Experion Care NZ Limited - Woodfall Lodge Home and Hospital

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:	Experion Care NZ Limited
Premises audited:	Woodfall Lodge Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 July 2024 End date: 16 July 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: 23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Woodfall Home and Hospital is part of the Experion group of aged care facilities. Experion is an experienced aged care provider. Woodfall Home and Hospital provides hospital and rest home level of care for up to 38 residents. There were 23 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Te Pae Hauora o Ruahine o Tararua MidCentral. The audit process included the review of policies and procedures, residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The manager is a registered nurse who has many years' experiences in aged residential care is supported by the director and clinical governance leader.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver safe care. The residents and family/whānau interviewed spoke positively about the care and support provided.

This certification audit identified shortfalls around cultural training, the quality system, staff appraisals, registered nurse cover, timeframes for assessment and care planning, and medication management.

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

Woodfall Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports culturally safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences.

The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively investigated and managed.

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 Experion Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023 informs the site-specific operational objectives which are reviewed on a regular basis. A quality and risk management system is in place. Woodfall Home and Hospital collates clinical indicator data and benchmarking occurs.

There are human resource policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme documented. Competencies are completed as per schedule.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.

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

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

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

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

Transfer between services is coordinated and planned.

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

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

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

Management have planned strategies and systems in place in the event of an emergency e.g. fire or other disaster. There is always a staff member on duty with a current first aid certificate. Fire drills occur six-monthly.

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

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

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

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Infection prevention and control education is provided to all staff and documentation evidenced this

was part of staffs' orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

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

Antimicrobial usage is monitored and reported on. A robust pandemic and outbreak management plan is in place including a Covid-19 response procedure. The internal audit system monitors for a safe environment. There have been no outbreaks since the last audit. Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

The restraint coordinator is the facility manager. There was one resident requiring restraint on the day of audit. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and 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	23	0	6	0	0	0
Criteria	0	171	0	6	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	PA Low	A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were both residents and staff who identify as Māori. Woodfall Home and Hospital is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff have not all received training in cultural safety/diversity. Woodfall Home and Hospital evidences a commitment to a culturally diverse workforce as evidenced in discussion with the manager, the owner (director), Māori health plan and equitable recruitment processes. The business plan includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Woodfall Home and Hospital has links with Māori partners through stakeholder groups in the community and family/whānau. Experion also employs a Māori cultural advisor to support with staff training

		and culturally appropriate processes. Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a documented Pasifika people's health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. On admission all residents state their ethnicity. There were no residents or staff that identified as Pasifika at the time of the audit. The policy and procedure objective confirms Woodfall Home and Hospital's commitment to supporting Pacific residents and their families/whānau. The facility manager confirmed that the residents' family/whānau would be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Relationships and consultation with Pacific providers is made when indicated and includes contact with the Pasifika health team Palmerston North who provide links for local communities to support Pasifika care. Interviews with eight staff including three healthcare assistants (HCAs), two registered nurses (RN), one activity therapist, one housekeeper, and one cook, also two managers, including one facility manager, and one director, identified that the service provides person centred care.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and registered nurses (RNs) discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Interactions observed between staff and residents during the audit were respectful. Nationwide Advocacy Service information is available at the entrance to the

		facility and in the entry pack of information provided to residents and their family/whanau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services (1.1.2). Advocacy services are linked to the complaints process. Five residents (three rest home and two hospital) and five family/whānau interviewed (three hospital and two rest home) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The HCAs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The annual training plan demonstrates training that is responsive to the diverse needs of people across the service (link to1.1.2). The service promotes care that is holistic through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity and respect. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The long-term care plans had documented interventions for staff to follow to support and respect their time together. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names.

		Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. The activity therapist confirmed that when Māori residents are admitted, the service will actively support Māori by identifying needs and aspirations through a cultural assessment process.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Policies around abuse, neglect and prevention are being implemented. The policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. There are policies around the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The management team encourages cultural diversity whenever possible e.g. as part of recruiting staff. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, and professional boundaries. Staff interviewed understand the concept of institutional racism and recognised bias including stating that they understood institutional bias (link 1.1.2). All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the pre- employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirm their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff survey results evidence a supportive working environment that promotes teamwork. Woodfall promotes a holistic 'Te Whare Tapa Whā' model of health, which encompasses an individualised, strength-based approach to ensure

