

Waireka Lifecare Limited - Waireka

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Waireka Lifecare Limited

Premises audited: Waireka

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 10 April 2024 End date: 11 April 2024

Proposed changes to current services (if any): Addition of 10 beds for people with dementia through reconverting an existing wing of the facility back to use as a dementia unit. Addition of residential physical disability services to the provider's scope of services. There were five people funded by Whaikaha on the first day of audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 49



Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Waireka Lifecare provides rest home and hospital level services for up to 61 residents. The facility is located in Pahiatua in the Manawatū. The provider has applied to add dementia and residential physical disability services to their scope of certified services.

This certification and partial provisional audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, the owner, managers, staff, contracted allied health providers and a general practitioner.

Four areas for improvement are identified for the facility in general. These relate to processes for identifying and addressing barriers to equity (two areas) for tāngata whaikaha (people with disabilities), all clinical files being in one location and the required review of the menu by a dietitian.

Four other areas for improvement are identified in relation to the proposal for a change in scope of service to include dementia care and relate to having sufficient numbers of staff with appropriate training to provide dementia care (two areas), ensuring the garden area is safe, and modifications to secure the wing and external area, which is proposed for dementia care, so that it will be compliant with fire safety systems.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Waireka Lifecare (Waireka) works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse, they received services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and whānau. There was evidence that Waireka responded to tāngata whaikaha needs, maintaining their identity.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.		Some subsections applicable to this service partially attained and of low risk.
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When people enter Waireka a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

Waireka works in partnership with the resident and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis. Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Waireka is responsive to tāngata whaikaha accessing the community, resources and promoting continuing relationships with whānau and friends.

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

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

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

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

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were three residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	23	0	6	0	0	0
Criteria	0	172	0	8	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>New Zealand Aged Care Services Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. These are implemented at Waireka and include honouring Te Tiriti. Mana motuhake is respected.</p> <p>Partnerships have been established with the local iwi (Rangitane) and Māori health providers in the Manawatū, to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers to the organisation. This is used for residents who identify as Māori.</p> <p>The care home manager (CHM) interviewed reported that three staff members identify as Māori. All staff members with connections to local iwi, and whānau, use their links to support the three residents who identify as Māori. Their files confirmed discussions about their cultural values and beliefs and activities they take part in to support te ao Māori for them.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Signage and decorations throughout the facility are consistent with a Māori-centred approach.</p>

		Strategies to actively recruit and retain a Māori health workforce across roles were discussed. Staff ethnicity data is documented on recruitment and trended.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>New Zealand Aged Care Services has processes to identify and work in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity.</p> <p>The CHM reports that the nearest Pasifika community organisations are in Palmerston North and there is no discernible community within the Pahiatua population. As needed, they would access appropriate services to support any resident from the nearest provider.</p> <p>At the time of audit there were no Pasifika residents or staff members at Waireka. The CHM reports that there have been no Pasifika residents in the last two years and only one staff member for a short time. There is an intention to recruit Pasifika staff members when they are suitable candidates for roles. This was confirmed through interview with the CHM, and transition manager who was present during the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was available and on display at Waireka in te reo Māori, English and New Zealand Sign Language (NZSL). Brochures on the Nationwide Health and Disability Advocacy Service (Advocacy Service) were available in the reception area in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>Staff interviewed at Waireka understood the requirements of the Code and were observed supporting residents in accordance with</p>

		<p>their individual needs and wishes. Education for staff on the Code was undertaken in 2023. Residents identifying as Māori confirmed that mana motuhake was recognised and respected.</p> <p>An independent advocate visits Waireka to meet with residents every two months. Waireka had a culturally diverse staff mix, and staff could assist if interpreter assistance was required, as appropriate. The service also had access to external interpreter services and cultural advisors/advocates as required. Relationships had been established with the local Kahungunu Marae, and with the local iwi, to provide support for residents who identified as Māori. Support for Pasifika people was available through staff linkages into the local community. There have previously been Pasifika staff members at Waireka and connections were established with the nearest available services during their employment.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they received services in a manner that has regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission, care planning and at review. Residents and whānau (as applicable) confirmed that they were involved in the assessment process. The care home manager (CHM) and clinical nurse leader (CNL) reported that residents are supported to maintain their independence by staff through daily activities. Examples of this included resident-led activities, and individualised mealtimes. Residents were able to move freely within and outside the facility.</p> <p>Staff at Waireka have completed training on Te Tiriti o Waitangi. Training on cultural safety, maintaining professional boundaries, the aging process, diversity and inclusion, intimacy and sexuality, included training relevant to support for tāngata whaikaha. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the</p>

