

Presbyterian Support Central - Woburn Home

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: Presbyterian Support Central

Premises audited: Woburn Home

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

Dates of audit: Start date: 3 October 2024 End date: 4 October 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: 97

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Woburn Home is part of Presbyterian Support Central organisation. The service provides rest home, hospital, and dementia level of care for up to 100 residents. On the day of audit there were 97 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand – Te Whatu Ora Capital Coast and Hutt Valley. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, a general practitioner, management, and the chief operating office for Presbyterian Support Central.

Presbyterian Support Central follows the Eden philosophy to provide person-centred care, focusing on alleviating loneliness, boredom, and helplessness among the elderly. This philosophy places the elder at the centre of all organisational efforts, influencing systems and processes throughout.

The home manager is experienced and is supported by the Board of Trustees, a clinical nurse manager, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit identified shortfalls around the collation and analysis of ethnicity data, resident and family/whānau satisfaction surveys, and hot water temperature monitoring.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Woburn Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans. The service works collaboratively to embrace, support and encourage te ao Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service respects residents' needs and effectively communicates with them and family/whānau about their choices and preferences. There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The 2024 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents, and their staff.

Quality improvement projects are implemented. Internal audits, meetings and the collation of quality indicator data were all documented as taking place as scheduled with corrective actions as indicated to improve service delivery. There are various meetings where key issues related to service delivery is discussed. Health and safety management systems are in place. Hazards are identified to ensure a safe workplace. Staff wellbeing is prioritised by ensuring a positive and supportive workplace.

There is a staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies to ensure an effective, efficient, and skilled workforce. There is a staffing and rostering policy in place. The service ensures the collection, storage, archiving and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The home manager and clinical nurse manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The building has a current warrant of fitness and emergency evacuation plan. All bedrooms are single occupancy, with a number having ensuites or shared ensuite facilities. There are sufficient communal facilities for those who do not have ensuites. There is enough space to allow the movement of residents around the facility using mobility aids. There are several lounge and dining areas throughout the facility. The internal areas are well ventilated and heated. The outdoor areas are safe and easily accessible. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. A staff member trained in first aid is on duty at all times.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of Woburn Home and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

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

Here taratahi | Restraint and seclusion

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored. This is supported by the governing body and policies and procedures. Education is provided to staff around restraint minimisation.

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	24	0	2	1	0	0
Criteria	0	166	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Enliven Māori Health Model is documented for the service. The plan was developed in partnership with Whanganui Kaumātua. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha and the Eden Alternative principles. At the time of the audit there were Māori staff employed. Staff have completed cultural training related to Māori worldview. Woburn Home evidence their commitment to equal access to professional development for all staff in their business plan.</p> <p>There were residents that identify as Māori at the time of the audit. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, choices, and needs. The service has links with a local te reo Māori tutor who provides cultural competence for the Woburn Home team. There is a volunteer who identifies as Māori who leads culturally focused Māori activities and day care support. There are also entertainers that perform Māori musical activities on a regular basis at the facility.</p> <p>The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity, and wellbeing. The group is committed to involve family/whānau, Māori staff and</p>

		<p>elders in the co-creation of policies and resources. The home manager explained the Oranga Kaumatua Wellness Map that support cultural, spiritual, and emotional needs and reflect the model of Te Whare Tapa Wha. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations and written in email greetings.</p> <p>The home manager, clinical nurse manager and fifteen staff (five healthcare assistants (HCA), five registered nurses (RN), one clinical coordinator (CC), one food services team leader, one housekeeping team leader, one recreation team leader and one reception/administrator) interviewed described how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The organisation has developed a comprehensive Pacific health plan. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. There were Pacific residents at the time of the audit. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented. The service capture ethnicity data electronically. The resident's family/whānau are encouraged to be present during the admission process, including completion of the initial care plan.</p> <p>For all residents, individual cultural beliefs are documented in their care plan and activities plan. There are Pacific staff employed at Woburn Home. The service has links with the Pacific community groups through the work of the Enliven Cultural Advisory Group and their own Pacific staff. The work for the cultural advisory group includes identifying support needs for Pacific staff and residents to ensure Pasifika worldview is embraced and equity is promoted.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are</p>

