# Experion Care NZ Limited - Wensley House

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Experion Care NZ Limited

**Premises audited:** Wensley House

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 27 March 2024 End date: 28 March 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:** 20

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

* ō 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 haumaru │ 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 |
|  | 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

Wensley House is part of Experion Care NZ and provides rest home level of care for up to 43 residents. At the time of the audit there were 20 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora – Nelson Marlborough. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with management, family/whānau, staff and the general practitioner.

An experienced facility manager oversees the day-to-day operations of the facility. They are supported by a clinical lead, administrator and experienced caregivers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has completed a number of improvements and upgrades since the previous audit.

This certification audit identified improvements required around laundry processes.

## 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 are fully attained. |

Wensley House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are 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. This service supports cultural 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 service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that 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 well-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. |  | Subsections applicable to this service are fully attained. |

Experion Care NZ has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager is supported by a registered nurse, and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational and clinical objectives which are reviewed on a regular basis. Wensley House has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's support team. Wensley House collates clinical indicator data and comparison of data occurs. Benchmarking occurs monthly. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that 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 are fully attained. |

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents and family/whānau interviewed responded favourably to the food that is provided. A current food control plan is in place.

Transfer between services is coordinated and planned.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

|  |  |  |
| --- | --- | --- |
| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service are fully attained. |

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

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. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. There was one Covid-19 outbreak since the last audit.

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

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service are fully attained. |

