

Windsor House Board of Governors - Windsorcare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Windsor House Board of Governors
Premises audited:	Windsorcare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 24 June 2024 End date: 25 June 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	76

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

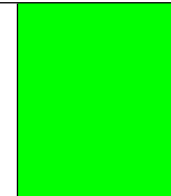
Windsorcare is certified to provide hospital (geriatric and medical), dementia and rest home levels of care for up to 81 residents. There were 76 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Health New Zealand Te Whatu Ora - Canterbury. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family, management, staff, and a general practitioner (GP).

The general manager is appropriately qualified and experienced and is supported by a clinical manager. There are quality systems and processes being implemented. Feedback from residents and families/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified improvements required around timeframes and dementia standards training.

Ō tātou motika | Our rights

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

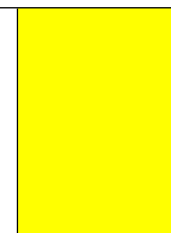


Subsections applicable to this service fully attained.

Windsorcare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Windsorcare provides services and support to people in a way that is inclusive and respects their identity and their experiences. 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 are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



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

The strategic plan has clear goals, strategies and performance measures to support their philosophy of care, which includes their mission statement, values and behaviours. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as

indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of residents' personal and health information is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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Residents are assessed before entry to the service to confirm their level of care. The RNs are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly. There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place. There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The GP is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so. The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day. Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumarū | 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.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness. The dementia unit is secure with ample indoor and outdoor areas for residents to enjoy. There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

Infection prevention 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 organisation and provides information and resources. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and

as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Nine outbreaks have been 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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Windsor House Board of Governors - Windsorcare is committed to providing services to residents without the use of restraint. The restraint coordinator is a registered nurse (RN). The facility was restraint free at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	0	166	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does not currently have any residents who identify as Māori.</p> <p>As part of staff training, Windsorcare incorporate the Māori health strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing into practice. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has engaged with a Māori advisor (Board member of Ngāi Tahu) who is available to support the organisation's cultural journey. Windsorcare also has links with Rehua Marae, who provide guidance and support for Māori peoples.</p> <p>At the time of the audit there were Māori staff members. The service supports increasing Māori capacity by employing more Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the</p>

		<p>Māori health plan and tikanga guidelines. There is a Māori staff member who provides support and advice to staff and management.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Twenty-three staff members interviewed (nine caregivers, five registered nurses (RN), one reception/administrator, two cooks, one laundry, one cleaner, two activities coordinator, and two diversional therapists) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>Windsorcare recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to resident need. On the day of audit there were no Pacific residents living at Windsorcare.</p> <p>At the time of the audit there were Pacific staff members. The service has links with an educator (Tangata Atumotu Trust) who teaches Pasifika to ARA Institute of Canterbury health promotion students, undergraduate and postgraduate nurses. The educator has provided cultural safety training (focus on Pasifika) to staff at Windsorcare. The service is actively recruiting new staff. The general manager and clinical manager confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with two staff members who identified as Pasifika.</p> <p>Interviews with nine residents (six rest home and three hospital), and five relatives (three rest home and two dementia care) identified that the service puts people using the services, family/whānau and the Windsorcare community at the heart of their services.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager or RNs discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the quarterly resident/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual support through local churches. Church services are held regularly.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry information pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p>

		<p>Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care and included interventions to promote positive outcomes. The care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during 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 family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their</p>

		understanding of professional boundaries, including the boundaries of their role and responsibilities.
<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>	FA	<p>Information is provided to residents and family/whānau on admission. Quarterly resident meeting minutes identify feedback from residents and subsequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Nineteen accident/incident forms reviewed identified whānau/next of kin are kept informed, and this was confirmed through the interviews with whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English.</p> <p>Caregivers and RNs interviewed described how they are able to assist residents who do not speak English, with interpreters or resources to communicate as the need arises. 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 next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the Hospice and Health New Zealand - Canterbury specialist services. The delivery of care includes six-monthly multi-disciplinary team (MDT) meetings and residents/relatives provide consent and are communicated with regarding services involved. The clinical manager 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>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</p>	FA	<p>Informed consent processes are discussed with residents and families/whānau on admission. Nine resident files sampled included written consents signed by the resident. Family/whānau (or enduring</p>