		<p>audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in policies and procedures reviewed and this was sighted during the audit. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility were in English and te reo Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	FA	<p>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at Waireka. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the CHM or CNL if they had any concerns about racism or discrimination. The CNL stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau interviewed had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents' property and finances were evident. Waireka uses Capital Guardian Trust to manage residents' sundry expenses.</p> <p>Professional boundaries are explained to staff during induction and orientation, were maintained by staff as observed during the audit, and verified by residents and whānau when interviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they always felt listened to. Information was provided</p>

<p>that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>in an easy-to-understand format as well as accommodating different languages and text sizes for sight-impaired people. Information was made available in te reo Māori. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Residents' meetings were held two-monthly, and meeting minutes verified satisfaction with services provided. An independent advocate chairs resident meeting.</p> <p>Residents, whānau and staff reported the CHM and CNL responded promptly to any suggestions or concerns. The organisation has a newsletter that provides updates.</p> <p>Changes to residents' health status or reported incidents/events were communicated to whānau in a timely manner and these communications were documented in the resident's record. Documentation supported evidence of ongoing contact with whānau or Enduring Power Of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Waireka to actively participate in decision-making. The CNL and care staff interviewed understood the principles and practice of informed consent supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's clinical file.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when</p>

		<p>a resident had a choice of treatment options available to them.</p> <p>Specialist dementia care – provider will ensure all residents have an Enduring Power of Attorney that is enacted; where an EPOA is not in place the provider will support actions to have one appointed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements and timeframes of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. The CHM demonstrated a sound knowledge of their responsibilities for complaint management and provided timely and respectful communications to complainants.</p> <p>In addition to the formal complaint process, residents and whānau can raise issues through the regular satisfaction survey and the residents' meeting. Records of both were reviewed and confirmed that issues are responded to when they occur through these channels.</p> <p>The service assures the process works equitably for Māori through review of ethnicity and complaint/concern data to ensure consistency in response times and outcomes.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	PA Low	<p>New Zealand Aged Care Services Limited is the owner of Waireka. They have a growing number of aged residential care facilities across New Zealand. Waireka is run by a CHM who has more than 30 years' experience in the health sector, initially in home-based support services and in the last 10 years as a coordinator of home care and disability services. They have held the position of manager</p>

