

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

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Wyndham and Districts Community Rest Home Incorporated
<b>Premises audited:</b>	Wyndham and Districts Community Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 26 June 2024    End date: 26 June 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	17



# Executive summary of the audit

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## 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 haumaruru | 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

Wyndham Districts Community Rest Home Incorporated (Wyndham Rest Home) is located in Wyndham, Southland and is certified to provide rest home level of care for up to 23 residents. Wyndham Rest Home is community owned (Senior Care Geraldine) and governed by a Board of Trustees. There were 17 residents at the time of the audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand - Southern. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, the manager, Board members, staff, and a general practitioner.

There has been a change in management since the last audit. The service has implemented an electronic resident management system since the last audit. The facility manager has extensive experience in the health management care sector and is supported by registered nurses. Feedback from families/whānau was very positive about the care and the services provided. Orientation programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

The facility manager is supported by registered nurses and enrolled nurses and a stable workforce. Quality systems and processes are documented, with improvements documented in corrective action plans. Feedback from resident and family/whānau was positive about the care and the services provided.

This certification audit identified shortfalls in relation to family notifications; the full implementation of the quality programme; corrective actions; the hazard register; competencies; staff training; job descriptions; care timeframes; care planning; monitoring of neurological observations; medication checks; annual review of the infection programme; and infection surveillance.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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Wyndham Rest Home provides an environment that supports resident rights and cultural safe care. The service works to provide high-quality and effective services and care for all their residents. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan documented with a stated commitment to providing culturally appropriate and safe services.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents (and family/whānau if engaged with the service) are kept informed of any changes or issues.

The rights of the resident and/or their family/ whānau to make a complaint is understood, respected, and upheld by the service. Complaint processes are implemented, and complaints and concerns are actively managed and fully documented.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service is governed by an experienced Board of Trustees who support the facility manager. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the quality and risk management plan which are reviewed regularly.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice.

There is a policy that guides staffing. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te ora | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines.

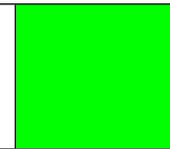
The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities support provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available 24/7. The service has a current food control plan.

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

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



Subsections applicable to this service fully attained.

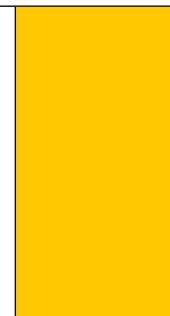
There is a current building warrant of fitness displayed. There is an implemented maintenance plan. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy, Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management. There is always a staff member with a current first aid certificate on duty and on outings.

The building is secure at night to ensure the safety of residents and staff.

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

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



Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection prevention control programme is implemented and meets the needs of the service and provides information and resources. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the service. There has been one outbreak since the last audit and this was well managed.

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

## Here taratahi | Restraint and seclusion

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 Board and policies and procedures. Restraint minimisation is overseen by the restraint coordinator. There were residents using restraints at the time of audit. 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	21	0	4	4	0	0
Criteria	0	163	0	7	6	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>The Māori Health plan references the principles of the Treaty of Waitangi and the recognition of mana motuhake. The facility manager interviewed described the role of the Board in ensuring that equity for Māori is provided. The Board of Trustees (the Board) have access to a wide range of Māori advice from local iwi and Māori health providers in the region. The staff have completed training in relation to applying the principles of Te Tiriti O Waitangi and Māori motuhake in practice. There are established linkages to iwi and Māori in the community.</p> <p>The nurses interviewed (one registered nurse and one enrolled nurse) confirmed residents receive services that reflect their needs, as set out in their care plan (link 3.2.3). The facility manager stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. The Māori health plan and Diversity, Equity and Inclusiveness' policy documents a commitment to a diverse workforce. The facility manager interviewed stated they interview Māori applicants when they apply for employment opportunities. There were staff employed who identified as Māori.</p> <p>The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their</p>