		the best outcomes for all residents.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Incident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified that family/whānau are kept informed of any changes, and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. All residents spoke English at the time of the audit. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services with this documented in resident files reviewed. The facility manager provides residents with time for discussions around care and opportunities for further discussion if required. Residents and family/whānau interviewed confirm they are kept well informed.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access	FA	There are organisational policies around informed consent that align with the Code. General consent forms were signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid-19 and flu vaccinations were also on file if residents had had these completed. Residents interviewed could describe what informed consent was and their

and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		rights around choice. The organisational advance directive policy has been implemented. There are advance care plans documented to assist in planning the resident's ceiling of care and their wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. An enduring power of attorney and associated documentation was evident in resident files when activated. The service follows relevant best practice tikanga guidelines which include welcoming the involvement of family/whānau in decision making when the resident wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	There is a documented concerns and complaints procedure and policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a paper-based complaint register. There were four complaints logged for 2023 and no complaints year to date for 2024. Processes are in place to ensure that documentation including follow-up letters and resolution are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of complaints in the quality/staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Family/whānau confirmed during interview that the facility manager is always available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged their understanding that Māori prefer face-to-face communication and to include family/whānau participation in the

		complaints process.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Woodfall Home and Hospital is part of the Experion group of aged care facilities. Woodfall provides hospital and rest home level of care for up to 38 residents. There were 23 residents on the day of audit. Experion is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care. There is a documented for the service 'To be the rest home of choice in the communities we serve and provide the highest standards of wellbeing for residents.' At the time of audit there were eleven residents at hospital level and 12 rest home (including two younger disabled people under a Young Person with Disability (YPD) contract) All other residents were on the age-related residential care agreement (ARRC). The governance role is carried out by the director with a head office providing business support. The director owns six aged care facilities in New Zealand and has been in this role for the previous eight years. Prior to this, they have held director positions in large multinational companies. A Māori cultural adviser position has been established and a clinical governance leader (an experienced registered nurse) has been in the role for 18 months. The director was interviewed and described how the new clinical support has improved services and provided vital support to the clinical team(s). The cultural advisor, clinical governance leader and director form the overall governance team with reports from the facility manager and a financial advisor discussed. All members have the required skills to support effective governance over operational, clinical services, quality of resident care. The director has completed cultural training and on interview was able to discuss Te Tiriti o Waitangi, health equity, and cultural safety. The director holds regular zoom calls with the facility manager to discuss issues and progress towards meeting the requirements of relevant standards. There is a quality and risk management programme and a business plan documented based on the service's vision and mission. The organisation philosophy and strategic plan reflect a resident and

		family/whānau centred approach to all services. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys (link 2.2.2) and meetings with the facility manager. The implementation of the quality programme includes regular site-specific clinical quality, compliance and risk reports that are completed by the facility manager and are available to the governance team. These outcomes and corrective actions are discussed at meetings. The 2024 business plan describes specific and measurable goals that are reviewed annually and progress towards goals discussed monthly. The facility manager is an experienced RN and manager and has been in the role for 18 months. The facility manager has completed the required training hours related to the management of a care facility.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	PA Low	Woodfall Home and Hospital is implementing the documented quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality /staff and clinical governance hui with the governance team (head office) provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, staffing and education. Each month the head office sends a reminder to the facility advising which internal audits are due. The completed audit tool is sent to head office to ensure that the governance team are informed of the outcomes from audits. Outcomes of the internal audits are not always reported at the quality/staff meetings. Internal meetings, (with the exception of regular resident/ whānau meetings), are documented as taking place. Although a resident / whanau satisfaction survey has been completed in 2024, this has not been

		collated or results reported. There are policies and procedures that guide staff in the provision of care and services. 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, including procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Staff are informed of policy changes through meetings and notices. A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed. Health and safety policies are implemented. Health and safety issues are included as part of the quality/staff meetings and also the regular governance hui with head office. Staff are provided with learning opportunities and reading material related to the theme. Staff incident, hazards and risk information is collated at facility level, reported to the governance body. In the event of a staff accident or incident, a debrief process is documented on the hazard identification form. Reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed (six falls). Neurological observations following unwitnessed falls have been completed according to the neurological observation policy and procedure. Results are discussed in the quality/staff meetings and at handover. A notification and escalation matrix are available to staff. Incident and accident data is collated monthly and analysed. Discussions with the facility manager, evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed for staff shortages.
Subsection 2.3: Service management	PA Low	There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and