<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>at Waireka for two years. They are supported in their role by a clinical nurse leader (CNL) who worked in other parts of the health sector before moving into aged care services. They have worked at Waireka for 14 years and as CNL for eight years. Both managers maintain their skills and knowledge through ongoing professional development, involvement in training for staff members, and maintaining currency with sector-specific knowledge through attending regular training and meetings provided by their funder (see below).</p> <p>On the days of audit, the management team were supported by a transition manager who is a RN, experienced in aged care and who has worked as a manager of aged residential care services. There is a general manager clinical and quality (GMC&Q), who is an RN and a GM operation (GM Ops), both of whom support the team at Waireka.</p> <p>The governing board, which includes the owner, assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety through completion of both Te Tiriti modules. Board membership includes Māori and tāngata whaikaha, as well as members having health and aged residential care skills, knowledge and experience.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and the CHM is an experienced and suitably qualified person to be managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, monitoring and reviewing performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha had recently commenced with data being monitored in the routine monthly reports from March 2023. Monitoring documentation was reviewed with the CHM through weekly and monthly data reports with supporting narrative comments. A commitment to the quality and risk management</p>
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	<p>system was evident.</p> <p>At interview, the owner reported being well informed on progress and risks overall. A sample of reports sent to the board of directors confirmed adequate information is sent and there is appropriate oversight of the facility.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance board, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through annual satisfaction surveys and two-monthly residents' meetings. Minutes were reviewed and record discussions and issues being raised. The CHM demonstrated their understanding of their role and responsibilities for reporting to the governance board.</p> <p>The CHM reported that younger people with disabilities are able to be involved in the planning, implementation, monitoring and evaluation of service delivery through the residents' meetings, their own care planning, daily decision-making and choices. Resident meeting minutes record the presence of some tāngata whaikaha who choose to attend.</p> <p>Waireka holds contracts with Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral) to provide rest home, hospital – medical and geriatric care services - for up to 61 residents. They also hold contracts with Te Whatu Ora MidCentral for respite care and another contract referred to as 'GP beds'. This contract is used by the local general practitioners to refer a person directly into care for a maximum of two weeks. There is a contract with the Accident Compensation Corporation (ACC). The provider also holds a contract with Whaikaha Ministry for Disabled people (Whaikaha) to provide services for people under the age of 65 who are assessed as requiring either rest home or hospital level care.</p> <p>The facility is currently certified to provide care for a total of 61 residents. On the days of audit there were a total of 49 residents at Waireka. Of these, 44 were funded by Te Whatu Ora MidCentral: 18 at hospital level care and 30 at rest home level care and one respite</p>
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	<p>resident. Five (5) people were funded by Whaikaha at Waireka – three (3) at hospital level care and two (2) at rest home level care. There were no residents at Waireka funded through the GP bed or the ACC contract.</p> <p>Residential disability – physical – services:</p> <p>On the days of the audit, criteria related to the provision of residential disability services were included so that this can be included in the provider’s scope of certified services now that they have five (5) tāngata whaikaha (people with disabilities) living at Waireka. The need for this service type to be added to their scope was discussed during the days of the audit. It was suggested that the application be made before the audit was completed or soon afterwards.</p> <p>There are appropriate governance systems to oversee and manage the provision of services for this group of residents. The requirement to support tāngata whaikaha to remain as independent as possible is occurring and the environment is suitable for tāngata whaikaha. People funded by Whaikaha are supported to remain connected with their usual lifestyle routines and patterns for as long as possible. All tāngata whaikaha at Waireka have chosen to live there. Inclusion of appropriate identification will need to be added to existing data monitoring and analysis so that analysis of equity for tāngata whaikaha can occur, alongside existing processes. An area for improvement is identified in relation to this.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p> <p>The partial provisional audit was completed at the same time as the certification audit to assess the suitability of changing an existing wing for use as a 10-bed dementia care unit. This area has previously been a dementia unit but had been converted to rest home level care by removing locks on an internal connecting door and external gate in fencing. With appropriate security (see subsection 4.2) , the area is suitable for use as a dementia unit. The CHM was familiar with the provision of support for people with cognitive impairment and motivated to provide dementia services in the local community.</p>
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		<p>A documented plan for the proposed new dementia unit was prepared and identified the population and health needs of the region, along with recent admission and declined entry data. A change to the use of the beds would reduce the currently certified beds by nine (9) rest home and one (1) dual purpose bed.</p> <p>The area was not ready for occupation by people living with dementia on the days of audit. Identified amendments to the security/fire safety system had not been installed are noted in subsection 4.2. These changes will be installed once approval for the additional unit is given by HealthCert.</p> <p>The governing board and executive management team have approved the change in principle – pending approval from HealthCert. The plan to convert the unit back to dementia care has been approved by the service development manager, Te Whatu Ora MidCentral.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and reporting and review of restraint use. Residents, whānau and staff contribute to quality improvement through regular residents' meetings, information discussions with the CHM and feedback through the suggestions box in the reception area.</p> <p>Critical analysis of practices and systems, using ethnicity data and other relevant information, to identify possible inequities is occurring. Staff meeting minutes record regular discussions. The CHM reported that the provision of high-quality, individualised care is the focus of their work and practice. Delivering high-quality care to Māori residents and tāngata whaikaha is supported through relevant training, tikanga policies, and access to cultural support roles within the organisation, the local staff and community. Discussion with staff members, interviews with residents and whānau and review of residents' files, care plans and the activity</p>