		<p>whānau/hapu/iwi. There were residents who identify as Māori at the time of the audit. Activities for residents, including Matariki celebrations, have been held and the staff are being encouraged to learn te reo Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>There are processes in place to analyse ethnicity data through the recently implemented electronic resident management system. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is accessible in te reo Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan which is part of the Pacific Peoples cultural and general awareness policy. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality care. This plan is designed to address the specific cultural needs and preferences of the Pacific residents and their families. Wyndham Rest Home is committed to applying principles to service provision which promotes equity to Pacific people regarding employment. There were staff identifying as Pasifika.</p> <p>The service has linkages with the Pacific Island Nurse team based in Southland who are available for advice and support. The service did not have any Pacific residents at the time of the audit. Staff interviewed stated that family/ whānau are encouraged to be involved in all aspects of care, are encouraged to give feedback to the service and there is a commitment to recognising cultural needs. Staff interviewed also stated that cultural safety and support is at the forefront of care provided to all residents.</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>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>family/whānau. The facility manager interviewed, stated that they discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed at the entrance of the service, in English and te reo Māori. Four residents and three family/whānau interviewed states the Code of Rights was upheld. Interactions observed between staff and residents during the audit were respectful. Staff receive education in relation to the Code at orientation as part of the ongoing training schedule. Training included the role of the Advocacy service. Advocacy services are linked to the complaints process. Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>A spirituality policy is in place. There are links to spiritual supports. Church services are held on site regularly and include all denominations available in the community. Communion is available for residents. Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are documented as consulted during the assessment process to determine residents' wishes and support needs when required.</p> <p>Staff have completed cultural training that includes Māori rights, Māori mana motuhake and health equity. Māori mana motuhake is recognised for all residents residing in the facility as far as possible, by involving residents in care planning and supporting residents to make choices around all aspects of their lives, as evidenced in care plans and supported by the Māori health plan.</p> <p>The Board member, facility manager and staff (one registered nurse (RN), one enrolled nurse (EN) two caregivers, one cook and one cleaner) interviewed provided examples of how the service upholds resident rights.</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>FA</p>	<p>The caregivers and nurses interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice and are supported to make decisions about whether they would like family/whānau members to</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>be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect and staff were observed to use person-centred and respectful language with residents.</p> <p>The sexuality and intimacy policy is in place, with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Residents' gender and sexuality are respected.</p> <p>The privacy and dignity policy is implemented. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission (with family/whānau involvement) and is integrated into the resident's care plans.</p> <p>Te reo Māori is celebrated. Staff who identify as Māori help with pronunciation of te reo Māori words and phrases. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, Māori equity and models of care, Pacific models of care and tikanga Māori. Residents are supported and encouraged to participate in te ao Māori, as described in the Māori health plan.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. The Diversity, Equity and Inclusiveness policy, Harassment and Bullying policy and the Prevention of Industrial Racism policies are implemented. These policies document the impact of institutional, interpersonal and internalised racism on a resident's wellbeing and also to improve Māori health outcomes through clinical assessments and education sessions. The staff interviewed described Wyndham Rest Home having a good place to work, fostering teamwork and supporting each</p>