The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		appropriate coverage for the effective delivery of care and support for the day shifts. The service is recruiting for an additional registered nurse. There are clear guidelines for an increase in staffing, depending on resident acuity. The facility manager works Monday to Friday and is available on call. Interviews with staff, residents, and family/whānau confirmed that staffing levels are sufficient to meet the needs of residents. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. The rosters reviewed showed that not all shifts have an RN rostered on. There are separate staff dedicated to recreation, cleaning, and laundry. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents interviewed confirmed that their care requirements are attended to in a timely manner. The education and training schedule lists compulsory training, which includes cultural awareness training (link1.1.2). External training opportunities for care staff include training through Health New Zealand. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources as part of the last cultural training offered in 2022. The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies that include syringe driver, first aid interRAI assessment competency. There are five RNs employed in total (including the facility manager) and two RNs are interRAI trained. All caregivers are required to complete annual competencies including restraint, moving and handling, hand hygiene, and PPE donning and doffing. A selection of HCAs complete medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) is posted and visible in staff locations. The

		workplace union delegates, staff and management collaborate to ensure a positive workplace culture.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	PA Low	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed, including, two RNs, three HCAs and the cook, evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy is not fully implemented. The service has an 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 HCAs to provide a culturally safe environment for Māori noting that new staff have completed cultural training as part of orientation. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	There is a resident records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed up using cloud-based technology. Password protection is in place. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. 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.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The facility manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and family/whānau at entry, with specific information regarding admission to Woodfall Home and Hospital. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the age-related residential care (ARRC) agreement. The five admission agreements reviewed meet the requirements of the ARRC agreement and were signed and dated. Exclusions from the service are included in the admission agreement. The facility manager is available to answer any questions regarding the admission process. The service communicates with potential residents, and family/ whānau during the admission process. Declining entry would only occur if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. The facility manager reported they have made links and are strengthening working partnerships with local Māori health practitioners through Health New Zealand – Mid Central Palmerston North and with other health organisations to improve health outcomes for future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required.

Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Five resident files were reviewed: two rest home level care including one resident using YPD funding; and three hospital level care. The facility manager (FM) and registered nurse (RN) are responsible for conducting all assessments and for the development of care plans. There is documented evidence of resident, and family/whānau participation in care planning. All residents are expected to have an initial assessment and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. Initial assessments and care plans had not always been completed in a timely manner. An interRAI assessment is completed in a timely manner noting that the resident under a YPD contract was not required to have an interRAI assessment but had an assessment that included communication; culture; spirituality; mobility; hygiene; dressing; pain; skin; pressure risk; oral health and sleeping. The assessments informed the long-term care plan. Documented interventions are recorded in detail to manage early warning signs and clinical risks. The service has residents who identify as Māori. The facility manager demonstrated awareness of how the service supports Māori residents and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented. Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plan evaluations reviewed were detailed and demonstrated progress towards meeting the goals. The general practitioner (GP) is required to assess the resident within five working days of admission. This did not always occur within the timeframes identified in policy. The general practitioner reviews the residents at least three-monthly or earlier if required and visits the facility weekly and as required. An urgent care centre

		provides after-hours support when needed. The general practitioner (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a physiotherapist is available as required. A dietitian, speech language therapist, older person mental health specialist, local hospice and wound care specialist nurse are available as required through Health New Zealand - Mid Central Palmerston North service. Health care assistants (HCAs) interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and was found to be comprehensive in nature. HCAs complete the progress notes every shift. Registered nurses document in the progress notes at least weekly to complete regular registered nurse reviews of the care provided and when there is an incident or changes in health status. There is regular documented input from allied health professionals. The registered nurse initiates a review by the general practitioner when a resident's condition alters. The resident records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, general practitioner and specialist visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members. There were four wounds being managed by the service at the time of the audit. There were no residents with current pressure injuries. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The facility manager has completed formal wound care management training. There is access to a wound care nurse specialist who has input into chronic wound and pressure injury care. HCAs interviewed confirmed that 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 when required from Health New Zealand- Mid Central Palmerston North. Care plans reflect the required health monitoring interventions for individual residents. HCAs complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; and blood glucose levels. Monitoring charts have been completed as applicable and as scheduled. Where behaviour charts were completed, these described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts are routinely evaluated by the registered nurse. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the registered nurse, and any opportunities to minimise future risks were identified and implemented. Short-term care plans were completed for short term issues, such as infections, weight loss, and wounds and incorporated into the long-term care plan.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	Woodfall Home and Hospital employs an activities coordinator (currently training to gain a diversional therapist qualification) who has been employed at the facility for four years. They work Monday to Friday. The activities coordinator implements a varied weekly activities programme that caters for all resident needs. The programme reflects the physical and cognitive abilities of the resident groups. These include exercises; board games; newspaper; music; reminiscing; sensory activities; church services; craft; and van trips. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van with a current warrant of fitness and registration. This is available for the weekly outings. There were Māori residents at the time of the audit, and the service