The restraint coordinator is the facility manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 26 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 167 | 0 | 1 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Wensley House is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau, as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, as evidenced in the care plans reviewed.  At the time of the audit there were Māori staff at Wensley House, including in senior positions. The facility manager (FM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the good employer policy documented the leadership commitment. Furthermore, the FM stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Wensley House to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. Experion Care has a cultural advisor that advises the Board on matters to ensure equity. The FM described how at a local level they have established relationships with the Māori community, local iwi and Māori community disability services in the Nelson Marlborough area. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | Wensley House has a Pacific people’s policy and `Health of pacific peoples in Aotearoa is everyone’s business` policy which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pacific staff. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in November 2023.  On admission all residents state their ethnicity. There are currently no residents that identify as Pasifika. The FM interviewed stated Pacific peoples’ cultural beliefs and values, knowledge, arts and identity are respected when in their care.  Code of Rights information is accessible in Tongan and Samoan. There are staff that identify as Pasifika. The FM described how Wensley House increases the capacity and capability of the Pacific workforce through equitable employment processes, as documented in the good employer policy.  Interviews with ten staff (four caregivers, one clinical lead (RN), one cook, one administrator, one maintenance person, one activities coordinator [DT] and one cleaner) identified that the service provides person-centred care. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Residents, enduring power of attorneys (EPOA), family/whānau, or their representative of choice are consulted in the assessment process to determine residents’ wishes and support needs when required.  Details relating to the Health and Disability Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The FM and clinical lead (CL) discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Three family/whānau interviewed reported that the service respects residents’ rights. Interactions observed between staff and residents during the audit were respectful.  Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Health and Disability Consumers’ Rights (the Code) at orientation 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. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | The Wensley House 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. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.  It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau.  An intimacy and sexuality 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. There were no married couples in the facility. At the time of the audit, all rooms were single occupancy. Staff were observed to respect residents’ privacy by knocking on bedroom doors before entering.  Staff 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 residents and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Mana Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.  The Māori health plan and business plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. Staff understand their responsibilities around reporting abuse and neglect. There are educational resources available online.  Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training. The education sessions provided encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. All staff are held 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 readings, cultural training, available resources, and the house rules.  Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.  Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with the CL and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.  The philosophy of Wensley House promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed. |
| Subsection 1.6: Effective communication occurs  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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | 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 family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.  Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand 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. The residents, family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to residents and family/whānau related to rest home care.  The service communicates with other agencies that are involved with the resident such as Health New Zealand-Nelson Marlborough specialist services (eg, physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The CL described an implemented process around providing residents with support and time for discussion around care, and opportunity for further discussion when planning care, if required. There was documented evidence that family/whānau are invited to care planning and reviews.  Residents and family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. The family/whānau interviewed stated there is a marked improvement in communication and this was evident through the last resident and family/whānau survey completed in January 2024. Monthly residents’ meetings occurred as planned since the last audit. Staff have completed annual education related to communicating effectively with residents’ who have cognitive disabilities. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | A policy that guides informed consent is in place that include the guidance on advance directives. Informed consent processes were discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed for procedures such as influenza, shingles and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.  The admission agreement is appropriately signed. Enduring power of attorney documentation is filed in the residents’ files and is activated where required.  Advance directives for health care including resuscitation status had been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the caregivers and CL confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents’ rooms. Training has been provided to staff around Code of Rights, that included informed consent.  The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using a complaint register. This register is maintained. There were four complaints documented since the last audit, and the trend identified was around the food service. A quality improvement plan has been documented and progress monitored. Several compliments were recorded throughout the year 2023 and 2024 year to date. There were no complaints from external agencies.  Complaints documentation including follow-up letters demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints register evidenced complaints can be allocated a theme and a risk severity rating. The FM stated they are confident in investigating and providing of a root cause analysis when they do receive serious complaints. Family/whānau confirmed during interview the FM is available to listen to concerns and acts promptly on issues raised. Residents and 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 (when required) in the complaints process. Interpreters contact details are available. The FM acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.  Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted). |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Wensley House is part of Experion Care NZ and is located in Richmond. There are six medium sized aged care facilities within the organisation that provides approximately 180 care beds. Wensley House provides rest home level of care for up to 43 residents. There are 30 beds in the rest home and 13 beds in the serviced apartments that are certified for rest home level of care.  