		<p>other to perform well in their roles. Staff were aware of these policies and described where to access them if needed.</p> <p>Specific cultural values and beliefs are documented in the resident's care plans and this is the foundation of delivery of care. The service uses a strengths-based and holistic model of care, as evidenced in the resident centred care plans. The holistic framework of Te Whare Tapa Whā is used for Māori care plans as needed.</p> <p>Staff complete education at orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>PA Low</p>	<p>Information about the service is provided to residents and family/whānau on admission. Resident and family/whānau meetings and care plan reviews identify feedback from residents and family/whānau.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any adverse event that occurs. Electronic accident/incident forms include a section to indicate if next of kin have been informed (or not) of an accident/incident. The accident/incident forms and progress notes reviewed did not always identify that family/whānau are kept informed. Family/whānau interviewed stated they were kept up to date of any changes in resident condition or incidents; however, this was not always documented in the resident files reviewed.</p> <p>Contact details of interpreters is available at the nurse's station. Interpreter services are used where indicated. At the time of the audit, all residents spoke English.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies who are involved with the resident, such as a palliative nurse specialist and Health New Zealand, Te Whatu Ora – Southern specialist services. The delivery of care involves a multidisciplinary team approach, and residents provide consent and are communicated with regarding services involved. The nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents confirmed they know what is happening within the facility and felt informed through resident meetings and an open-door philosophy. The open-door philosophy was reinforced by the facility manager, who was available to talk with residents or family/whānau at any time.</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>	FA	<p>An Advance Care Planning and resuscitation policy is implemented. Informed consent processes are discussed with residents and families/whānau on admission. Five resident files sampled included written consents signed by the resident. Family/whānau (or enduring power of attorney) have signed consent forms for residents who are not able to give informed consent. The signed service agreements include consent for care and support, for photographs, sharing of information, family involvement. Shared goals of care, including advanced directives, were documented in files reviewed. Caregivers and registered nurses interviewed, confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practice is reflected in informed consent policies.</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>	<p>FA</p>	<p>The complaints policy is provided to residents and family/whānau on entry to the service. Complaint forms are available at the entrance to the facility. A record of all complaints, both verbal and written, is maintained by the facility manger in the complaint register. The staff interviewed could describe how they deal with low level concerns and when to direct the complainant to the facility manager or nurses.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and are aware complaint forms are available. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held regularly and concerns can be raised. They are supported at meetings by an appointed resident advocate. Residents interviewed stated that they would have no problem making a complaint or talking with the facility manager or registered nurses if they had concerns. The facility manager interviewed acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaints process links to advocacy services. Residents advised that they are aware of the complaints procedure and how to access forms.</p> <p>There were no complaints documented since the last audit. The facility manager described a process of investigating complaints within timeframes set out by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There were no complaints from external agencies.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Wyndham Rest Home is governed by the Wyndham and Districts Community Rest Home Incorporated Trust. The service provides rest home level care for up to 23 residents. On the day of the audit, there were 17 residents, including two residents funded by ACC (one resident on respite and one resident on long term care).</p> <p>There is a Board of seven Trustees from a wide range of experience and backgrounds. Board members are readily accessible to the manager and visit the facility on a regular basis. An annual business plan is documented and reviewed annually. A mission, philosophy and objectives are documented for the service. The monthly Board</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. A comprehensive managers report is provided to the Board, covering all aspects of the service; this includes a clinical report provided by the RN. The facility manager and the Board analyses internal processes, business planning and service development to improve outcomes for residents and has processes in place to achieve equity for Māori; and to identify and address barriers for equitable service delivery. This includes input from Māori and Pasifika providers as required. There is an open invitation to members of the community to attend the annual general meeting; feedback from the community is used to improve outcomes. There is collaboration with residents and family/whānau who identify as Māori and/or tāngata whaikaha (the disability sector), to reflect their input for the provision of equitable delivery of care. The facility manager and Board members enjoy established linkages with a wide range of Māori and Pacific groups in the local community and in the health sector.</p> <p>The Board members, facility manager and staff demonstrated expertise in Te Tiriti, and health equity. All have completed training, with further training planned for Board members. A Board member is a registered nurse who provides clinical oversight and can access advice from the nurse practitioner if required.</p> <p>The facility manager is non-clinical and has a background in project management, managing civil defence emergencies, health and safety, and governance. The facility manager has been in the role since June 2023 and is supported by an experienced registered nurse and a team of experienced dedicated staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>PA Low</p>	<p>Wyndham Rest Home has a quality and risk management plan which includes quality goals. The quality programme covers performance monitoring through internal audits, satisfaction survey results and through the collection of clinical indicator data, staff training and development, and implementing organisational quality initiatives.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted</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>good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external provider and have been updated to meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff.</p> <p>Aspects of quality and risk, health and safety, and infection prevention and control data is presented at the RN and staff meetings; however, the analysis and trending identified are not evidenced as being discussed with staff. Improvements are completed as scheduled and corrective actions are documented where indicated to address service improvements; but there was no evidence of progress and sign off by the facility manager and/or registered nurse. Meeting minutes are provided to staff who are unable to attend meetings.</p> <p>A satisfaction survey was completed in April 2024; however, this only covered food services, care and nursing, activities and laundry/cleaning. While the results evidenced overall high satisfaction, the survey did not cover all aspects of services provided.</p> <p>The facility manager is the health and safety officer for the service. They have completed external training around industry health and safety practices. Health and safety issues are discussed at the meetings. Staff interviewed could describe the hazard and incident reporting processes; but the hazard register had not been updated since 2022. Incident reports are documented on the recently implemented electronic system and evidenced timely RN follow up. Incident data is collated and discussed at the staff meetings.</p> <p>Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori.</p> <p>Discussions with the facility manager and Board member evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There was a Section 31 notification sent for the change in manager, and also for a change in governance. There has been one outbreak since the previous audit that was notified to the appropriate authorities.</p>
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<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 Moderate</p>	<p>There is a policy that guides staff allocation and requirements for safe clinical care. Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are addressed in a timely manner. The facility manager works full time and is on call for non-clinical matters. The RN is rostered Monday to Friday from 8am to 4pm and provides on-call cover. The enrolled nurses (EN) cover Monday 4pm to midnight, Wednesday 8am -4pm. Over the weekend one EN is rostered from 8am -4pm on Saturday; and the other is rostered from midnight -8am Saturday and Sunday nights. There is casual RN cover where required.</p> <p>Staffing levels are adjusted based on resident acuity. There are sufficient caregivers allocated to the roster to provide clinical safe care to residents. The nurses and a selection of caregivers have a current valid first aid certificate, to ensure there is a first aider on each shift.</p> <p>Historically education sessions have been held face to face. There is a newly implemented resident management system in place which has an education plan and topics available to staff online. The education sessions cover all compulsory training sessions and competencies; however, not all staff have completed this training yet, and not all compulsory training has been evidenced as being held over the last two years. Training sessions have been held on cultural safety, health equity and Māori motuhake. There are staff members who identify as Māori who provide cultural advice where required.</p> <p>There are a number of long-standing caregivers who are experienced. All staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing. There is a selection of staff who have achieved levels 3 and 4; and staff who have level 4 equivalent through experience.</p> <p>The RN is interRAI trained. The nurses have access to external training through Health New Zealand-Southern and Hospice.</p> <p>Staff wellbeing is provided. A debrief meeting was held post outbreak. Staff reported they felt supported and reported a culture of teamwork.</p>
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<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>PA Low</p>	<p>There are human resource policies documented, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. An agreement is signed by both the new staff member and the facility manager. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position; however, there was no job description in place for the infection control coordinator and the restraint coordinator. The RN is responsible for these positions. A register of practising certificates is maintained for all health professionals.</p> <p>The policy that guides staff performance appraisals is implemented and all staff who have been employed for over one year have a completed annual performance appraisal on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and available for reporting purposes. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a policy documented with guidelines in an event of an information technology failure.</p> <p>The service has recently implemented the electronic resident management system. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented</p>