		has a working relationship and seeks advise from staff, Māori family/whānau and health providers who engage with Māori residents. The service ensures that staff are aware of how to support Māori residents in meeting their health needs, aspirations in the community and do facilitate opportunities for Māori to participate in te ao Māori. This is through local school kapa haka groups visiting and using Māori words and phrases. The Māori residents visit a local marae with a Māori staff member. Residents visit the Fielding Community Centre and enjoy presentations e.g. Kapa Haka. On the day of the audit, activities involving music, quiz, newspaper reading, shopping and exercises were observed. There are regular church services held in the facility. Entertainers and pet therapy groups visit regularly. Special events like birthdays, St Patricks day, Matariki, Easter, Waitangi Day, Matariki and Māori language week, Father's Day, Anzac Day, Christmas, and theme days are celebrated. Residents have a cultural and diversional therapy assessment completed over the first weeks following admission that describes the resident's past hobbies and present interests, career, and family/whānau. Resident files reviewed identified comprehensive activity plans based on the resident's assessed needs, which also incorporated plans related to physical, cognitive, emotional, and spiritual needs. Activity plans are evaluated at least monthly at the same time as the care plan evaluations. Family/whānau and residents have the opportunity to provide feedback through one-on-one feedback and monthly meetings. Residents and family/whānau interviewed expressed satisfaction with the activities offered.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with	PA Low	There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked room. Staff responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The registered nurse checks the packs against the electronic medication chart and a record of medication reconciliation is maintained electronically. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned

current legislative requirements and safe practice guidelines.		to the pharmacy in a safe and timely manner. There were no residents self-administering medications on the day of audit. There is a policy and procedure in place relating to self-administration of medication. The medication fridge and room air temperature are checked weekly, recorded, and are within the acceptable temperature range. Observation of the medication trolley confirmed that creams and eye drops in use were dated on opening and are within the expiry date. Ten electronic medication charts were reviewed and these meet prescribing requirements. Medication charts have photo identification and allergy status documented. The general practitioner has reviewed the medication charts three-monthly. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had not been consistently documented. Standing orders are not in use. All medications are charted as either regular doses or 'as required.' Over the counter medications and supplements are prescribed on the electronic medication system by the general practitioner. The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the general practitioner are available to discuss treatment options to ensure timely access to medications. The clinical files include documented evidence that the residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. Staff have received training in medication management/pain management as part of their annual scheduled training programme.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and	FA	The meals at Woodfall Home and Hospital are all prepared and cooked on site. The service employs a full-time experienced head

consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		cook who has been in the role for eight years. The head cook works Sunday to Thursday and is supported by another cook who works on Friday and Saturday. The kitchen was observed to be clean and well organised, and a current approved food control plan expires 30 September 2025. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The head cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The head cook (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. On the day of audit, meals were observed to be well presented and the atmosphere in the dining wads calm and well-paced. Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. Records reviewed demonstrated that temperatures have been checked as scheduled and readings were all within safe limits. Meals are plated in the kitchen and immediately served to residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, were available for residents to maintain independence with meals. HCAs interviewed were knowledgeable regarding resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the registered nurses and record this in progress notes. The head cook and relief cook have completed food safety and hygiene training. Residents interviewed confirmed their individual preferences and needs were accommodated. The residents and family/whānau can offer feedback on a one-to-one basis and through monthly resident