<p>be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>power of attorney) had signed consent forms for residents who were not able to give informed consent. The signed consent for treatment and care forms include consent for care, outings and wider community involvement, photographs, sharing of information with other services, annual flu vaccinations, ear micro suctioning and consent to have students involved in their care. Comprehensive MDT reviews include a six-monthly review of the resident's shared goals of care.</p> <p>The service has embedded the principles of shared goals of care by ensuring conversations take place soon after admission and encompassing the principles of partnership, shared decision making, equity and upholding values and beliefs. The shared goals of care document inform the resident's resuscitation status and wishes for intervention in the event of changes in health. Advanced directives were documented in the shared goals of care in all files reviewed. Caregivers and RNs interviewed confirmed verbal consent is obtained when delivering care and this was observed as being requested on the days of audit. Tikanga best practise 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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written in a complaints' register. There have been seven complaints made in 2023 and three complaints received in 2024 year to date. One of the complaints received in 2024 was made through Health New Zealand. The complaint was investigated by the service and Health New Zealand emailed Windsorscare and Ministry of Health in April 2024 stating that they would not be taking the complaint any further.</p> <p>The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided</p>

		<p>with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Windsorcare provides rest home, hospital (medical and geriatric) and dementia level care for up to 81 residents. At the time of the audit, one rest home room was being used as a whānau room. There are 11 dedicated rest home beds, 10 dual purpose beds, 40 hospital beds, and 20 beds in the dementia unit. The 10 dual-purpose beds are in the rest home unit. At the time of the audit there were 76 residents in total: 18 rest home residents (including three residents on respite care); 39 hospital level residents (including one resident on an end of life contract); and 19 dementia care residents. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>The service is governed by the Windsor House Board of Governors (there are currently seven Board of Governors, including a chair). The Board meets monthly and receives reports on all aspects of service delivery at Windsorcare. The service has a strategic plan in place for 2021-2024, with clear goals, strategies and performance measures to support their philosophy of care, which includes their mission statement, values and behaviours. The goals and objectives are reviewed at the monthly Board of Governors meeting. The general manager reports to the Board of Governors monthly against the quality and risk plans and on a variety of operational issues and clinical matters. The general manager and Board of Governors attended a Windsorcare strategy session in April 2024.</p>

		<p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Windsorcare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing to improved health outcomes for tāngata whaikaha. The chair of Windsor House Board of Governors (who was interviewed during the audit) collaborates with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The Board of Governors have completed cultural training.</p> <p>The general manager has a PhD in management and has been in the role for over nine years. He is supported by an experienced clinical manager who has been in the role for over six years and provides clinical oversight at Windsorcare. She has over 20 years' experience in aged care and clinical management. The general manager and clinical manager are supported by a management team that includes a support services leader, village manager and finance manager. The management team meet on a monthly basis to discuss (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and training/education.</p> <p>The general manager and clinical manager have completed in excess of eight hours of professional development in the past 12 months.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our</p>	FA	<p>Windsorcare has a strategic plan and a quality and risk management programme that outlines objectives/goals. Interviews with the general manager, clinical manager and staff from each area reflect their understanding of the quality and risk management programme. Key components of the quality and risk management programme link to the monthly combined management/quality/infection control and health and safety meetings and monthly RN/clinical meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): resident falls; infection rates; complaints received; restraint use; pressure injuries; and medication errors. Quality and risk data, including ethnicity and trends in data, are collated and benchmarked. An annual internal audit schedule including specific</p>

<p>health care and support workers.</p>		<p>clinical-focused audits, was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Quality improvements are raised for identified areas for improvement. Results of quality data, benchmark results, internal audits, and corrective actions are discussed in all facility meetings. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. Six-monthly MDT meetings provide an opportunity for residents and family/whānau to state any area that they are satisfied with and any areas that may require improvement. Any improvement areas are followed up and actioned. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external consultant and any new policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and quality and senior management meetings, with the clinical manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in January 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees the employee assistance programme. Staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available as required. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the</p>
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		<p>regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. The clinical manager and RNs evaluate interventions for individual residents. Residents are encouraged to attend daily exercises as part of the activities programme. Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in nineteen accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Family/whānau are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager, who reviews every adverse event.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT, regarding one suspected deep tissue pressure injury in June 2024, and two unstageable pressure injuries in March 2023 and February 2024. There have been nine outbreaks (six in 2023 and three in 2024) since the previous audit, which were appropriately managed and staff debriefed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The electronic roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and clinical manager both work full time from Monday to Friday. The general manager is available 24/7 for any operational related issues and the clinical manager is on call 24/7 for any clinical concerns. Registered nurses have a roster pattern of 'four on, two off'. Due to this, there are often more than two RNs on duty. In this case, one of the RNs completes documentation. The RNs are supported by a team of caregivers. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. Interviews with caregivers, RN and the management team confirmed that their workload is manageable. There are separate laundry and cleaning staff.</p>