	<p>programme confirmed this. Tāngata whaikaha people with disabilities are not currently included in the review of practices and equity of service provision. An area for improvement is identified in relation to this – see criterion 2.1.6.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Procedures describe a process of evaluating progress against quality outcomes annually. New Zealand Aged Care Services has owned Waireka for less than 12 months. The first annual evaluation of data will be due in June/July 2024. During interviews, both the CHM and CNL were able to describe the current internal corrective action plans in progress and trends in internal audits. These have been reported in narrative details through weekly and monthly reports reviewed.</p> <p>Policies reviewed covered necessary aspects of the service and of contractual requirements and were current. The transition to the current ownership is occurring at pace and has been supported by a transition manager. They were present for the audit and confirmed the reporting processes.</p> <p>There is a current risk management plan and hazard register for Waireka. This is monitored by the CHM and risks are reported in their monthly narrative report to the governing board as needed. Hazards are managed with assistance of the maintenance person, who confirmed their role.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CHM confirmed their understanding of the process, and their responsibilities for essential notification reporting during the audit. Since New Zealand Aged Care Services' ownership, examples of reports made by the CNL were reviewed. The most recent was in relation to a resident with a fracture in January 2024. Prior to this, all essential notifications were made when the facility was under the previous owners.</p> <p>The requirement to support tāngata whaikaha to remain as</p>
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		<p>independent as possible is occurring. People funded by Whaikaha are supported to remain connected with their usual lifestyle routines and patterns for as long as possible. All tāngata whaikaha at Waireka have chosen to live there.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents and tāngata whaikaha.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. The CHM and CNL oversee the delivery of training for health care and support workers.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. There are 31 caregivers, of whom 16 have a Level 2, 3 or 4 New Zealand Qualifications Authority (NZQA) qualification relevant to aged care services.</p> <p>Staff reported feeling well supported and safe in the workplace. Support is offered after adverse events and is available to all staff through a contracted provider.</p>

		<p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p> <p>The documented plan for the additional dementia unit has identified the need for additional numbers of existing caregivers complete the Level 4 NZQA dementia Unit Standards (US). Also included in the plan is provision for additional diversional therapist hours. There are two skilled and experienced diversional therapists currently employed at Waireka; one full time and one part time. The part time diversional therapist will have more hours, so that the dementia unit can have dedicated time from one of these two staff members.</p> <p>Five of the thirty-one (31) caregivers have the Level 4 dementia unit standards, and two others are currently completing them. The plan for re-opening the dementia unit includes the requirement to have more caregivers complete the Level 4 dementia unit standards.</p> <p>The staffing plan for Waireka indicates that current staff numbers will be sufficient to staff the dementia unit, but some caregivers who will work in the unit need to commence the required training. This will occur once approval is given by HealthCert. Areas for improvement are identified to commence training on the relevant dementia unit standards when approval is given for the additional dementia beds, and to allocate additional hours for diversional therapy staff to prepare for the introduction of people living with dementia and once they begin to occupy the unit.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (eight) confirmed the organisation’s policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as</p>

		<p>confirmed in records reviewed. This was confirmed in the files reviewed.</p> <p>An annual training programme is provided, with some learning through New Zealand Qualifications Authority (NZQA) learning, in-service topics and monthly topics provided to staff through an online platform. Topics are highlighted each month and the CHM monitors staff completion. Staff interviewed reported that they find this a good way to complete their learning and can work through the online topics as quickly as they choose and enjoy the flexibility.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>At interview, staff members confirmed that they are supported when incidents occur. A contracted provider is available for professional assistance if this is needed, and the CHM reported that this is offered to all staff.</p> <p>The needs of tāngata whaikaha are addressed in the annual training programme, the understanding of the Waireka team members and the diversity of the team. The skills, knowledge and experience demonstrated during interviews with team members and reported by residents confirmed that their needs are being met.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p> <p>The documented plan for the proposed additional dementia unit sets out the requirements for the staff needed to adequately support an additional 10 people with dementia. Should new staff be required, the organisation’s processes will be followed. Interview with the CHM and transitional manager confirmed this.</p> <p>An area for improvement is identified against criterion 2.3.2 to ensure that caregivers have the relevant qualifications.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	<p>PA Low</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review.</p>

