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes, this was confirmed through interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora - Waitaha Christchurch specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical quality manager described their process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding Covid-19 through emails, regular newsletters, and</p>

		resident meetings.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are organisational policies around informed consent that align with the Code of Rights. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid - 19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated where required and all associated documentation was evident in two resident files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A documented concerns and complaints procedure policy is in place. The complaints procedure is provided to residents and family/whānau on entry to the service. The divisional manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register.</p> <p>Two complaints have been logged in the register since the divisional manager started in May 2023 and there was one prior to this since the previous audit. No complaints had been made through the Nationwide</p>

		<p>Health and Disability Advocacy Service. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the facility entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held where concerns can be raised. Family/whānau confirm during interview that management are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The divisional manager acknowledged their understanding Māori prefer face-to-face communication and to include whānau participation.</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>PA Low</p>	<p>WesleyCare is located in Christchurch. The facility has 50 rooms on the ground floor with eight studio rooms, and a further 50 rooms are on the first floor. The studio apartments were able to have double occupancy; however, none have two occupants. All rooms are dual occupancy. At the time of the audit there were 98 residents in total. On the ground floor, there were 32 rest home residents and 18 hospital level residents (including four residents on long term support chronic health contract (LTS-CHC)) and 48 hospital level residents on the first floor (including one resident on a respite care contract and one resident on a palliative care agreement). All other residents were on the aged residential care agreement (ARRC).</p> <p>WesleyCare has a well-established organisational structure. WesleyCare is one of the divisions of the Christchurch Methodist Mission. The Board includes tāngata whaikaha, Māori and Pacifica members. It has a strong commitment to reduce inequity as can be evidenced by its commitment to ensure that financial means does not</p>

	<p>become a barrier for people entering WesleyCare (i.e, the premium room charges are waived for those who are not able to pay them). The Board is committed to the bi-cultural journey of the Christchurch Methodist Mission (as part of a bi-cultural church) and working in partnership with Māori. They have developed the bi-cultural policy for the organisation which the Director reports against at each meeting. Training on te ao Māori and Te Tiriti o Waitangi has been provided to the Board and staff. All Board members have the required skills to support effective governance over operational, clinical services, quality of resident care. New Board members receive a comprehensive orientation to the organisation which includes visiting the different divisions.</p> <p>WesleyCare prioritises the protection of Māori resident's values and rights through respectful engagement and robust feedback mechanisms. Staff can draw on the expertise of the Māori cultural advisor, (who has whakapapa connections to Murihiku marae, Ngāi Tahu), and the skills and knowledge of the te reo Māori teacher (who has Ngāi Tahu links). Staff can also draw on the knowledge of the cultural lead (Tuhoe) of Christchurch Methodist Mission's Housing First service. Overall, the organization strives to deliver high-quality, culturally responsive healthcare services that honour diversity and dignity. The Christchurch Methodist Mission has a historical relationship with Rehua Marae and ongoing relationships with local hapū particularly through Whare Tiaki (supported accommodation for kaumatua Māori), Te Taha Māori (of Methodist Church), relationships with He Waka Tapu and Ngā Maata Waka (local kaupapa Māori organisations), and relationships also through Māori residents.</p> <p>The executive director receives a report from the divisional manager and utilises this information in the monthly report about WesleyCare. Further to this there is separate financial reporting and health and safety reports are also provided monthly. The WesleyCare manager, together with senior leadership meet with the Board annually for a more in-depth discussion on WesleyCare.</p> <p>The Board chair is a RN and is therefore able to support the clinical governance of WesleyCare. There is comprehensive and robust discussion of clinical matters and any concerns including infections and restraint at the operational level go through the executive director, who</p>
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	<p>reports to the Board.</p> <p>The organisation's philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by the WesleyCare management team to identify barriers to care to improve outcomes for all residents. Cultural safety is embedded within the strategic, business and quality plans and is supported by staff training.</p> <p>The quality programme includes regular (weekly and monthly) site specific clinical quality, and compliance and risk reports generated by the clinical quality manager which are available to the senior team. The outcomes and corrective actions of these are discussed at several meetings including the quality meeting and weekly management meeting. High risk areas are discussed, and action plans are established to address issues. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The 2023 business plan for WesleyCare describes specific and measurable goals that are reported on monthly. WesleyCare goals relate to high quality care, financial performance, resident satisfaction, sustainability, and social responsibility. The clinical quality manager has established projects for the decreased use of anti-microbials which include reducing urinary tract infections, and skin/soft tissue/wound or cellulitis infections. Further to this the clinical team have worked on reducing pressure injuries and wounds, implementing a comprehensive electronic patient management system, and improving resources and support for end-of-life care.</p> <p>At the commencement of the role, the divisional manager completed a comprehensive induction. The divisional manager has been in the role at WesleyCare for nine months and has attended leadership courses and relevant training. The divisional manager is supported by an experienced clinical quality manager and an experienced assistant manager for household. The clinical quality manager who has been in the role for two years and is supported by two-unit coordinators. The unit coordinators are based on each floor, one of which is on leave at</p>
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		<p>present and the role is being covered by the senior RNs. The management team are supported by the executive director and head office staff including a human resources advisor. The clinical quality manager has undertaken post graduate study over the past year which has included leadership and management aspects of aged care.</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>WesleyCare is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. There is evidence of progress and sign off when achieved. Quality data and trends in data are posted on a noticeboard in staff areas. Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. WesleyCare has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services.</p> <p>The annual resident and family/whānau satisfaction survey was completed in July 2023 and evidenced 85% overall satisfaction on all areas of service delivery. The service benchmarks against previous months/years and the current results are closely aligned with benchmark averages. Opportunities for improvement have been identified and implemented around family/whānau involvement in the admission process, communication, pathways for residents to raise</p>