There were 20 residents at the time of the audit, including: two residents in the serviced apartments; one resident was on a mental health contract (MH); one resident was funded by Accident Compensation corporation (ACC); and one hospital level resident was under a Notification for One Hospital-level Resident in a Rest home service Area (NOHRRA) agreement and was awaiting transfer to another facility. All other residents were on an aged related residential agreement (ARRC).  Wensley House has an annual business plan (2024) in place, which links to the organisation’s, vision, mission, values, and strategic direction, as documented in the Experion Care NZ organisational business plan for 2022-2025. Clear specific business clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Wensley business plan was reviewed in February 2024.  The executive team (two directors, business manager, human resources support and clinical governance advisor) meets quarterly. The executive director (owner) has owned the facilities since 2015. The executive director is supported by an independent director based in New Zealand with experience as a statutory supervisor for retirement villages. Both have equal authority and oversee operations of the care homes. The directors are supported by the accounts and business team which comprises of a person overseeing human resources (based in India), and a business manager (based in United Arab Emirates). Each home has their own in-house business support/administrator.  The directors have extensive business experience and have an understanding of their responsibility in the implementation of Health and Disability Services Standard. The independent director and clinical governance advisor (interviewed) explained their commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business and quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. There is a Māori Cultural advisor to the executive team (governance body) that provides tikanga support. The executive team has completed cultural support training that ensures cultural competence.  Clinical governance is provided by a clinical governance committee (CGC) that includes clinical members (including the national quality lead), and meets monthly and is chaired by the clinical governance advisor. There is a documented term of reference. There is a monthly CGC report (meeting minutes sighted) report on quality and risk data and a narrative from each care home. The report is generated from monthly managers meetings, discussions with managers and data extracted monthly from the electronic management system. The CGC reports are presented at quarterly Experion Care Board (executive) meetings by the clinical governance advisor, with recommendations of actions required. The monthly clinical benchmarking reports is also discussed at the Board meeting. Clinical information, actions, improvements and communications generated at the Board meetings are cascaded to managers by the clinical governance advisor.  The FM (a registered nurse) has been in the role since June 2023 and oversees the implementation of the business strategy, quality plan, and clinical oversight is provided by the CL (registered nurse). The clinical lead has been in the role since December 2023.  The FM has completed in excess of eight hours of professional development since June 2023. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | Wensley House is implementing a quality and risk management programme. There are clinical goals documented for 2023 that were signed off in February 2024. New goals were established for 2024 and include implementation of falls management strategies and is reviewed monthly at the staff meeting. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.  A new electronic resident management system that includes collection of quality data in real time, has been fully implemented since September 2023. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Staff and quality meetings take place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses’ station. There is an internal audit schedule to monitor clinical and non-clinical performance. All internal audits were completed with results discussed/provided to staff. All internal audits evidence compliance. Quality data analysis includes ethnicity and occurs to ensure a critical analysis of Wensley House practice to improve health equity.  A documentation review on site was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Experion Care NZ have adopted the quality system and policies developed by an aged care industry leader. The quality system is available to all facilities within the group through a cloud-based drop-box folder. It is each FM`s responsibility to provide document control that is site specific. The FM at Wensley House had reviewed the policies in October 2023 and a printed suite of policies are available to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies. The national quality lead role is responsible for documentation control of quality documentation for the group.  The communication policies document guidelines for tāngata whaikaha to have meaningful representation through monthly resident and family/whānau meetings, complaints management system and annual satisfaction surveys. Residents’ meetings occurred monthly; and a resident and family/whānau satisfaction survey was completed in January 2024, with corrective actions implemented around the food service. However, all areas of service delivery evidenced high satisfaction rates.  The FM and CL has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau, either when they visit the facility or through regular emails, as evidenced through residents and family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau.  A health and safety system is in place. There is a health and safety representative that provides a monthly report to be discussed at staff and quality meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the staffroom and nurses’ stations 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 were no serious staff injuries in the last 12 months.  Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is given and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). Opportunities to minimise future risks are identified by the CL in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking activities occur by doing comparisons between months; monthly internal benchmarking between facilities occurs and is completed by the clinical governance advisor. Results are discussed at monthly CGC meetings, quarterly Board meetings and in the staff meetings.  Discussions with the FM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were no events that required notifications to HealthCERT. There was one Covid-19 outbreak recorded since the last audit and was reported to Public Health. There was one HealthCERT Notification for One Hospital-level Resident in a Rest home service Area (NOHRRA) sighted while the resident was awaiting transfer to another facility.  The facility had a visit from the HealthCERT team in February 2024 that evidenced a good outcome for Wensley House. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care and support. There is a person with a first aid certificate on every shift.  When the FM is absent, the CL carries out all the required duties under delegated authority. The FM and CL is on site Monday to Friday and provide on call 24/7. The number of caregivers is sufficient to meet the care needs of the current residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff, residents and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau received emails to communicate any changes in staffing levels; residents are informed on the day. Staffing requirements and occupancy are discussed as part of the staff and quality meetings. There are medication competent caregivers on morning, afternoons and nights to perform medication administration duties.  Caregivers perform laundry duties on the day and night shifts. Staff reported that the duties are manageable. There is a separate team of cleaners and kitchen staff to perform non-clinical duties.  