<p>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.</p>		<p>Clinical notes were current and legible and met current documentation standards. Information is accessible for all those who need it.</p> <p>An electronic patient management system is being used and was introduced with the new owners. Some residents have paper-based notes, as well as their electronic file. Staff members interviewed were able to easily locate residents' information and navigate between residents' documented information. An area for improvement is identified to ensure residents have one, integrated health record.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident/patient information was on public display during the audit.</p> <p>The service is not responsible for NHI registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. 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.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the MidCentral Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Staff understood for specialist dementia services a specialist referral to the service is confirmed and the EPOA consents for the resident to be admitted to the service.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Waireka worked in partnership with the resident and their whānau to support the resident’s wellbeing. Seven residents’ files were reviewed: three hospital files, two rest home files and two YPD files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who had had a fall, residents with complex clinical conditions.</p> <p>The seven files reviewed verified that a care plan is developed by a RN following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, interRAI, long-term care plan, short-term care plans, and review/evaluation timeframes in three of the files reviewed, did not meet contractual requirements in the first and second quarter of 2023 due to a nursing shortage. There was evidence that this was rectified in the third quarter of 2023 with the employment of additional registered nurses. All documentation over the past six months had been completed within required timeframes and was up to date at the time of audit.</p> <p>Residents who had had an unwitnessed fall had an incident form completed, neurological observations taken with oversight by the RN, and notification to the resident’s family. Residents with long standing wounds had wound assessments, a wound management plan and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the wound care nurse at Te Whatu Ora MidCentral had been sought and advice included in the treatment regime. Challenging behaviours were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in two of the files reviewed. Short term problems had been identified, and interventions to address the problems.</p>

		<p>Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in the care plan. The support required to achieve this was documented, communicated and understood. This was verified by reviewing documentation, sampling residents' records, interviews with residents, whānau, staff and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Interviews with six whānau of other residents expressed a high degree of satisfaction with the care provided at Waireka. The residents and their whānau were all actively involved in planning the residents' care and any ongoing discussions.</p> <p>An interview with the residential GP expressed satisfaction with the care provided by Waireka.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>One full-time diversional therapist and one part-time diversional therapist provide an activities programme at Waireka five days a week. The programme supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Younger residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori included tikanga and these were facilitated. Kapa haka groups visit</p>

		<p>the facility. Matariki and Waitangi days are celebrated with food, language, and activities.</p> <p>Waireka provides a 24/7 approach to activities, offering activities and diversion at appropriate times for residents in line with the individual needs identified in the care plan.</p> <p>Residents and whānau are involved in evaluating and improving the programme. A satisfaction survey and interviews evidenced residents and their whānau were generally satisfied with the activities provided at Waireka.</p> <p>Partial provisional audit- converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>Specialist dementia services – the provider will ensure that there is a holistic 24/7 approach to activities available that includes aspects of the resident’s life and past routines. Those interviewed were aware of requirements. The provider already engages a designated person skilled in assessment, implementation and evaluation of diversional and motivational recreation, such as a diversional therapist (Age-Related Residential Care Services Agreement Clause E4.5 (c)).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required weekly and six-monthly stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to</p>

		<p>appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Waireka.</p> <p>Self-administration of medication is facilitated and managed safely for residents and tāngata whaikaha. Residents, including Māori residents, and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p> <p>Partial provisional audit-converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>Waireka has a designated space to accommodate secure storage of medication adjacent to the dementia unit. There will be no change in the medicines management system.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. There was no evidence to verify the menu had been reviewed by a qualified dietitian since March 2022. Auditors were advised that the menu was currently being reviewed by the group's contracted dietitian and the review was expected to be completed by the end of April 2024. The food control plan (FCP) was assessed by Waireka's FCP contractor All Systems Go in May 2023.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident/patient has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The staff when interviewed were aware of the need to ensure nutritional needs are met and there is the availability of 24/7 snack food for people living with dementia. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by</p>