	<p>issues about food services and advocate support provided for the residents and family/whānau meeting.</p> <p>A health and safety system is in place. There is an organisational health and safety meeting which has WesleyCare representatives, that meets monthly and reports back to the WesleyCare quality assurance and health and safety meeting. The quality assurance meeting/health and safety meetings have representatives from each department. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (last updated in November 2023). Health and safety policies are implemented and monitored by the organisational health and safety committee.</p> <p>Staff incident, hazards and risk information is collated and included in the WesleyCare report to the Board. The noticeboards in the staffrooms keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the previous audit.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Results are discussed in the quality improvement and staff meetings and at handovers. A notification and escalation matrix is available to staff. The system escalates all alerts to the divisional manager and clinical quality manager and further alerts senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs internally from month to month and from year to year. A regular policy review, and internal benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff have completed cultural training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Discussions with the divisional manager and clinical quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed to notify HealthCERT since the previous audit. One Covid-19 outbreak occurred in September 2023, which was</p>
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		reported appropriately.
<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 and procedures describes rostering and staffing rationale in an event of acuity change and outbreak management. The divisional manager confirmed when interviewed staff needs and shortages are reported to the executive director and the Board. The divisional manager and clinical quality manager work full time Monday to Friday. The clinical quality manager provides on-call support for the unit coordinator and the RNs on clinical issues. The assistant manager is on call for non-clinical staffing matters. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The roster reviewed evidenced registered nurse cover 24/7. The number of HCAs on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. The studio apartments are supported by the ground floor staff and the RN in that area. Separate staff are dedicated to recreation, cleaning, and laundry for seven days a week. Grounds and maintenance staff are rostered over five days. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner.</p> <p>The annual education and training schedule is being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete electronic cultural awareness training at induction and annually. External training opportunities for care staff include training through Te Whatu Ora - Waitaha Canterbury. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Staff at WesleyCare are using electronic learning platforms to supplement face-to-face training sessions.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 65 HCAs employed. Five HCAs have achieved level two, fifteen have completed level three</p>