		<p>include the name and designation of the service provider. Residents' paper-based files and documentation were held securely and not accessible to public.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for the registration of National Health Index Numbers.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager and registered nurse are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents would be provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, and this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focused. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The service has established</p>

		<p>linkages to iwi and Māori in the community. There are staff members who identify as Māori available to support Māori residents and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Five files were reviewed for this audit (five rest home level of care, including one on a respite accident compensation contract (ACC). The registered nurses (RN) and enrolled nurses (EN) are responsible for conducting all assessments and for the development of care plans. On interview, family/whānau confirmed resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed; however, this is not always documented in progress notes (Link 1.6.3). Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service has Māori residents, the RN described how the service would support Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>Admission assessment information is completed at time of admission; however, not all residents had initial assessments or initial care plans completed. The following assessments are completed: activities of daily living (ADL); behaviour; social and cultural; mobility; continence; and communication. There is a specific cultural assessment as part of the social and cultural plan. A cultural assessment has been implemented for all residents. InterRAI assessments, re-assessments, care plan development and reviews have been completed; however, not all have been completed within the required contractual timeframes, or for all residents as required. The resident who was admitted on an ACC contract, did not have an initial assessment or an initial care plan on file.</p> <p>Care plans had been updated when there were changes in health condition and identified needs. The long-term care plan includes sections on mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs.</p>

	<p>Evaluations stated progress against the set goals. Short-term care plans were utilised for issues such as infections, weight loss, and wounds.</p> <p>Caregivers interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery. A handover book contains additional information on appointment dates, antibiotics etc; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, NP visits, or changes in health status.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission and the NP reviews each resident at least three-monthly. The NP visits every two to four weeks and more often when required, with a 24/7 on-call service available for advice. The registered nurse is available for after-hours calls and advice. When interviewed, the NP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and related interventions were integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required. When a resident's condition alters, an RN initiates a review with an NP. On interview, family/whānau advised they were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes, and any changes to health status; however, there was limited documentation to evidence this (link 1.6. 3).</p> <p>There were no current wounds or pressure injuries on the day of audit. Previous wound assessments, and wound management plans, photos and wound measurements were reviewed and confirmed comprehensive wound management practises. An electronic wound register is maintained. Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities position has been recently vacated and management are actively recruiting to fill the Monday to Friday 25 hour a week position. In the interim, activities are being provided by a group of community volunteers, and caregivers are supporting the programme. Weekend activities are supported by the caregivers and plenty of resources are available to deliver the activities. Volunteers assist with craft and entertainment. All volunteers are inducted into the service and complete vetting processes.</p> <p>The programme is planned weekly and includes themed cultural events, St Patricks Day, Easter, Matariki, and Christmas. A weekly programme is displayed on noticeboards, as sited on day of audit.</p> <p>The service facilitates opportunities to participate in te reo Māori through the use of Māori language on door signs, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment</p>