		<p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff last attended cultural awareness training in 2024. External training opportunities for care staff include training through Health New Zealand – Canterbury and the Nurse Maude service. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform creates opportunities for the workforce to learn about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 50 caregivers in total. Completed Careerforce training are as follows: 41 have completed level four, four have completed level three, and two have completed level two training.</p> <p>There are 27 of 35 caregivers who work in the dementia care unit that have completed the required dementia unit standards. The eight caregivers who have not completed, are enrolled to complete their dementia standards; however, three of these staff have been employed for longer than eighteen months. Staff complete competencies relevant to their roles. All staff are required to complete annual competencies for hand hygiene, correct use of personal protective equipment, medication administration (if medication competent), and moving and handling. A record of completion is maintained. Six of the ten RNs have completed their interRAI training. All RNs are encouraged to complete Covid-19 outbreak, infection control, wound management, skin care, pain management and medication administration training. Māori health information (when there are Māori residents) is shared along with quality data in facility meetings, which all staff are encouraged to attend. Meeting minutes are available for staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Eleven staff files reviewed (one clinical manager, two RNs, six caregivers, one support services leader, and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, police checking and completed</p>

<p>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>orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator and infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing 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>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and documented in a timely manner.</p> <p>Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. 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 National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to Windsorcare are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for rest home, dementia, hospital level of care, and respite residents' authorisations were sighted. The clinical manager screens prospective residents prior to admission. A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA/whānau/family of choice, where appropriate, local communities, and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided. Signed EPOA documentation was sighted in files of residents in the dementia unit and others where appropriate.</p> <p>The clinical manager reported that any potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were no residents who identified as Māori at the time of the audit. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented. The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>	PA Low	<p>Nine resident files were reviewed: four hospital (including one on an end of life (EOL) contract), three rest home (including one on a respite contract) and two receiving dementia level care. An RN is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed and comprehensive six-monthly MDT reviews.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. Appropriate risk assessments are conducted on admission. 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. The respite resident had initial assessments and an initial care plan on file. The resident on the EOL contract had assessments, and care plans completed as per requirements.</p> <p>Long-term care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds and are evaluated at least weekly and signed off when resolved or moved to the long-term care plan. Long-term care plan evaluations identify if goals have been met or not; however, were not always informed by the interRAI re-assessments and/or completed within required timeframes. Comprehensive MDT meetings include a six-monthly review of shared goals of care.</p> <p>The service is supported by two local general medical practitioners from separate medical practices, with backup from other staff from the practices covering for leave. Both general practitioners (GP) are available 24/7. A GP had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The psychogeriatrician and mental health services are readily available as required. The GP (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the RNs, care provided and timely</p>
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		<p>communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A contracted physiotherapist visits three to four hours a week. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand - Canterbury. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Caregivers and RNs interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between an RN to the incoming RN and caregivers on each shift. Handover notes and shift reports were sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift by the caregivers and the RNs document at least daily for all resident records and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RNs, who then assesses the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of 42 wounds from 25 residents being actively managed across the service. These included skin tears, lesions, surgical wounds, and abrasions. There were 13 pressure injuries (including one deep tissue injury, one stage III, six stage II and five stage I) being managed at Windsorscare. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is documented wound care nurse specialist input into</p>
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		<p>chronic wounds as required. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts, including observations; bowel chart; blood pressure; weight; food and fluid; repositioning charts; blood glucose levels; and toileting regime. All monitoring charts were completed as per care plan. Each event involving a resident was reviewed by the clinical manager. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations are taken for an unwitnessed fall or a fall involving a head injury based on RN assessments. Incident reports reviewed indicate that neurological observations were completed as per relevant policy and procedure. Opportunities to minimise future risks are identified by the clinical manager, in consultation with RNs and caregivers.</p> <p>Windsorcare provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The Māori health and wellbeing assessments support Kaupapa Māori perspectives to permeate the assessment process. The Māori health plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health plan.