		<p>and thirty-five have completed level four NZQA qualification.</p> <p>A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies (e.g., restraint, medication administration, and wound care). Additional RN specific competencies include subcutaneous fluids, PEG management, syringe driver and interRAI assessment competency. Eleven of the twenty-two RNs are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training including, critical thinking; infection prevention and control (including Covid-19 preparedness); identifying and assessing the unwell resident; and dementia, delirium, and depression. All HCAs are required to complete annual competencies including (but not limited to) restraint, moving and handling, culture, and handwashing. A selection of HCAs have completed medication administration competencies and second checker competencies. Completion records are held by the clinical quality manager.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) was posted and visible in staff locations. The workplace union delegates, staff, and management collaborate to ensure a positive workplace culture.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, induction and staff training and development. Nine staff files reviewed, including the household manager, the clinical quality manager, one RN, five HCAs and one chef manager, evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented, and all staff had a twelve-month appraisal completed. The service has a role-specific induction</p>

		programme in place that provides new staff with relevant information for safe workplace practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the induction programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented WesleyCare business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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</p>	FA	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. There is specific information related to palliative care provision at WesleyCare. The ten admission agreements reviewed align with all contractual requirements. A short stay admission agreement is completed for residents who require respite/short stays. Exclusions from the service are documented in the admission agreement.</p> <p>Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service</p>

<p>communicated to the person and whānau.</p>		<p>operates. The clinical quality manager, and unit coordinators are available to answer any questions regarding the admission process. The RNs interviewed advised the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would be if there were no beds available or the potential resident did not meet the admission criteria. The clinical quality manager, on interview, confirmed that they have not declined any residents as the facility is not yet full. If residents are declined, the resident and family/whānau would be provided with alternative options and links to the community if admission is not possible. Ethnicity information at the time of enquiry from individual residents is analysed for the purposes of identifying entry and decline rates. The service has a meaningful partnership and working relationships with local kaumātua to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files reviewed: six at hospital level including a resident funded on LTS-CHC and one on funded end of life care (EOL), four at rest home including a resident on a respite care contract. Initial care plans are developed with the residents or enduring power of attorneys' consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which includes (but is not limited to) dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies. Te Ara Whakapiri is recognised as part of comprehensive end of life care and was implemented as evidenced in one file reviewed.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Long-term care plans are designed to be holistic and individualised to meet the needs and preferences of the resident. Documented interventions were detailed to direct comprehensive care delivery; however, interventions related to</p>

	<p>restraint management were not always recorded in the same detail (link 6.2.2). Short-term care plans are developed for acute/short term needs and where ongoing, these have been added to the long-term care plan.</p> <p>Residents who identify as Māori have a Māori health care plan in place which describes the support required to meet their needs. The RNs interviewed described removing barriers, so residents have access to information and services required. Independence is promoted when developing care plans, residents and family/whānau are involved when pae ora outcomes are developed.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. There is evidence in files of the requirement to have monthly (hospital residents) or three monthly (rest home) GP reviews/visits when the resident's condition is considered stable. The three contracted GPs visit the facility weekly. Residents have reviews by the GP within required timeframes and when their health status changes. The GP interviewed stated that there was good communication with the service. The RNs demonstrated excellent assessment skills and the GP was informed of concerns in a timely manner. The GP practice provides after hour service to the facility. A physiotherapist visits the facility twice weekly and residents' mobility, exercise and non-pharmaceutical pain management is supported by two physiotherapy assistants.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family are informed where there is a change in health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were twelve wounds documented in the wound register, these included skin tears and surgical wounds. There were no residents with current pressure injuries. Where wounds required additional specialist input, Te Whatu Ora - Waitaha</p>
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		<p>Canterbury wound nurse specialist advice is available.</p> <p>Registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by HCAs and RNs. When there are changes in the residents' health, these are reflected in the progress notes. Registered nurses initiate a review with the GP and complete comprehensive assessments including (but not limited to) falls risk, pressure risk and pain assessment. There was evidence the RNs added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the RNs. Health care assistants interviewed confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Monitoring is completed and include bowel, food and fluid, toileting regimen, behaviour, and restraint monitoring. Post fall assessments are completed for all falls, including completion of neurological observations when unwitnessed falls occurred.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RNs. Evaluations include the degree of achievement towards meeting desired goals and outcomes.</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>	<p>FA</p>	<p>The residents' activities programme is implemented by a full-time qualified Diversional Therapist (DT), activities coordinator, and volunteer. The second DT position is currently vacant due to staff absence. The programme is facilitated over six days a week. They work alongside the HCAs and two physiotherapy assistants to support all residents with their activities. Health care assistants have access to resources such as table games, puzzles, and quizzes to assist with activities over the weekend.</p>