		meetings.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include a transfer form; copies of the medical history; an admission form with family/whānau contact details; resuscitation form; medication charts; last general practitioner clinic records; and use of Health New Zealand – Mid Central Palmerston North transfer envelope. The residents, families/whānau were involved for all transfers and discharges to and from the service. Discharge notes are saved in the resident's electronic records and discharge instructions are incorporated into the care plan. Residents, and families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The buildings, plant, and equipment are fit for purpose at Woodfall Home and Hospital and comply with legislation relevant to services being provided. The current building warrant of fitness expires 25 May 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The service employs a part time maintenance person who works three days a week. This role includes maintenance of the site, contractor management and oversight of gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Test and tagging expires September 2024. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The facility is maintained at comfortable air temperatures, with underfloor ventilation ducted air system, thermostatically controlled

		in resident rooms and communal areas, corridors and bathrooms. The service is on single level with a main dining room and lounge area that is located centrally adjacent to the kitchen and nurses' station. There are sliding doors that open out to an outdoor deck from the dining area and has a ramp access to the gardens. There are further dining and lounge areas in other wings. There are thirty-eight single bedrooms. The rooms are large enough for easy movement with mobility aids. Residents can have personal items in their bedrooms. There are communal bathrooms/showers located close to the resident rooms with privacy signage. Bathrooms/showers have handrails, and call bells. Bathrooms are well lit, ventilated, and heated. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet/shower facilities are easy to clean. A toilet near the main lounge is available for visitors. All the washing areas have free-flowing soap and paper towels in the toilet areas. There is a laundry situated on site. A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and maintained in good condition. Installations, walls, and floorings are in good condition. All rooms have external windows to provide natural light and have appropriate ventilation and heating. External areas are safely maintained and were appropriate to the resident group and setting. Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards. The service has no current plans to build or extend; however, should this occur in the future, the facility manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 21 August 2002. Fire evacuation drills have been completed every six months since the last audit with the last one completed March 2024. Civil defence supplies are stored centrally and checked at regular intervals. In the event of a power outage, a barbeque is maintained with gas bottles and a gas cooker is available in the kitchen. The service has a relationship with Fielding Fire and Emergency New Zealand and Health New Zealand - Mid Central Palmerston North, who will support access to a generator in case of an emergency. There are adequate supplies in the event of a civil defence emergency, including an equivalent of three litres of water per person (residents and staff) per day for three-days. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is available in the facility at all times and for resident van outings. There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in the hallway to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process for alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks

		overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into quality risk and incident reporting system. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Expertise in infection control and AMS is accessed through the governance committee, regular pharmacy review of medication management and the GP. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually through the governance committee. There is a facility infection control committee that meets monthly as part of the quality meeting. The facility manager provides quarterly reports to the governance committee who also view monthly service specific infection rates. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, governance committee, GP, and the public health team. The governance committee understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.	FA	The facility manager (RN) along with the governance committee oversee and coordinate the implementation of the infection control programme. Infection control responsibilities and reporting requirements are defined in a job description. The infection control coordinator (the facility manager) has completed training infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.

As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		There is a defined and documented infection prevention and control programme, and the programme was developed, approved, and implemented with input from the governance committee. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control coordinator and the governance committee have input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual online education sessions. Education with residents takes place on an individual basis and includes reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents. The infection control coordinator stated that the governance committee is involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The clinical manager reported that residents who identify as Māori will be consulted on

		infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial use policy and procedures with monitoring of compliance of uses of antibiotics and antimicrobials through evaluation and monitoring of medication prescriptions, and medical notes. The service has an infection control and antimicrobial stewardship programme implemented. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team and infection prevention and control steering group. Prophylactic use of antibiotics is not considered appropriate and is discouraged.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service includes ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. New infections are discussed at shift handovers and weekly management meetings to ensure interventions are implemented as soon as they are able to be. Benchmarking is completed with other facilities. Residents were advised of any infections identified and family/whānau where

		required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been no outbreaks reported since the last audit.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a sanitiser with stainless steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals. Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The facility manager has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits which did not reveal any issues. All clothing and linen are laundered on site. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing

		machines and dryers are checked and serviced regularly.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint policy confirms that restraint consideration and application must be completed in partnership with family/ whānau, and the choice of device must be the least restrictive possible, at all times when restraint is considered. Woodfall Home and Hospital will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had one resident requiring a restraint (bedrail). The resident has a history of frequent falls, sliding out of bed and the resident /whanau requested the bedrail to reduce risk of fall and injury. The facility manager (restraint coordinator) confirmed that Woodfall Home and Hospital is committed to providing services to residents without use of restraint. A review of the documentation available for the resident requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP and restraint coordinator. The use of the restraint was reported in the management, clinical and staff meetings. Restraint management and challenging behaviour training related to sundowning, and behaviour and psychological symptoms of dementia (BPSD) was completed 2023 and at orientation. The training includes reference to policies and procedures related to restraint, cultural practices, and de-escalation strategies.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices,	FA	The restraint policy details the process for assessment which includes the need for restraint, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. The file reviewed evidenced assessment, monitoring, evaluation, and GP involvement. Restraint is only used to maintain resident safety and only as a last

implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring, and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with policy. A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use, and the impact and outcomes achieved. Evaluations are discussed at the staff meetings, and this gives staff an opportunity to discuss restraint use and to debrief if required. A procedure is in place for emergency use of restraint and debrief processes. There had been no emergency restraint implemented and incidents occurred related to restraint use.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	A review of documentation and interviews with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and evidence full compliance. The content of the internal audits includes the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint group meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.

		Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort and discussions related to elimination strategies occur

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)
Criterion 1.1.2 My service provider shall ensure my services are operating in ways that are culturally safe.	PA Low	At the time of the audit there were both residents and staff who identify as Māori. Woodfall Home and Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. This is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice; however, staff have not all received training in cultural care. As there are staff and residents who identify as Māori, and documentation reviewed culturally appropriate care is being provided.	Cultural/ te Tiriti o Waitangi training has not been provided for staff in 2023 year to date.	Ensure staff have documented training to ensure they are able to provide services in a culturally safe manner. 90 days
Criterion 2.2.2 Service providers shall develop and implement a quality	PA Low	The service has a well-documented quality and risk programme. Internal audits are documented as being undertaken according	Internal audit outcomes and reports are not always reported to the quality/staff meeting.	Ensure that internal audit outcomes are reported to the

management framework using a risk-based approach to improve service delivery and care.		to scheduled time frames. Not all audits have been reported to the staff / quality meeting and the 2024 resident /whanau survey has not been collated or reported. Meetings, including the staff/quality meetings have been documented as taking place, however the two monthly resident and family/whanau meetings have not always taken place as per schedule. There has been one resident meeting documented for 2024.	The resident and family/whanau satisfaction survey has not been collated or reported. The two monthly resident and family/whanau meetings have not always taken place as per schedule.	staff/quality meetings along with any action plans as required. Ensure that the resident/ whanau survey is collated and reported to the respondents along with any planned actions as needed. Ensure that resident and family/whānau meetings are undertaken as per the schedule. 90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support for the day shifts however at times there is a shift that has not got a registered nurse allocated. The facility manager supports the staff when there is a gap in nursing hours. The service is currently recruiting for an additional RN.	A review of the staffing roster for the most recent two weeks evidenced four-night shifts with no RN on duty. The shifts were covered by a level four HCA and the facility manager (an RN) was available on call.	Ensure there is a registered nurse on duty each shift. 60 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	There is a documented appraisal policy, however not all performance appraisals were being completed as per the appraisal schedule.	Of the six staff files reviewed; three did not evidence a staff appraisal completed within the last two years.	Ensures staff appraisals are completed as per the policy. 90 days

Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	All residents are expected to have admission assessment information collected and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. Only one initial assessment and two initial care plans had been completed in a timely manner. Residents are to be assessed by a general practitioner (GP) within five working days of admission. Three resident files demonstrated that they had not been completed within the timeframes outlined in policy.	1) Initial assessments in two hospital and two rest home had only been partially completed. 2) Initial care plans had not been completed in one rest home and two hospital resident files. 3) Two hospital and one rest home resident had not been assessed by a general practitioner (GP) within five working days of admission.	1) Ensure that initial assessments are completed in a timely manner. 2) Ensure that initial care plans are completed in a timely manner. 3) Ensure that each resident is assessed by a general practitioner (GP) within five working days of admission. 90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	All ‘as required’ medications is prescribed with indications for use documented. The effectiveness of ‘as required’ medication has not consistently been documented in the electronic medication system. Both the progress notes and the electronic medication systems were checked to evidence effectiveness of PRN medication. Five of the 10 files reviewed where PRN had been prescribed and used did not show documentation around effectiveness of use.	Five of ten medication charts reviewed did not evidence effectiveness of ‘as required’ medication when used.	Record evidence of effectiveness of PRN medications when administered. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.