</p> <p>Staff confirmed they understood the process to support residents and whānau. There were no residents who identified as Māori at the time of the audit. Cultural assessments were completed by the nursing team, who have completed cultural safety training, in consultation with the residents, family/whānau and EPOA.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	FA	<p>Activities are conducted by a team comprising of two diversional therapists, two activity coordinators and overseen by the support services leader who has a diversional therapy qualification. The team</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>provide activities seven days a week, with one diversional therapist/ one activity coordinator working on the weekend. Monday to Friday is covered by two or three staff. The team is supported by community volunteers. Volunteers are vetted and induction includes information on Code of Rights, privacy and scope of the role.</p> <p>The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a recreational assessment, and activities care plan developed detailing the past and present activities, career, and family. A monthly planner is developed, posted on the noticeboards, and a copy is given to each resident for their room and a copy sent by email to family. Daily activities were noted on noticeboards to remind residents and staff. Residents meet three-monthly to discuss different issues at the facility and provide feedback relating to activities. The activities team on interview stated they visited everyone daily.</p> <p>The activity programme is formulated by the services group leader, diversional therapists and activities staff. The activities were varied and appropriate for residents assessed as requiring rest home, dementia and hospital level of care. The care plans have sufficient interventions recorded in the activities plan to guide staff. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities sighted on the planner included exercises; quizzes; housie; floor games; singing; table games; outdoor walks; church services; van outings; music; pampering nail therapy; and entertainment. Special cultural events such as Matariki, Te Tiriti o Waitangi and Māori language week are celebrated with kapa haka, craft and relevant discussions. On interview, the diversional therapist confirmed there were school and pet therapy visits. The service promotes access to EPOA and family/whānau and friends through an online social media page. There are regular outings and drives for all residents (as appropriate).</p> <p>There were no residents who identified as Māori. The activities staff</p>
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		<p>reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements with kapa haka groups, traditional leaders, and by celebrating religious, and cultural festivals and Māori language week, with varying events lined up. Activities calendars include reference to days and celebrations in te reo Māori.</p> <p>EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>	FA	<p>Windsorcare has policies available for safe medicine management. The RNs and medication competent caregivers who administer medications had current competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts and signing sheets, except for respite residents, are electronic. On the days of the audit, medication competent RNs were observed to be safely administering medications. The RNs and caregivers interviewed could describe their roles regarding medication administration. Windsorcare uses blister packs for all medicines. All medications once delivered are checked by the RNs against the medication chart. Medication reconciliation was conducted by the RN when a resident is transferred back to the service from the hospital or any external appointments. The RN checked medicines against the prescription, and these were updated in the electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily. All eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Eighteen medication charts were reviewed. There is a three-monthly GP review of all the residents' medication charts, and each drug chart has photo identification and allergy status identified. Indications for use were</p>

		<p>noted for pro re nata (PRN) medications, including over-the-counter medications and supplements, on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no residents self-administering. The service does not use standing orders and there are no vaccines kept on site.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The RNs described how they would work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support 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, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. The support service leader is the kitchen manager and has a level four certificate in hospitality. They have oversight of the kitchen and oversees cooking responsibilities. There are two cooks, and two catering assistants rostered each day to ensure a seven-day cover. All food and baking is prepared and cooked on-site. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires 20 June 2025. The menu was last reviewed by a registered dietitian on 15 May 2024. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternative dietary requirements are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and over night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with</p>

		<p>current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least monthly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food in the hospital and rest home is served from the bain-marie. Meals for the dementia unit are plated in the kitchen and transported in a hot box. Food to those residents in the rooms is delivered using covered plates on a trolley. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents provided variable feedback on the food service.</p> <p>The kitchen staff reported that the service is able to prepare food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori, such as 'boil ups,' hāngi and Māori bread. Special occasions such as Matariki, Māori language week or Waitangi involve appropriate foods as part of the celebration.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. There is a documented process in the management of the early discharge/unexpected transfers from services. The RN reported that discharges are normally into other similar facilities or residents following their respite stay. The RNs oversee and manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and families/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services –whaikaha/disability services, social support or Kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, shared goals of care, medication charts, and last GP review records.</p> <p>Referrals to other allied health providers were completed. Upon</p>