		<p>residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Partial provision audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>No changes are required for current food service provision at Waireka to accommodate 10 additional residents living with dementia.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their family member.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. On the day of the audit the building warrant of fitness was current and expires on 11 August 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for tāngata whaikaha to meet their needs. The environment is on one level throughout and has safe, accessible exits and entrances. Tāngata whaikaha (people with disabilities) are able to move around the facility and</p>

	<p>community independently. Some require support to continue their community activities and receive this from Waireka.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. These are of adequate size for residents who require equipment for bathing.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. A process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process.</p> <p>Addition of residential disability – physical to the scope of certification:</p> <p>Tāngata whaikaha living at Waireka are able to be as independent as possible, given their individual impairments and use of personal mobility equipment. The environment is on one level throughout and has safe, accessible exits and entrances. Tāngata whaikaha are able to move around the facility and community independently. Some require support to continue their community activities and receive this from Waireka.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p> <p>The wings identified for use for the proposed new dementia unit are currently used for the provision of rest home level care. The area still has the fencing and external gate from when it was previously used as a dementia unit.</p> <p>There are some large, ornamental plant pots in the garden and paving which the CHM reports have been identified as being unsafe for people living with dementia and there are plans to remove the former and repair the latter. These changes are clearly described in the plan for re-opening the dementia unit. Otherwise, the outside space can be secured and provides an accessible external area for recreation.</p> <p>There are sufficient areas for activities, a dining area, bathrooms,</p>
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		utility rooms and a 'nurses' station' for staff members. Bedrooms are a comfortable size and have natural light, normal height windows and window coverings and provide for privacy.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	PA Low	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) in 1999. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. This includes two one-thousand litre water storage tanks connected to the main supply. All RNs are able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. The CHM completes an internal audit of call bell response times, and this confirms that bells are responded to promptly.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p> <p>The needs of tāngata whaikaha (people with disabilities) are known and included in the emergency response plans and evacuation drills. This was confirmed at interview with the CHM. Evidence of regular evacuation practices was seen. Staff members interviewed confirmed their involvement in fire evacuation drills and the location of fire suppression equipment. A staff member is the head of the local volunteer fire service and is the chief fire warden for the facility. They are involved in delivering fire and evacuation training for staff.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p>

		<p>The evacuation plan for the facility has been reviewed by a fire safety consultant who confirmed that no changes to the current routes of escape in the event of an emergency are needed. Changes to the internal doors and an external gate will require magnetic locks with an automatic release function on activation of the fire alarm. These will be installed once approval is given for use of the dementia unit/services.</p> <p>An area for improvement is identified to install the magnetic locks as specified by the fire safety consultant's report, when approval is given for the additional dementia beds.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>Expertise and advice are sought following a defined process through Te Whatu Ora MidCentral and the local GP. At interview the GP reported their satisfaction with the way infections and antibiotic use are managed at Waireka.</p> <p>A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Infections are reported through a systematic process and categorised according to the IP programme. There is monitoring of infection trends and antibiotic usage. Evidence of this was reviewed with the CHM and is done through the CNL's monthly reports to the governance board. There have been no significant infection outbreaks which would require reporting to an external agency since New Zealand Aged Care Services has owned the facility.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit:</p> <p>The IP and AMS system is appropriate for an additional 10 residents at dementia level care. Reporting systems identify the service stream of residents with an infection so that there is</p>

		appropriate management.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to management and the governance group. The IPCC is the CNL and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Policy and procedure and staff interviews demonstrated compliance with decontamination devices and medical equipment. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. There was evidence that educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Individual items were appropriately discarded after use.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>No changes are required. All policy and processes will accommodate the additional 10 beds in the dementia unit.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	Waireka has a documented AMS programme, appropriate to the