		<p>and music sessions are scheduled weekly. There are weekly interdenominational services provided by local churches. Tamariki from local schools visit to engage with residents and kapa haka groups provide cultural songs.</p> <p>Residents' activity assessments are completed within three weeks of admission to the facility, in conjunction with the registered nurse and multidisciplinary team. On interview the facility manager explained this process involves gathering information on residents' interests, family/whānau, and previous occupations through interviews with the residents and their families/whānau. The information includes hobbies and interests, likes and dislikes, career, and family/whānau connections and is reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include morning chats; exercises; bingo; arts and craft; housie; ball games; quizzes; movies; walking groups; happy hour; and word games. The service has limited van outings at present and has plans to increase this once the vacant activities position is filled.</p> <p>Resident meetings are held quarterly with an advocate representative from Age Concern Southland, and family/whānau are welcome to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and family/whānau surveys also provide feedback on the activity programme and evidence satisfaction with the activities provided. Residents and family/whānau members interviewed stated the activity programme is meaningful.</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>PA Moderate</p>	<p>Medication management procedures and related documents are available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications require competency assessments on an annual basis; however, this has not been fully completed (Link 2.3.3). There is no evidence that education around safe medication administration has been provided (Link 2.3.4).</p> <p>Staff were observed to be safely administering medications.</p>

		<p>Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room and locked trolley. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, considered and prescribed by the NP.</p> <p>Ten electronic medication charts were reviewed. These medication charts identified that the NP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-medicating. There are policies to guide the process, storage and competency of residents who wish to manage their own medications. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Controlled drugs are stored securely in the medication room. Weekly checks and six-monthly physical stocktake were not consistently evidenced.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, and this was confirmed in NP notes documented in the medication system. The registered nurse described a process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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,</p>	<p>FA</p>	<p>The meals at Wyndham Rest Home are all prepared and cooked on site. The kitchen is spacious with easy clean wall and floor surfaces. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was in evidence, expiring in March 2025. There is a four-weekly seasonal menu that is</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>developed and was reviewed by a registered dietitian in June 2024. Upon admission, each resident undergoes a thorough dietary assessment by a registered nurse to identify their specific dietary requirements and preferences. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences, including Māori specific options when required. The kitchen is adjacent to a spacious dining room and meals are plated and served directly to residents. On the day of audit, meals were observed to be well presented in a homely manner. A trolley is used for covered plated meals to be transported to those residents’ enjoying meals in their rooms. Staff were observed supervising residents with meals and modified utensils are available for residents (when required) to maintain independence with eating.</p> <p>Caregivers interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa.</p> <p>The cook completes a daily electronic check, which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. All kitchen staff have completed food safety and hand hygiene training. Cleaning schedules are maintained.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis to the cook, at the resident meetings and through resident surveys. On interview, all residents were very happy with the meals provided.</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</p>	<p>FA</p>	<p>Planned, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer or termination policy and procedures are</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all transfers or discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. The registered nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. The service uses the yellow envelope (referral documentation) system.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness. Maintenance is reported to the facility manager who contacts the appropriate contractors as necessary. The service has a maintenance plan that includes call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing, tagging and calibration of electrical and medical equipment has occurred as scheduled. Hot water temperatures recorded were within expected ranges. Environmental internal audits are completed.</p> <p>The facility is all on one level with wide corridors and easy access to all outdoor areas for residents using mobility aids. The large open plan lounge/ dining room (with large windows) is centrally located providing space for activities and gatherings. There is a separate smaller lounge and seating areas available for residents and relatives to enjoy a quieter space.</p> <p>All resident rooms are large and provide plenty of space for residents to adorn with their possessions, as sighted during the audit. There is one double room which has single occupancy. All remaining rooms are single, with a mix of shared ensuites. Where rooms do not have an ensuite, there are toilets and bathrooms close by. Toilets and bathrooms have clearly defined vacant/ engaged signage in place. Privacy is maintained. All fixture and fittings are in good repair and align with infection control guidelines. Toilet and bathroom areas all have flowing soap and paper towels.</p>

		<p>The facility is heated by diesel radiators. All resident rooms and communal areas have large windows looking out to the manicured gardens. The residents and relatives reported the facility is maintained at a comfortable temperature. There is adequate space for storage of equipment. Vehicles used to transport residents have a current warrant of fitness and registration displayed.</p> <p>Although there are no current plans to expand the building, the facility manager and Board are aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service. Fire evacuation drills are completed every six months as scheduled. There are emergency management plans in place to ensure health, civil defence, and other emergencies are included.</p> <p>Water within the facility is heated by a diesel boiler. In the event of a power outage, there is an on-site generator and barbeque for cooking is available. A further backup generator is available if required. Civil defence supplies are stored centrally and checked at regular intervals (sighted). There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed</p>