<p>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.</p>		<p>included in the information that is provided to new residents and their family/whānau. The home manager, clinical nurse manager or 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. Discussions relating to the Code are held during the quarterly resident and family/whānau meetings. Six residents (two hospital and four rest home) and eight family/whānau (four hospital, two rest home and two dementia care) were interviewed and reported the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>There are links to spiritual support and links with Kaupapa Māori health providers delivering a range of family/whānau ora services. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The Māori Health Strategy adopted by Presbyterian Support Central sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana motuhake.</p>
<p>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.</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Family/whānau interviewed stated their family/whānau have choice and are encouraged to be involved in their care. Woburn Home's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy</p>

		<p>policy is in place, with training part of the education schedule. The care plans had documented interventions for staff to follow to maintain and support intimate relationships. Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their family/whānau values and beliefs being met.</p> <p>Residents` privacy is ensured and independence is encouraged. Residents' files and care plans identified residents 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. Te Whare Tapa Wha policy includes spiritual needs. Te reo Māori is celebrated during Māori language week and evidenced in all aspects of service delivery. A Tikanga Māori flip chart is available for staff to use as a resource. An activities board with te reo Māori is in place in various locations throughout the facility. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation. Staff are supported with te reo Māori pronunciation. Cultural awareness training is provided and covers Te Tiriti o Waitangi, Māori world view (te ao Māori), equity and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The service embraces the Eden Alternative Philosophy, which is built around person-centred care and dismantling institutional practices. This philosophy fosters a vibrant, community-like atmosphere that values and celebrates everyone's unique culture, ensuring that institutional racism has no place in the care model. A resident's rights policy is being implemented. The policy is a set of standards and outlines the behaviours and conduct that all staff employed Woburn Home is expected to uphold. Woburn Home`s policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Presbyterian Support Central is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment,</p>

		<p>and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment where it is safe to ask questions, including 'how is institutional and systemic racism acting here.' Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>Staff have learned about institutional racism, how to recognise this and how to identify clinical biases. Staff are educated on how to value the older person, showing them respect and dignity. The family/whānau interviewed confirmed the staff are very caring, supportive, and respectful. Residents have enduring power of attorney (EPOA) for finance and wellbeing documented in their files. There are policies documented to deal with residents' property and finances. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There are short and long-term objectives in the Presbyterian Support Central Engagement with Tāngata Whenua policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that promote wellbeing for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information related to the service and what to expect, is provided to residents and family/whānau on admission. Quarterly residents and six-monthly family/whānau meeting minutes identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is documented in the resident's file and is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with residents and family/whānau. Contact details of interpreters are available. Interpreter services are used where indicated. During the audit there was one resident who was unable to communicate in English. Staff interviewed confirmed the</p>