		<p>discharge, current and old notes are collated and filed for archiving. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and physiotherapists, were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The RN advised a comprehensive handover occurs between services.</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>	FA	<p>The building has a current warrant of fitness that expires on 1 Dec 2024. The physical environment supports the independence of the residents. The rest home and the dementia unit are on the ground floor, with the hospital wing on level one. Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their whānau to utilise are available inside and outside in the gardens. There is a maintenance person that works 40 hours per week. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists and clinical equipment. Calibration checks were last completed in October 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Tradespeople are available as required, with a full list of contracted ones available for staff. The facility is maintained at appropriate temperatures with mixture of radiators and heat pumps throughout.</p> <p>The physical environment allows easy access/movement for the residents and promotes independence for residents with mobility aids. There is disabled access at the front door of the facility and at exit doors. There is a nurse's station in each of the three care areas. The dining rooms in each unit provide adequate space for residents to enjoy their meals. Communal areas within the facility include a lounge in each area, along with additional smaller lounges/family rooms with tea/coffee making facilities in the rest home and hospital. There is a large, shared entertainment room where many integrated activities take place. Seating and space is arranged to allow both individual and group</p>

		<p>activities to occur. All furniture is safe and suitable for the residents. There are several seating alcoves within the facility. There is safe access to the communal areas and outdoors. The dementia unit residents have free access to the safe outdoor environment. There is outdoor seating and shade provided. There is a family/whānau room upstairs for meetings. Residents interviewed reported they can move freely around the facility and staff assist them if required.</p> <p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. There are no double rooms. Residents are encouraged to personalise their bedrooms. All residents in the hospital and rest home have individual ensuites. There are shared ensuites in the dementia units. There are communal toilet and showering facilities, easily accessible and adequate for the size of the facility. Privacy locks are in place. Vacant/in use signage is on the toilet/shower rooms. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene care. All rooms have handwashing facilities and either individual or shared ensuite access. There is appropriate ventilation and lighting throughout the building. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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</p>	FA	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. An emergency management plan directs the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service, letter dated 11 August 2011. A fire evacuation drill was last performed on 13 March 2024. The evacuation drills are conducted every six months. The staff orientation programme includes</p>

<p>event.</p>		<p>fire and security training. In the event of a power outage, there is a large generator on site that provides instant power. There are extra blankets. There are adequate supplies in the event of a civil defence emergency, including sufficient water storage (26,000 litre water tank) for three litres per person per day for three-days. Information around emergency procedures is provided for residents and relatives in the admission information provided. There is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There are display monitors in strategic positions in the hallways that indicate where the call bell is activated for staff to respond. Residents were observed to have their call bells in proximity to their current positions. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Entry into the dementia unit is by either keypad or security tag. The doors are set to automatically release in case of fire. The front door to the building is locked by staff at sunset and unlocked at sunrise. The building is secured after hours. Closed circuit television (CCTV) cameras are installed at the main and back entrances, car park, medication room and in the downstairs hallways. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager is the infection prevention and control coordinator (IP&C). The IP & C coordinator is a member of the Infection Prevention and Control Nurse College, attends biennial conferences and receives monthly online magazines. The IP&C coordinator described their role as overseeing the infection prevention and control programme and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. 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 reporting system. The infection prevention and control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the Board and the general manager as part of the relevant</p>

		<p>meetings. Infection rates are presented and discussed at staff and RN meetings. Infection control and AMS are part of the quality and risk management plan.</p> <p>The service has access to the infection prevention clinical nurse specialist from Health New Zealand - Canterbury. 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 general manager, IP&C coordinator, the GPs, 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> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The 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 both upstairs and downstairs and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available on site as required.</p> <p>The IP&C coordinator has completed external infection training and keep up to date with relevant best practice. The IP&C coordinator is a member of the NZ infection and Prevention Control College. There is good external support from the GPs, laboratory, and Health New Zealand - Canterbury nurse specialists. Windsorcare 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 (PPE) competencies. Resident education occurs as part of the daily cares.</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 the quality and risk manager who is an infection control specialist; the programme is reviewed annually. 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</p>