		<p>Activities programmes were displayed in large print on the noticeboards, front entrance, and the elevators. Residents received copies of the week's activities. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; walking groups; quiz; church services; craft; and musical entertainment. On the day of the audit, residents were participating in exercise and some enjoying crafts. A van is available for driving excursions. The programme allows for flexibility and resident choice of activity. For residents who choose not to participate in group activities, one on one visits occur regularly. Opportunities are facilitated to maintain linkages with the community. Church services are available in the chapel twice a week. The full-time chaplain supports residents' spiritual needs.</p> <p>The use of te reo Māori is included in the daily programme. Māori residents interviewed stated they are supported with their health needs and access to te ao Māori. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has close connections with the local marae and linkages to Māori and Pasifika communities are supported by the wider organisation.</p> <p>The residents' activities assessments are completed by the DT and include cultural assessments. Information on residents' interests and previous occupations are gathered during the interview with the resident and/or their family/whānau. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and is part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Staff responsible for medication administration have all completed</p>

<p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>medication competencies. There are two secure medication rooms. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Twenty electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. All medications are charted, either regular doses or pro re nata (prn). The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use and the effectiveness of 'as required' medication was recorded in progress notes or the medication system.</p> <p>Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over-the-counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>There were no residents self-administering their medications on the day of the audit; however, there are comprehensive policies to facilitate and assist residents who wish to self-administer medications when required.</p> <p>A medication audit is completed as per the audit schedule and corrective actions implemented where required. Medication errors are investigated and acted upon.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>All kitchen services are overseen by the chef manager who is supported by a second cook and kitchen assistants. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The five-week seasonal menu has been reviewed biennially by a dietitian and meets the requirements for older people. The menu provides options for residents to choose from. Food preferences and cultural preferences are included at resident's</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>requests. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies.</p> <p>The menu provides pureed/soft meals as well as gluten free options if required. Alternatives are available at the residents' requests or provided as needed. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan expiring September 2024. Chemicals are stored safely, and safety datasheets are available.</p> <p>Once cooked, the meals are served by staff from the bain-marie to residents in the dining room on the ground floor. Controlled hot boxes are used to transport the food to the upstairs dining room. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are kitchenette areas with tea and coffee facilities, small fridge, and a microwave in communal areas for residents and family/whānau to use. There were enough staff to assist during mealtimes.</p> <p>Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. Kitchen staff and HCAs interviewed had a good understanding of tikanga practices related to food services.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. The chef manager ensures that dietitian advice with fortified smoothies and meals are implemented.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they</p>	<p>FA</p>	<p>Discharges and transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were</p>

<p>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>		<p>documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved in discharges to and from the service. Transfer notes include a yellow transfer envelope with advance directives, medication chart, GP notes, summary of the care plan, and resident's profile, including family/whānau details. When resident's return to the service, discharge summaries are uploaded to the electronic resident's file. The RNs interviewed advised comprehensive handover between services occur at the time of transfer or discharge.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building holds a building warrant of fitness, expiring 1 January 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The service is meeting the relevant requirements, as identified by relevant legislation, standards, and codes. The service employs a full-time property and asset manager and maintenance coordinator who oversees and implements the maintenance plan. Maintenance requests are documented in maintenance registers and acted upon in a timely manner. This is checked and signed off when repairs have been completed. A preventative maintenance plan is in place which includes electrical checks, test and tag of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures; however, not all equipment has been tested and calibrated. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Ample storage areas are available for hoists, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility is purpose built over two storeys. There are two elevators and stairs available to use. Emergency evacuation equipment is appropriate.</p> <p>All rooms are dual purpose for hospital and rest home level of care. Each room has its own ensuite which is spacious and accommodates hospital equipment. Each floor accommodates 50 rooms and is a mirror layout of the other. There are two nurses' stations on each floor</p>