There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. The training schedule has been implemented for 2023 and being implemented and on track for 2024. Training and education is provided monthly and include guest speakers and online training modules.  The CL and FM meet their training requirements through Health New Zealand- Nelson Marlborough training and training sessions held in-house.  The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in November 2023 and February 2024. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view, equity, identify barriers to care, clinical bias, Pacific models of care and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities.  Competencies are completed by staff, which are linked to the education and training programme. All caregivers, the CL and casual staff are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), and moving and handling. A record of completion is maintained. Medication competencies are completed annually. The CL is interRAI trained.  There are 15 caregivers employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing. One caregiver is a Careerforce assessor and several caregivers are enrolled to complete the next level of qualification.  There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, staff surveys (January 2024) and performance appraisals. Staff interviewed stated the FM and CL has a transparent process when making decisions that affects staff. Results from the staff survey evidence a positive workplace environment. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Six staff files reviewed 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, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy and appraisal schedule as part of human resources and employment policies. All staff that had been in employment for more than 12 months had an annual appraisal completed.  The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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. | FA | Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented 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. Specimen signatures are available and include the name and designation.  Organisation related documents that are not in use are securely destructed. The FM is the privacy officer for Wensley House and has to approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry  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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The facility manager and clinical lead screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and family/whānau at entry, with specific information regarding admission to Wensley House. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required under the age-related residential care (ARRC) agreement. The five admission agreements reviewed meet the requirements of the ARRC agreement and were signed and dated. Exclusions from the service are included in the admission agreement.  The facility manager and clinical lead are available to answer any questions regarding the admission process. The service communicates with potential residents, and family/ whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Following a period of a hold on admissions, the service has recently started to admit residents into care. The service collects ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. The facility manager reported they have made links and are strengthening working partnerships with local Māori health practitioners through Health New Zealand – Nelson Marlborough and health organisations to improve health outcomes for future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Five resident files were reviewed; four rest home level care including one on Accident Compensation Corporation (ACC) funding and one hospital level care (recently assessed and awaiting transfer). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is documented evidence of resident, and family/whānau participation in care planning. The service has recently (September 2023) transitioned to an electronic resident management system, with all records fully integrated into the system at the time of the audit.  All residents have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan. Documented interventions were recorded in detail to manage early warning signs and clinical risks. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes and were all current. The ACC resident had assessments which include (but not limited to) those related to communication; culture; spirituality; mobility; hygiene; dressing; pain; skin; pressure risk; oral health, and sleeping, completed that informed the long-term care plan.  Although the service does not currently have residents who identify as Māori, the clinical lead demonstrated awareness of how the service would support Māori residents and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.  Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plan evaluations reviewed were detailed and demonstrated progress towards meeting the goals.  All residents had been assessed by a general practitioner (GP) within five working days of admission. The general practitioner reviews the residents at least three-monthly or earlier if required. An urgent care centre provides after-hours support when needed. The contracted general practitioner visits the facility every second week and as required. The general practitioner (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist and physiotherapist visits regularly and a dietitian, speech language therapist, older person mental health specialist, local hospice and wound care specialist nurse is available as required through Health New Zealand service. The physiotherapist is contracted to attend to residents four hours a fortnight.  Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and was found to be comprehensive in nature. Caregivers complete the progress notes every shift. Registered nurses document in the progress notes at least weekly to complete regular registered nurse reviews of the care provided and when there is an incident or changes in health status. There is regular documented input from the general practitioner and allied health professionals.  When a resident’s condition alters, the registered nurse initiates a review with the general practitioner. The resident records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, general practitioner and specialist visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.  There were three wounds being managed by the service at the time of the audit which included one chronic wound (suspected basal cell carcinoma). There were no residents with current pressure injuries. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The clinical lead has completed formal wound care management training. There is access to wound care nurse specialist input into chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required from Health New Zealand- Nelson Marlborough.  Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. Where behaviour charts were completed, these described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts are routinely evaluated by the registered nurse. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the registered nurse, and any opportunities to minimise future risks were identified and implemented.  Short-term care plans were completed for short term issues, such as infections, weight loss, and wounds and incorporated into the long-term care plan. |