		<p>to check that this is being completed as per policy.</p> <p>The service has access to information and resources in te reo Māori around infection prevention and control for Māori residents, from Māori health providers through Health New Zealand - Canterbury. 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 and managers are involved in the procurement of all equipment and consumables.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has 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 monitored monthly and discussed at all meetings, with these attended by the IP&C coordinator and RNs, with the general manager also involved as required. The GP reported they only prescribe 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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control policies. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is collated electronically and reviewed by the IP & C coordinator monthly. This data includes ethnicity and is monitored and analysed for trends and monthly and annually comparison occurs.</p> <p>Infection control surveillance is discussed at the monthly clinical meeting involving all RN's and staff from the kitchen, housekeeping and maintenance teams. Surveillance data is tabled at the management, quality, health and safety, infection control and staff meetings, and reported to the management team as issues arise or through regular</p>

		<p>monthly meetings. Meeting minutes and graphs are available to staff in the staffroom for reference. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>There are monthly meetings that are facilitated by the clinical manager. The discussions are also tabled at the quality meetings and the clinical meetings. The service receives email notifications and alerts from Health New Zealand - Canterbury 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. There have been nine small outbreaks since the last audit. Visitors were asked not to visit if unwell and during the outbreaks. All visitors and contractors were managed appropriately. Isolation procedures were implemented. Regular outbreak meetings occurred at handovers and outbreak reports reviewed lessons learned. Daily logs were maintained, and staff were updated daily. Residents and family/whānau were updated regularly through emails and phone calls. External agencies and the Board of Directors were appropriately notified of the outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	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 kept 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 the appropriate PPE when required.</p> <p>There are facilities for sluicing waste (four sluices), and adequate PPE, including face shields and goggles, were available within the areas. There is a sluice washer and sanitiser in the main sluice room in the hospital. There are separate handwashing basins with flowing soap and paper towels.</p>

		<p>All laundry is done on site seven days a week and operational from 7.00 am to 2.00 pm. 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.</p> <p>There are dedicated cleaning staff. Cleaning and laundry services are monitored through the internal auditing and reviewed by the infection prevention and control coordinator. When interviewed, both the cleaner and laundry staff was able to describe appropriate infection control procedures and was wearing appropriate personal protective equipment.</p> <p>The IP&C coordinator 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>	FA	<p>Windsor House Board of Governors - Windsorcare is committed to providing services to residents without the use of restraint. At the time of the audit there were no residents using restraint. The service is committed to remaining restraint free. The designated restraint coordinator is a RN. Systems are in place to ensure restraint use (if any) will be reported and benchmarked. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau and the choice of device must be the least restrictive possible.</p> <p>Windsorcare works in partnership with Māori to promote and ensure services are mana enhancing. A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP and restraint coordinator. Restraint related training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation; with the last training completed by staff in April 2024. A restraint audit was completed in June 2024 and demonstrated</p>

		compliance with the expected standard.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	There are 27 of 35 caregivers who work in the dementia care unit that have completed the dementia unit standards. The eight caregivers who have not completed, are enrolled to complete their dementia standards; however, three of these staff have been employed for longer than eighteen months.	Three caregivers who have worked in the dementia unit for over eighteen months have not completed the required unit standards.	<p>Ensure staff working in the dementia unit complete all required unit standards within the timeframe outlined in the Health New Zealand Age Related Residential Care Agreement (ARRC).</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</p>	PA Low	Admission visits by the GP were completed within five days for all resident files reviewed. Initial assessments and care plans have been developed within the required timeframes for all files reviewed. InterRAI assessments have been completed within the required timeframes for seven residents (two residents did not require an interRAI assessment). Three of eight resident files	<p>Timeframes related to contractual requirements were not always completed for the files reviewed including;</p> <p>i). Three of seven (one rest home and two dementia) initial interRAI</p>	<p>i) to iv). Ensure initial and repeat interRAI assessments, long-term care plans, and evaluations are documented within required timeframes.</p> <p>90 days</p>

requests this.		<p>identified long-term cares plans had been documented with 21 days of admission (one respite resident was a recent admission). On interview, staff explained timeframes delays were related to previous RN shortages, delays in transfer of residents within the interRAI system, and interRAI training requirements.</p>	<p>assessments were not completed within 21 days of admission.</p> <p>ii). Five of seven (two dementia, two rest home, one hospital) files reviewed did not evidence a long-term care plan was completed within 21 days.</p> <p>iii). Three of six (one hospital, one rest home and one dementia) repeat interRAI assessments were not completed in required timeframes.</p> <p>iv). Three of six (one hospital, one rest home and one dementia) six-monthly care plan evaluations were not completed in required timeframes.</p>	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.