		<p>overseeing a large main lounge and dining room to ease supervision.</p> <p>There are eight dual purpose studios on the ground floor; the residents have access to the outdoors, dining room and main lounge on the ground floor. There are smaller seating areas and whānau rooms for privacy.</p> <p>All communal and the outdoor areas are easily accessible for residents with mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences. All outdoor areas including the balcony have seating and shade.</p> <p>The resident rooms are large and have ample natural light and ventilation. Air conditioners, ceiling heaters and central heating are used to maintain a safe and comfortable temperature. The facility was maintained at a warm and comfortable temperature on the days of the audit. The ensuite bathrooms and toilet facilities have appropriate flooring and handrails. Visitor toilets have disability access and are conveniently located and are identifiable.</p> <p>The cultural leads are consulted with any changes or when proposed changes are considered for the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. An emergency management plan and civil defence plan directs the staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 3 February 2017. The fire evacuation drills are conducted every six-months and are added to the training programme. Fire training and security situations are part of orientation of new staff. First aid kits are available. There is a person trained in first aid on each shift.</p> <p>The service also has a generator available in the event of a power failure for emergency power supply. Civil defence equipment is</p>

		<p>available and checked at regular intervals. Several ceiling header water tanks (containing approximately 4500 litres) are available that meets the requirements of the local civil defence guidelines. There are sources for alternative cooking available. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. A call bell system has been installed throughout the facility. The call system is appropriate with annunciators throughout the corridors. Residents have a call bell, wrist, or neck pendant to summon staff.</p> <p>The outside doors, reception and carpark is monitored by close circuit television (CCTV). There is a main double-door entrance into the care centre, and these are secured at dusk. Visitors have speaker access to staff and then the door will be released to enter the entrance foyer. Several doors are accessible by key swipe cards only and a register is maintained.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control programme including antimicrobial stewardship (AMS) is an integral part of WesleyCare business and quality plans to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, and Te Whatu Ora - Waitaha Canterbury. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by the clinical quality manager and unit coordinators and proposed changes are consulted with the quality assurance team and RNs as appropriate prior to its' completion.</p> <p>The quality assurance meetings include infection prevention and control. Infection rates are presented and discussed at infection control, quality, registered nurses, and staff meetings. The data is benchmarked internally. Infection prevention and control information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior management team, GP, and the public health team. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the</p>

		electronic quality risk and incident reporting system.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control and prevention programme is overseen by the clinical quality manager who is experienced in infection control. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed workshops /webinar with Te Whatu Ora - Waitaha Canterbury and online education. The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora - Waitaha Canterbury.</p> <p>The service has a Covid-19 response plan which includes preparation and planning for the management of outbreak. Staff report there is ample personal protective equipment (PPE), and these are regularly checked so they are within the expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. Shared equipment is appropriately disinfected after use. The procedures to check these are included in the internal audit system. The service has te reo Māori information around infection control for Māori residents available and assists the organisation with culturally safe practice. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection control coordinator is involved in the procurement of good quality consumables and personal protective equipment and would be involved for advice in infection prevention and control matters with new buildings in the future.</p>

		<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff induction and included in the annual training plan. There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares and at resident meetings. Residents and family/whānau are kept informed through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell. There is a sign-in process for visitors.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The infection prevention and control coordinator has developed a dedicated team for AMS which includes the GP, RNs, unit coordinators and pharmacist to assist in reducing the usage of anti-microbials at WesleyCare. Education has been provided to staff and residents regarding AMS. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and as part of the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of infections is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. Data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality meetings,</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>weekly management meetings, handovers, and staff meetings.</p> <p>All WesleyCare clinical staff have direct access to data via the electronic system.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The surveillance data includes ethnicity. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora - Waitaha Canterbury for any community concerns.</p> <p>There has been one Covid-19 outbreak since the previous audit. The outbreak was managed well with guidance from head office, public health at Te Whatu Ora - Waitaha Canterbury.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly identified with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept securely, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and staff were observed to be wearing these when necessary on the days of audit. There are two sluice rooms (each with a sanitiser) on each floor. There are stainless steel benches and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>All clothing and linen is laundered on site. The laundry is operational seven days a week from 6.30 am to 3.00 pm. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines</p>