| Subsection 3.3: Individualised activities  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. | FA | Wensley House employs qualified diversional therapist (DT) who has been employed at the facility for 12 years and works Monday to Friday. The DT implements a varied activities programme that caters for all resident needs. The programme reflects the physical and cognitive abilities of the resident groups. There is a monthly programme displayed on the noticeboards and in resident rooms. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include (but not limited to): exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft; and van trips. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van with a current warrant of fitness and registration. This is available for the weekly outings.  Although there were no Māori residents at the time of the audit, the service has a working relationship and seeks advise from ‘Te Piki Oranga’ in Nelson region and advisor from Health New Zealand- Nelson Marlborough who visit Wensley House for ‘Karakia’ and ‘Manaakitanga’ on a regular basis. The service ensures that staff are aware of how to support Māori residents in meeting their health needs, aspirations in the community and would facilitate opportunities for Māori to participate in te ao Māori. This is through local school kapa haka groups visiting and using Māori words and phrases. On the day of the audit, activities involving music, quiz, newspaper reading, shopping and exercises were observed. Waitangi Day, Matariki and Māori language week are celebrated.  There are regular church services held in the facility. Entertainers and pet therapy groups visit regularly. Special events like birthdays, St Patricks day, Matariki, Easter, Father’s Day, Anzac Day, Christmas, and theme days are celebrated.  Residents have an activity and diversional therapy assessment completed over the first few weeks following admission that describes the resident’s past hobbies and present interests, career, and family. Resident files reviewed identified comprehensive activity plans based on the resident’s assessed needs, which also incorporated plans related to physical, cognitive, emotional, and spiritual needs. Activity plans are evaluated at least monthly at the same time as the care plan evaluations. Family/whānau and residents have the opportunity to provide feedback through one-on-one feedback and monthly meetings. Residents and family/whānau interviewed expressed satisfaction with the activities offered. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe 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. | FA | There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked room. Staff responsible for medication administration complete medication competencies. Regular medications and ‘as required’ medications are delivered in blister packs. The registered nurse check the packs against the electronic medication chart and a record of medication reconciliation is maintained electronically. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There was one resident who was self-administering medications on the day of audit. Assessments, reviews, storage, and procedures relating to self-administration of medication had been adhered to.  Medication fridge and room air temperature are checked weekly, recorded, and were within the acceptable temperature range. Observation of the medication trolley confirmed that creams in use were dated on opening and within expiry date (there were no residents on eye drops at the time of the audit). Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The general practitioner 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. The effectiveness of ‘as required’ medication had been documented in the electronic medication system.  Standing orders are not in use. All medications are charted either regular doses or ‘as required’. Over the counter medications and supplements are prescribed on the electronic medication system by the general practitioner.  The service provides appropriate support, advice, and treatment for all residents. Registered nurses, and the general practitioner are available to discuss treatment options to ensure timely access to medications. The clinical files included documented evidence that the residents, and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.  Staff have received training in medication management/pain management as part of their annual scheduled training programme. |
| 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. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The meals at Wensley House are all prepared and cooked on site. The service employs a full-time head cook who has been in the role for five months but with years of experience in food service. The head cook works Monday to Friday and is supported by another cook who works on Saturday and Sunday. They are supported by a team of four kitchen hands who provide a seven-day cover rostered on the morning or afternoon shifts. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The head cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The head cook (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. On the day of audit, meals were observed to be well presented and the atmosphere in the dining was calm and well-paced.  Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. Records reviewed demonstrate that temperatures have been checked as scheduled and readings were all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to maintain independence with meals. Caregivers interviewed are knowledgeable regarding resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the registered nurses and record this in progress notes. The head cook and kitchen staff have completed food safety and hygiene training.  On interview, residents confirmed their individual preferences and needs were accommodated. The residents and family/whānau can offer feedback on a one-to-one basis and through monthly resident meetings. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form; copies of medical history; admission form with family/whānau contact details; resuscitation form; medication charts; last general practitioner clinic records; and use of Health New Zealand – Nelson Marlborough yellow transfer envelope. The residents, families/whānau were involved for all transfers and discharges to and from the service. Discharge notes are saved in the resident’s electronic records and discharge instructions are incorporated into the care plan. Residents, and families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | The buildings, plant, and equipment are fit for purpose at Wensley House and comply with legislation relevant to services being provided. The current building warrant of fitness expires 17 May 2024. The environment is inclusive of peoples’ cultures and supports cultural practices.  The service employs a part time maintenance person who works Monday to Friday. This role undertakes maintenance of the site, contractor management and oversight of gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.  The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were last checked July 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The facility is maintained at comfortable air temperatures, with air conditioning units in communal areas and electrical heating in resident rooms, corridors and bathrooms.  The service continues to refurbish resident rooms and bathrooms. The laundry area is awaiting total refurbishment to meet the needs of the service (link 5.5.5). Since the last audit, the service has replaced the rest home beds with hospital electric beds and continues to work on the outdoor space, including replacement of the off ramp in back garden.  The service is on single level with a spacious main dining room and lounge area that is located centrally adjacent to the kitchen and nurses’ station. There are sliding doors that open out to an outdoor deck from the dining area and has a ramp access to the gardens. There is a mix of resident rooms with shared ensuites with privacy locks and all other rooms have hand basin ensuites. Rooms are large enough for easy movement with mobility aids. Residents can have personal items in their bedrooms. Each room is identified by the resident’s name, that enables the resident to know their own room. There are communal bathrooms/showers located close to the resident rooms with privacy signage. Bathrooms/showers have handrails, and call bells. Bathrooms are well lit, ventilated, and heated. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet/shower facilities are easy to clean. There are sufficient communal toilets situated in the vicinity of the main lounge and dining room. A toilet near the main lounge is available for visitors. All the washing areas have free-flowing soap and paper towels in the toilet areas.  