		<p>use of family/whānau members as interpreters and online translation tools.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The 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 Health New Zealand specialist services and the hospice. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. There are emails and regular newsletters distributed to residents and family/whānau to keep them informed on matters within the facility and organisation.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated EPOA or appointed welfare guardian. Copies of EPOAs or welfare guardianship, certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</p> <p>Consent forms for Covid-19 and influenza vaccinations were also on file and appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advanced directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advanced directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed they are involved in decision making process, and in the planning of care. Admission agreements had been signed in all files reviewed.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to family/whānau on entry to the service. The home manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There is a complaints' register in place. There has been one complaint received in 2024 year to date and two complaints made in 2023 since the last audit. The complaints logged include an investigation, follow up and replies to the complainant. The complaints process links to the advocacy service. The timeframes of the complaints process meet the HDC guidelines. The complaints reviewed were closed off.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) through various meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available throughout the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern and can involve an independent support person in the process if they choose. Residents and family/whānau interviewed stated that management are very approachable and always available to them. The home manager explained how the complaints process works equally for Māori and also acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Woburn Home is part of Presbyterian Support Central – Enliven and is located in Lower Hutt. Presbyterian Support Central oversee 13 aged care facilities across the lower North Island. Presbyterian Support Central Woburn Home provides hospital (medical and geriatric), rest home and dementia levels of care for up to 100 residents. There are 29 rest home beds, 10 dual purpose beds, 35 hospital level beds and 26 dementia beds. At the time of the audit there were 97 residents: 32 rest home residents including one resident on a younger person with disability (YPD) contract; 41 hospital residents, including one resident on a YPD contract and two residents on an Accident Compensation Corporation (ACC) contract; and 24 dementia level residents. All other</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>residents were on the aged residential care (ARRC) agreement.</p> <p>The chief operating officer for Enliven and Family Works was interviewed during the audit and explained the Presbyterian Support Central strategic direction. There is a Presbyterian Support Central Board with a Chair and three Board members. There is Pasifika and Māori representation on the Board. The roles and responsibility framework for the Board are documented in the Trust Charter. The Board receives monthly reports related to all aspects of service delivery from the senior leadership team (chief executive, general manager property, chief financial officer, chief operating officer and general manager business services and sustainability). There are sub committees to oversee aspects of service delivery and include a Property Committee, Audit and Risk Committee and Disbursement Committee.</p> <p>There is an Enliven Central strategic plan (2022-2025) in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short and long-term objectives in the Presbyterian Support Central Engagement with Tāngata Whenua policy that provides a framework and guide to improving Māori health and leadership commitment to address inequities. Woburn Home’s 2024 business plan includes a mission statement and operational objectives with site specific goals. The home manager reports to the regional manager and business and quality goals are reviewed monthly. The business plan reflects strategies to collaborate with Māori and aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>There is Māori representation on the Board and a cultural advisory group that provide advice to the Board to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The cultural advisory group have input into policy development. The Board members completed Mauri Ora orientation. The Board attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. Clinical governance is provided by the audit and risk committee. The</p>
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		<p>clinical director is responsible to provide clinical oversight, with support from four senior clinical advisors and the audit and risk committee. The quality programme links to the strategic plan and Woburn Home's business plan. Improvements are made where deficits are identified in the service delivery.</p> <p>The home manager (non-clinical) has managed Presbyterian Support Central Woburn Home for two and a half years and has over six years of experience in service management. The home manager is supported by two clinical nurse managers and a clinical coordinator. The home manager has completed more than eight hours of training related to managing an aged care facility, including privacy related training, business planning, and Presbyterian Support Central annual managers training day.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Woburn Home is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The home manager provided an example of a report that is generated for this purpose. There is an annual meeting schedule available. Monthly senior team/quality, clinical/RNs and full staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control; complaints received (if any); cultural compliance; staffing; and education. There are regular meetings to ensure information is shared. Progress with the quality programme/goals has been monitored and reviewed through the monthly meetings. Internal audits, meetings, and collation of data were documented as taking place. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staff room and nurses' stations.</p> <p>Enliven benchmarks quality indicator data against other Presbyterian Support regions. Quality initiatives including the reductions of</p>

	<p>polypharmacy is documented and progress monitored and recorded at regular intervals. All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff complete as part of their mandatory training days and ongoing training on the electronic education platform. The resident and family/whānau satisfaction surveys have been completed for 2023. The resident's satisfaction survey results were consistently down on the satisfaction survey in 2022. There were no corrective actions implemented around keys areas for improvement i.e. resident interests, socialising, food services and housekeeping. The family/whānau satisfaction survey did not identify any improvements required. The satisfaction survey data for 2024 is in the process of being collated.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. A health and safety team meets monthly. There are health and safety representatives, and they have completed formal health and safety training. Hazard identification forms and an up-to-date hazard register had been reviewed in August 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form in the electronic system. Individual falls prevention strategies are in place for residents identified at risk of falls. Electronic reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required, evidenced in fourteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the facility meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely</p>
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		<p>follow up by a RNs. Family/whānau are notified following incidents.</p> <p>Discussions with the home manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31s required to be completed for Woburn Home related to four suspected deep tissue pressure injuries (two in October 2023 and two in January 2024) and one stage III pressure injury (September 2023). There has been one Covid-19 and one gastroenteritis outbreak documented (since the last audit). They were both appropriately notified, debriefed, and managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing, and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The service is currently fully staffed. The home manager works full time from Monday to Friday to oversee the day-to-day operations of the facility. The home manager is supported by two clinical nurse managers; one works for three days (Wednesday to Friday) and two days (Monday and Tuesday) as a clinical nurse specialist, the other one works on the two days the main clinical nurse manager is absent. In the absence of the home manager, the facility is overseen by the main clinical nurse manager, with support from the senior clinical advisor and the clinical director.</p> <p>The clinical nurse manager, with support from the three clinical coordinators, provide clinical oversight at Woburn Home. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable. On call 24/7 duties are covered by the clinical nurse manager and clinical coordinators. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in meeting minutes and newsletters. Residents and family/whānau stated call bells are answered in a timely manner. There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties.</p> <p>There is an annual education and training schedule being implemented. The annual compulsory training programme is overseen by the main clinical nurse manager. The education and training</p>