		<p>above resident doors and panels in hallways to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>A registered nurse is the infection prevention and control coordinator (IP&amp;C) and has completed relevant training to provide oversight and advice on infection control and antimicrobial stewardship matters. The infection prevention control programme, content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p> <p>Infections are reported through the incident and infection reporting system. The infection prevention and control programme was reviewed, and significant issues are escalated through an effective communication pathway to the facility manager and the Board. Infection rates are presented at staff meetings. Infection control and anti-microbial stewardship is part of the quality and risk management plan and documented strategic plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Health New Zealand – Southern. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the facility manager, IP&amp;C coordinator, the NP, and the public health team.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	PA Low	<p>The service has a documented pandemic and outbreak management plan. The plan includes preparation and planning for the management of restricted access, isolation procedures, and transfers into the facility. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available on site as required.</p> <p>The IP&amp;C coordinator has completed external infection training and</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>keeps up to date with relevant best practice; however, there is not a documented job description which outlines the responsibility of the role (Link 2.4.2). There is good external support from the NPs, laboratory, and Health New Zealand – Southern clinical nurse specialists. Wyndham Rest Home is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the orientation and annual training plan. Staff have completed hand hygiene and the correct use of personal protective equipment competencies. Resident education occurs as part of the daily care.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection prevention and control team, and training and education of staff. Policies and procedures have been developed with input from an external advisor. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use, with an audit process in place to check that this is being completed as per policy. The infection prevention and control programme for 2023 has not been reviewed.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents (if any). Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control coordinator is involved in the procurement of all equipment and consumables and has been involved in the recent kitchen refurbishment to provide advice in relation to infection control matters.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are presented to staff monthly. The</p>

<p>safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>effectiveness of their AMS programme is evaluated as part of the annual review of the infection control programme.</p> <p>The RN interviewed reports the NP only prescribes antibiotics where required, based on signs, symptoms and microbiology results.</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>PA Moderate</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. The electronic system includes an infection register; however, this information has not been entered into the system. Monthly infection data based on signs, symptoms, and definition of infection is discussed at clinical and staff meetings and documented in meeting minutes. Surveillance of all infections (including organisms) is not consistently documented in an infection register. The electronic system includes ethnicity, and the system can provide a trend analysis monthly and annually, including ethnicity data. Infection control data is presented at monthly staff meetings; however, there was no documented evidence of summaries provided to staff for further discussions of infections (link 2.2.2). Internal infection control audits are completed by the IP&amp;C coordinator, with corrective actions for areas of improvement (Link 2.2.2).</p> <p>The service receives email notifications and alerts from Health New Zealand - Southern for any community concerns. All communications were observed to be culturally appropriate. There are hand sanitisers strategically placed around the facility, with flowing soap and paper towels available.</p> <p>There has been one outbreak documented since the last audit. Visitors were asked not to visit if unwell and during the outbreak. All visitors and contractors were managed appropriately. On the recommendation of the infection nurse specialist, reverse isolation procedures were implemented. Daily outbreak meetings occurred at handovers and a debrief was held at the staff meeting and documented. Staff confirmed discussions following the outbreak included opportunities to improve management. Daily logs were maintained, and staff were updated daily. Residents and family/whānau were updated regularly through emails and phone</p>

		calls. External agencies and the Board of Trustees were appropriately notified of the outbreak.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolley is also locked when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and face shields are available for staff, and they were observed to be wearing these as required.</p> <p>There are facilities for sluicing waste (there is one sluice room) and adequate PPE, including face shields, were available within the areas. There are separate handwashing basins with liquid soap and paper towels.</p> <p>Residents personal clothing, and all laundry is done on site seven days a week by caregivers. The laundry is spacious with good ventilation. There is a clear clean and dirty flow. There is also a separate area for folding and storage of clean linen. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Staff interviewed stated they always have enough clean linen for residents.</p> <p>There are dedicated cleaning staff five days a week. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, the cleaner was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>The infection control coordinator on interview explained they would provide support to maintain a safe environment during construction, renovation and maintenance activities.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Board, facility manager and nursing staff are committed to providing services to residents without the use of restraint, wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and their family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator (RN) works in partnership with residents and family/whānau to promote and ensure services are mana enhancing. Family/whānau/EPOA and residents were involved in decision making, as confirmed at resident and family/whānau interviews.</p> <p>At the time of the audit, there was one resident using bed rails at their insistence for safety. The use of restraint is reported in the staff meetings and is included in the manager report to the Board. There was no evidence of restraint related injury reported since the last audit, as per discussion with the RN and in review of the incident register since the last audit. The restraint coordinator interviewed described the focus on restraint elimination; however, there was no signed job description on file (link 2.4.2).</p> <p>The caregivers interviewed provided descriptions and examples of various types of restraints, monitoring and documentation requirements; however, restraint training has not always occurred annually (link 2.3.4).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, consent, care planning, interventions and evaluation were documented and included all requirements of the Standard. Restraint monitoring occurred as per policy and the resident's care plan. The resident requested the bed rails and is fully involved in all aspects of the process. The restraint policy stated all bed rails must always have a protective cover; however, this was not evidenced on the day (link 3.2.3). Access to advocacy is facilitated, as necessary. A restraint register is not maintained; however, there is evidence restraint is reviewed at each quality / staff meeting.</p> <p>Meeting minutes, and managers monthly reports documented discussions about restraint. The RN stated that any use of restraint in</p>