Studio rooms are located within the same building, with an internal access/corridor between the studio and rest home areas. Studio rooms all have ensuites and are spacious enough to accommodate mobility equipment and provide safe cares. Studio rooms have safe access to an external area, and internally there is a communal lounge located centrally, a laundry room on the far end of the area, and a dining area closer to the rest home area, which was observed to be used by studio residents on the days of the audit. There is a hairdressing salon for the visiting hairdresser to use.  A variety of seating is provided to meet all resident’s needs. Flooring is carpet tiles or vinyl and maintained in good condition. Installations, walls, and floorings are in good condition. All rooms have external windows to provide natural light and have appropriate ventilation and heating. External areas are safely maintained and were appropriate to the resident group and setting.  Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.  The service has no current plans to build or extend; however, should this occur in the future, the facility manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.  A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in 2003. Fire evacuation drills have been completed every six months since the last audit; with the last one completed 8 February 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.  In the event of a power outage, a barbeque is maintained with gas bottles, should gas cooking be needed. The service has a relationship with a local provider for access to a generator in case of emergency. There are adequate supplies in the event of a civil defence emergency, including an equivalent of 3 litres of water per person per day for a three-day cover (at least 540 litres in 20 litre containers stored in an external shed). Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is available in the facility at all times and for resident van outings.  There are call bells in the residents’ rooms, studio rooms and ensuites, communal toilets, bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in the hallway to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.  Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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. | FA | Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Wensley House business and quality plan 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 Health New Zealand Nelson- Marlborough. Infection control and AMS resources are accessible.  There is a facility infection control committee who are part of the monthly staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to governance. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | 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 an industry leader and the FM. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Health New Zealand-Nelson Marlborough. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the CL who is the infection control coordinator. The annual review was completed and documented in December 2023 by the FM (previous infection control coordinator).  The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed an online training in infection control. The CL has access to a network of professional aged care peer support within the Nelson Marlborough area when required.  During interview, the infection control coordinator described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The infection control audit monitors the effectiveness of education and infection control practices.  The infection control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.  The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator and caregivers work in partnership with Māori residents (when required) and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.  There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.  Meeting minutes (sighted) evidence a clear process of involvement from the infection control coordinator during new installation and maintenance of the building. There are no major refurbishments planned.  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 orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through emails and phone calls.  Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The service has antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Experion Care NZ Board via the clinical governance committee. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and CL provides oversight on antimicrobial use within the facility. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Infection surveillance is an integral part of the infection control programme and is described in the Wensley House 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. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans, where required for any infection rates of concern, are documented and completed. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a HAI. The CGC reports any infections or events of concern to the governance body. Monthly benchmarking occurs between facilities.  The service receives information from Health New Zealand-Nelson Marlborough for any community concerns. There has been one Covid- 19 outbreak since the last audit (January 2024). |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | PA Low | There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.  There is a laundry on site. There is a quality improvement plan to review the flow of the laundry to ensure a clean dirty flow, through a full refurbishment of the laundry space. The laundry folding process is currently ineffective to ensure cross contamination does not occur. Caregivers provide laundry duties. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. There were no residents using commodes.  The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The Infection prevention and control during construction, renovations and maintenance policy guide the input required from the infection control coordinator. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Restraint policy confirms that restraint consideration and application must 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, Wensley House will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The facility manager (restraint coordinator) confirmed that Wensley House is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment.  A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident, EPOA, general practitioner, restraint coordinator and cultural advisor.  The use of restraint (if any) would be reported in the clinical and staff meetings. Challenging behaviour training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Training was last completed in November 2023. Non-restraint environmental audit was completed as scheduled and demonstrated compliance. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 5.5.4  Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include: (a) Methods, frequency, and materials used for laundry processes; (b) Laundry processes being monitored for effectiveness; (c) A clear separation between handling and storage of clean and dirty laundry; (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy. | PA Low | The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building. The laundry audit identified the laundry space to be too small and compact to ensure an effective clean and dirty flow of the laundry. At the time of the audit there was a quality improvement documented for refurbishment and quotes were obtained.  Staff fold linen during the night in the dining room; however, during the day the clean linen is folded over trolleys and closed dryers/washing machines. Staff provided a simulation of the process. The folding process within the compact space is ineffective to ensure cross contamination does not occur.  There is no separate sluice room. There is a sluice area in the laundry that is only used for laundry.  The laundry policies were reviewed; however, the interim folding and laundry practices should be reviewed while the laundry awaits refurbishment. | The folding practices of clean linen were shown to be ineffective to ensure cross contamination does not occur. | Ensure a review of the folding practices of the clean linen whilst awaiting the refurbishment of the laundry.  90 days |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.