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>size, scope and complexity of the service, which sets out to optimise antimicrobial use and minimising harm. The AMS had been approved by the company and is overseen by the IPCC. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</p> <p>Partial provisional audit – converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>The current AMS programme meets all key criteria and is appropriate for an additional 10 residents receiving dementia level care</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the staff, residents, and whānau. Results of the surveillance programme were also reported to governance.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the RN.</p> <p>A surveillance summary report for a COVID-19 outbreak (March 2024) was reviewed and demonstrated a thorough process for investigation and follow-up. The Regional Public Health Unit (RPH) and Te Whatu Ora MidCentral were informed of the outbreak. Learnings from the event have now been incorporated into practice.</p> <p>Partial provisional audit – converting an area that is already existing wing back to use as a 10-bed dementia unit.</p> <p>The surveillance of HAIs meets all required criteria and process is</p>

		appropriate for 10 additional residents receiving dementia level care
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment at Waireka supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family reported that the laundry is managed well, with residents' clothing named by the facility. The facility, communal and residents' personal spaces, are kept clean and tidy. This was confirmed through observation.</p> <p>Partial Provisional Audit- converting an area that is already an existing wing back to use as a 10-bed dementia unit.</p> <p>No changes are required for the 10 additional dementia beds.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by a member of the executive leadership at operational level – the GMC&Q. At the time of audit there were three residents using a</p>

<p>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.</p>		<p>restraint. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint coordinator who was interviewed (an RN experienced in aged care services), has worked at Waireka since 2017 and has held the restraint coordinator role since 2020. They demonstrate a sound understanding of their responsibilities in the role, the emphasis on working towards elimination of restraint, and described the work to eliminate restraint use.</p> <p>They are supported by a restraint approval group which is responsible for the approval of the use of restraints and the restraint processes. Two types of restraint are used at Waireka – bed rails and lap belts. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making along with the residents' GP.</p> <p>Partial provisional audit – re-opening of 10 bed dementia unit:</p> <p>Residents care plans include their assessed needs, positive behaviour support and, when all alternatives have been explored, minimal use of restraint to ensure safety.</p> <p>The documented plan for the additional dementia unit includes the training of staff in the relevant dementia unit standards (see also sub-section 2.3) and the scheduled staff training topics are included in the annual training plan. This includes topics on de-escalation and positive behaviour support.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p>

<p>that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>Monitoring of restraint is overseen by the restraint coordinator and takes into consideration the person's cultural, physical, psychological and psychosocial needs and addresses wairuatanga. Staff provided the example of one resident whose restraint was removed when their condition changed, and they no longer required the device to remain safe. This was confirmed through review of their care plan and associated records.</p> <p>A restraint register is maintained and reviewed at each three-monthly restraint approval group meeting. The register was up to date and contained enough information to provide an auditable record, including all requirements of the standard. All residents with a restraint on the days of the audit were included on the register, and previous restraint use that had been discontinued was recorded as no longer in use.</p> <p>As noted for other types of incidents (see sub-section 2.4), there are opportunities for healthcare and support workers to have access to debrief when restraint is used, if needed.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a three-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the governance body.</p> <p>Any changes to policies, guidelines, education and processes are implemented if indicated. The restraint coordinator reported that the use of restraint has been reduced significantly in the four years they have been in the role. There is a definite focus on reducing restraint, and wherever possible they use alternatives to restraint. In the time New Zealand Aged Care Services has owned Waireka (approximately nine months), restraint use has gone from four residents to three using restraint.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.6</p> <p>Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities.</p>	PA Low	<p>Regular reporting of quality indicators is occurring on a weekly and monthly basis. Ethnicity and service streams are included in data. Staff members interviewed are familiar with the processes for reporting incidents, accidents, complaints and other clinical events. They confirmed receiving summarised data and trends in information at regular staff meetings.</p>	<p>There was no evidence of quality indicators or other processes in place to meet the requirements of this criterion. Staff do not know if they are delivering services that improve outcomes and achieve equity for tāngata whaikaha (people with disabilities) because this is not currently being measured.</p>	<p>Ensure there is a process to measure whether staff deliver services which improve outcomes and achieve equity for tāngata whaikaha at Waireka.</p> <p>180 days</p>
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to</p>	PA Low	<p>Regular reporting of quality indicators is occurring on a weekly and monthly basis. From March 2024 this included ethnicity data. Staff members interviewed are familiar with the process of data</p>	<p>This process was new, and not yet ‘embedded’ enough for resulting data to be available for service providers to identify and work to address barriers to equitable service delivery. (See also 2.2.8)</p>	<p>Now that ethnicity data is included in clinical and quality monitoring information, ensure the process for identifying and addressing barriers to equitable service delivery is</p>