		<p>an emergency would be documented as an incident and collated as part of monthly reporting. There are documented procedures regarding the use of emergency restraint. If emergency restraint is required, the registered nurse will consult with the manager, resident, and family/whānau and determine, depending on the situation, who will debrief the staff. The restraint policy states the medical practitioner will be notified of the use of emergency restraint.</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 RNs and manager review restraint use at monthly meetings and ensure restraint use meets the requirements of Ngā Paerewa HDSS 2021. The outcome of the review is communicated to the Board via the facility manager reports. Any changes to policies, guidelines, education, and processes are implemented as indicated. Data analysis is completed monthly and discussed at the staff meetings. Interviews with the RN and EN confirm discussions include ways to minimise and eliminate the use of restraint. Restraint education has not been provided for staff in the last 12 months (link 2.3.4).</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 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	Three family/whānau interviewed reported they felt they were updated promptly by the RN when there were changes in resident condition or following incidents/ accidents; however, this was not always documented in the resident files either on the electronic incident reports or progress notes reviewed.	Family/whānau notifications were not consistently documented in incident forms or resident progress notes in files reviewed.	<p>Ensure all communication with family/whānau is documented.</p> <p>90 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	There has been a satisfaction survey completed in 2024; however, it does not cover all cover all aspects of service delivery, consumer rights, and environment. Overall, all residents were 100% satisfied with activities, care, cleaning and laundry. There were two comments and less	<p>i). The satisfaction survey only asks residents if they are satisfied with care, activities, meals and cleaning/ laundry services.</p> <p>ii). RN meeting minutes do not reflect clinical discussions around analysis of quality</p>	<p>i). Ensure satisfactions cover all aspects of services provided.</p> <p>ii). &amp; iii). Ensure discussions held around quality data and corrective actions are reflected in meeting minutes.</p>

		<p>satisfaction identified for meals. The satisfaction surveys used faces for residents to measure satisfaction, to accommodate residents less able to read or write answers.</p> <p>Meetings are held as scheduled; however, the meeting minutes do not reflect discussions held. Staff interviewed confirm discussions are held and the caregivers interviewed stated they were kept abreast of all incidents/ infections etc., and corrective actions were discussed and implemented.</p>	<p>data.</p> <p>iii). Staff meetings are not reflective of a). discussions around analysis of quality data, b). staff feedback, and c). any corrective actions resulting from internal audits/ previous meeting minutes, or quality data results.</p>	90 days
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Internal audits have been completed according to the schedule; however, where there were corrective actions identified, these were not always signed as being closed off.</p>	<p>Corrective actions identified have not been signed off as completed.</p>	<p>Ensure corrective actions are signed off when completed.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>There is a hazard and risk register in place that is accessible to staff. The staff interviewed could all describe what a hazard is, the reporting process and described how to minimise risks until the hazard was eliminated. The facility manager is the health and safety officer, who is trained in health and safety and is knowledgeable around health and safety and hazard management; but the hazard register has not been reviewed annually.</p>	<p>The hazard register has not been updated since 2022.</p>	<p>Ensure the hazard and risk register is reviewed at least annually.</p> <p>90 days</p>

<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	<p>PA Moderate</p>	<p>Staff complete required training and competencies during orientation. There was evidence of staff completing first aid certificates, fire drills have occurred six monthly, and hoist training occurred in March 2023; however, there is no defined education plan documented which outlined the competencies staff are required to complete on an annual basis.</p>	<p>i). There was no evidence of current medication competencies in place for staff who administer medications.</p> <p>ii). There was no evidence sighted of competencies completed for restraint, manual handling, and infection control (including standard precautions and hand hygiene).</p>	<p>i). &amp; ii). Ensure all staff complete the required competencies annually.</p> <p>60 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>The recently implemented electronic resident management system includes an education component. There are a wide range of topics available to staff which covers all required education sessions, including (but not limited to) pressure injury prevention and skin integrity; sexuality and intimacy; spirituality; Te Whare Tapa Wha; cultural safety; health and safety; infection control and hand hygiene; falls; manual handling; and pain. However, there is no documented education plan in place of when staff are to complete the required sessions, and not all compulsory educations were evidenced as being held in the last two years.</p>	<p>i). There is no structured education plan in place.</p> <p>ii). There was no evidence of education sessions, including abuse and neglect; aging process; sexuality; restraint; the aging process; privacy and dignity; complaints; oral hygiene; medication management; and continence, held in the last two years.</p>	<p>i). Ensure an education plan is documented.</p> <p>ii). Ensure all compulsory education sessions are held.</p> <p>90 days</p>