		<p>and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning, laundry, and audits.</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>There is a Restraint Elimination and Preventing use of Restraint policy. The CQM is the restraint coordinator (RN) and provides support and oversight for restraint management in the facility. The CQM interviewed is conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Wesley Care works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there was seven resident using restraint (two bedrails and six lap belts). One resident used a lap belt and bedrail. The CQM confirmed Wesley Care is committed to providing services to residents without use of restraint. The strategic plan is yet to evidence a commitment to provide a restraint free environment (link 2.1.11).</p> <p>A review of the documentation available for the resident using restraint, include processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA, GP and restraint coordinator.</p> <p>The use of restraint is reported in the combined quality and staff meetings. The reporting process to the Board is yet to include restraint data (link 2.1.11).</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,</p>	<p>PA Low</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Five files were reviewed of residents using restraint and evidenced assessment, monitoring, evaluation, and GP involvement; however, the same detail was not evidenced in the care plans that guides restraint monitoring.</p>

<p>implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>Restraint is only used to maintain resident safety and only as a last resort. The clinical quality manager discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Restraint charting includes the restraint method approved, when it is applied, frequency of monitoring and when it ends. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out.</p> <p>A restraint register is maintained and reviewed by the clinical quality manager who shares the information with staff at the quality and staff meetings.</p> <p>Use of restraints is evaluated three-monthly or more often according to identified risk. WesleyCare do not support emergency use of restraint, and this is documented in the policy.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The internal audit schedule was reviewed and included review of restraint use. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The clinical quality manager reviews restraints and these are discussed at the three-monthly GP reviews and three-monthly approval/review group meetings, (minutes sighted).</p> <p>Staff monitor restraint related adverse events while restraint is in use. There have been no restraint related incidents reported for 2023/2024.</p> <p>Any changes to policies, guidelines or education are implemented if required. Data reviewed, minutes and interviews with staff (including RN and HCAs) and the GP confirmed that the use of restraint is only used as a last resort.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	PA Low	<p>The divisional manager meets weekly and provides a monthly report on the WesleyCare business plan to the executive director. The executive directors reports monthly to the Board regarding progress on strategic goals that reflect the WesleyCare annual business plan. Wesley Care also has a set of quality goals which are discussed and reported on at the weekly meetings. The restraint data is analysed by the CNM and it is discussed with divisional manager and executive directive director this does not get reported to the board nor is it considered as part of the health and safety reporting.</p>	<p>The information about clinical governance occurs at the operational level through reporting on the business and quality plans and reports on infection prevention and control/anti-microbial stewardship and restraint. However, a shortfall is noted in the absence of a clinical governance structure there is inadequate reporting provided to the board infection prevention and control/anti-microbial stewardship and restraint.</p>	<p>Ensure a clinical governance structure is in place which includes reporting on infection prevention and control/antimicrobial stewardship and restraint.</p> <p>90 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>There is a preventative maintenance plan. The medical equipment is monitored annually by an external contractor. Monitoring of medical equipment was completed in July 2023; however, not all medical equipment was part of the annual check. The maintenance coordinator has completed a test and tag education and provides this service. Observation during facility tour evidenced the facility is equipped with residual-current devices (RCDs). Not all residents' equipment was tested and tagged for compliance.</p>	<p>(i). Not all tagging and testing of residents' equipment and WesleyCare equipment is current.</p> <p>(ii). Not all resident's equipment and medical equipment were included in the annual compliance testing schedule.</p>	<p>(i). Ensure all clinical and non-clinical equipment is appropriately monitored and tagged for use.</p> <p>(ii). Ensure all resident and medical equipment is scheduled to be monitored for compliance.</p> <p>90 days</p>
<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>Electronic worklogs are created by RNs to ensure the required frequency of monitoring is carried out by the HCAs. Monitoring charts reviewed evidence monitoring is completed as required. Five care plans reviewed evidence documentation of the type of restraint used; however, interventions to guide staff were insufficient.</p>	<p>Five of five care plans reviewed related to restraint interventions does not evidence an implemented process describing the frequency and extent of monitoring related to identified risks.</p>	<p>Ensure describing the frequency and extent of monitoring related to identified risks.</p> <p>90 days</p>

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.