equitable service delivery.		being reported to the governance board and receive trends and summary data at regular staff meetings.		embedded at Waireka and there is evidence of this occurring. 180 days
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>On the days of audit there were sufficient numbers of staff to provide safe services for the residents at Waireka. This was confirmed through interviews with residents, whanau and staff members. Staff roles include two diversional therapists working at Waireka, one employed full time and the other part time.</p> <p>The documented staffing plan for the proposed dementia unit included additional diversional therapy hours specifically for the dementia unit.</p>	On the days of the audit, there were no allocated diversional therapy hours for the dementia unit, because this had not been opened.	<p>Roster additional diversional therapy hours to meet the needs of people living with dementia so that the requirements of this contract and Standard are met.</p> <p>Prior to occupancy</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	A documented plan for the re-opening of the dementia unit was available and reviewed during the audit. This included provisions for training of health care and support workers to ensure they have appropriate skills and knowledge to support residents.	On the day of the audit there were not enough trained staff to support people living in the dementia unit across a 24-hour day / 7 days a week roster.	<p>Ensure that as soon as approval is given for the re-opening of the 10-bed dementia unit, staff members not already enrolled in the Level 4 dementia unit standards commence this training, completing it as soon as possible, to be compliant with the contract for these services.</p> <p>(The timeframe of 'prior to occupancy' is for staff to</p>

				commence training.) Prior to occupancy
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>	PA Low	<p>All residents have a personal health record which includes all information needed to guide health care and support workers in providing safe services. Staff members interviewed were able to locate each resident's documented health information, with some being both paper-based and electronic.</p>	<p>Waireka transitioned from paper-based clinical file management to an electronic management system in February 2024. Due to this short timeframe, not all data had been fully collected and stored electronically at the time of audit. Elements of a resident's clinical file were stored electronically as well as in other paper-based file locations.</p>	<p>Ensure the captured data is collected and stored through a centralised system and in one integrated file.</p> <p>180 days</p>
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people</p>	PA Low	<p>The food service is in line with recognised nutritional guidelines for older people. A review of the menu, an interview with the kitchen manager and review of policy verified that all aspects of food management complied with current legislation and guidelines.</p> <p>The menu was last reviewed by a</p>	<p>There was no evidence to verify that the menu had been reviewed by appropriately qualified personnel, such as a dietitian, within a two-year timeframe. The organisation was having the menu reviewed by a dietitian. No response had been received within the days of the audit.</p>	<p>Provide evidence that the menu has been reviewed by an appropriate person, such as a dietitian, within the last two years.</p> <p>30 days</p>

receiving services.		dietitian in March 2022.		
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Partial provision audit</p> <p>The external environment is well maintained, safe and accessible for all residents at Waireka. Residents, whānau and staff members access the outside environment for recreation throughout the day and through the year.</p>	<p>The external area of the proposed dementia unit has an area of paving and large, ornamental pots which have been identified as being unsafe for people with dementia. If approval is given for the dementia unit, these are included in the documented plan for repair and removal respectively.</p>	<p>Ensure that the paving in the proposed dementia external area is repaired and large pots removed as planned.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	<p>Partial provisional audit</p> <p>There is an approved evacuation plan for the facility which has been confirmed as still being appropriate if the identified wing is changed from hospital care to dementia care. Fire evacuation training is provided to all staff and fire evacuation drills are practiced regularly.</p> <p>Dementia care services will require magnetic locks to be installed on internal, connecting fire doors and an external gate to ensure the evacuation of residents and staff can occur as planned, in a safe and timely way. Because approval for the change of purpose to provision of dementia care has not yet been given, these locks have not yet been installed.</p>	<p>Dementia care services will require magnetic locks to be installed on internal, connecting fire doors and an external gate to ensure the evacuation of residents and staff can occur as planned, in a safe and timely way. Because approval for the change of purpose to provision of dementia care has not yet been given, these locks have not yet been installed.</p>	<p>Install the appropriate locks, identified in the contracted provider's fire safety report on internal connecting doors and external gate in the dementia care area.</p> <p>Prior to occupancy</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.