<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p>	<p>PA Low</p>	<p>The RN is the infection control coordinator and the restraint coordinator; however, there is no job descriptions in place for these roles.</p>	<p>There is no signed job description on file for the roles of restraint and infection control coordinator.</p>	<p>Ensure job descriptions are signed and on file for extra roles, such as the infection control coordinator and the restraint coordinator.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Five files, including one on an ACC respite contract, were reviewed. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Timeframes related to contractual requirements were not always met in the five files reviewed.</p>	<p>i). One resident on an ACC respite contract admitted one week ago did not evidence completed initial assessments.</p> <p>ii). Two residents admitted one week and three months ago did not evidence a documented initial care plan.</p> <p>iii). Two residents did not have an initial interRAI completed within 21 days of admission.</p> <p>iv). Two residents did not have a care plan documented within 21 days of admission.</p> <p>v). Three of three residents requiring interRAI reassessments did not have these completed six-monthly.</p> <p>vi). Three of three care plan reviews were not completed six-monthly.</p>	<p>i-vi) Ensure initial assessments, initial care plans, initial interRAI assessments, repeat interRAI assessments, initial long-term care plans, and six-monthly evaluations of care plans are documented within required timeframes.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development</p>	<p>PA Moderate</p>	<p>The service has recently implemented an electronic resident</p>	<p>i). Care plan interventions were not documented for two</p>	<p>i). – iv). Ensure all care plan interventions are current,</p>

<p>of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>management system. Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Four of five residents' files reviewed identified insufficient interventions to guide the resident's current care needs.</p>	<p>residents admitted one week and three months ago.</p> <p>ii). Care plan interventions were not documented in the current electronic system for one resident and were not available to care staff.</p> <p>iii). Interventions were not documented in the care plan for one resident with behaviours that challenge.</p> <p>iv). The interventions for safe use of restraint are not fully documented or implemented for one of one resident utilising bed rails as restraint.</p>	<p>reflect the assessed needs of residents, and are available to guide care staff.</p> <p>60 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>There are comprehensive policies around all aspects of care monitoring. Post fall management policies include monitoring of neurological observations; however, not all monitoring has been completed as scheduled.</p>	<p>Four of four neurological observations reviewed have not been consistently monitored as per policy following unwitnessed falls or potential head injuries.</p>	<p>Ensure neurological observations are completed as per policy.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>Controlled drugs are stored securely in the medication room, Legislation requires weekly checks, and six-monthly physical stocktake; however, this was not consistently evidenced.</p>	<p>i). The controlled drug register does not evidence consistent weekly checks.</p> <p>ii). The six-monthly physical controlled drug stocktake have not been documented.</p>	<p>i-ii). Ensure controlled drug stock checks occur as per legislative requirements.</p> <p>60 days</p>
<p>Criterion 5.2.2</p>	PA Low	<p>The infection control programme handbook states an annual report will</p>	<p>The 2023 infection control programme has not been</p>	<p>Ensure the infection control programme is reviewed</p>

<p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>		<p>be developed and will include the components of data summary, interpretation, and next steps, as well as identification of measurement targets identified for the following year.</p>	<p>reviewed.</p>	<p>annually.</p> <p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Moderate</p>	<p>The IP &amp; C coordinator has attended training and on interview understands the role, including surveillance definitions. The service has recently implemented an electronic management system; however, this has not been fully implemented for infection control. The facility manager uses information entered into the electronic system in conjunction with verbal handovers from the IP &amp; C coordinator, to prepare reports for staff meetings and the Board. However, this information has not been analysed for trends.</p>	<p>i). Not all infections are entered into the infection register.</p> <p>ii). Monthly infections are not evidenced as collated and analysed by the infection control and prevention coordinator.</p>	<p>i). Ensure all infections are entered into the infection register.</p> <p>ii). Ensure monthly infections are collated and analysed with input from the IP &amp; C coordinator.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.