		<p>schedule lists compulsory training, which includes cultural awareness training. All staff completed cultural training to reflect their understanding of providing safe cultural care, Māori world view, response to equity, and Te Tiriti o Waitangi. The training content provided resources to staff to encourage to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for care staff include training through the Health New Zealand, the hospice, and Aged Concern. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are sixty-one HCAs employed in total, with forty-three HCAs having achieved a level three or four NZQA qualification.</p> <p>There are 18 HCAs allocated to work in the dementia unit. Fifteen have attained the relevant dementia unit standards and three were in progress of completing (all were within the 18-month time limit). The Careerforce educator was in the process of completing their training at the time of the audit. All HCAs are required to complete annual competencies in hand hygiene, correct use of PPE and moving and handling. Senior HCAs complete medication competency and second checker competency. A record of completion is maintained on an electronic register. Additional RN specific competencies include subcutaneous fluids, and interRAI assessment competency. Twelve of eighteen RNs are interRAI trained. All RNs are encouraged to also attend external training, webinars and zoom training where available. Registered nurses complete Enliven professional and clinical training modules, including HDC case studies, critical thinking, and reflective practice at peer review sessions. The Presbyterian Support Central intranet has extensive resources (Pae Ora) relating to Māori health equity data and statistics available to staff. The service uses volunteers, and all have received site specific orientation.</p> <p>There is an Employee Assistance Programme (EAP) available to staff that support staff to balance work with life. Interviews with staff confirmed staff feel supported in their roles.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Twelve staff files were reviewed (one main clinical nurse manager, two clinical coordinators, one RN, six HCAs, one recreational team leader and one food services team leader) 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, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian).</p> <p>The appraisal policy is implemented and all staff who had been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme support RNs and HCAs to provide a culturally safe environment to Māori. Volunteers are used. An orientation programme and policy for volunteers are in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or back up on the electronic system and easily retrievable when required. Resident files are archived and remain on site for 12 months, then are</p>

		<p>transferred to an offsite secured location to be archived for ten years. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>PA Low</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Ten admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The home manager and clinical nurse manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service has implemented a system for the collection of enquiry, entry and decline data; however, is yet to collate ethnicity data in relation to this. The provider has established links with local Māori volunteers, te reo Māori educators and Māori entertainers. The home manager has links available to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, and employment opportunities.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Ten resident records were sampled for this audit: (two rest home residents, two hospital residents, two dementia residents, two residents on a younger person with a disability contract (YPD), two residents under (ACC). The clinical coordinators and the RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected, and an initial care plan completed at time of admission. All reviewed files had interRAI assessments and initial care plans completed in a timely manner. Interventions were reflective of assessed need and the long-term care plan included interventions to guide care delivery. Interventions included (but were not limited to) 24-hour care plans for residents with dementia, triggers for behaviours, and early warning scores were well referenced with interventions to guide care. The care plans are holistic and align with the service's Eden model of person-centred care. Care plan evaluations were completed and evidenced being updated as needs changed within required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and rashes were well utilised. Interventions had been transferred to the care plan in a timely manner.</p> <p>Two GPs from one practice ensure residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly and are involved in the six-monthly resident, family/whānau reviews (multidisciplinary meetings). Residents can retain their own GP if they choose to. The GP provides on-call service for after hours and on the weekend. The clinical manager is always available 24/7 for clinical advice and decision making as required.</p>
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	<p>When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Woburn Home. The GP was complimentary of the clinical assessment skills, as well as quality of referrals received from the RNs after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist who operates a clinic once a fortnight. A podiatrist visits six to eight-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Health care assistants and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by HCAs and RNs. The RNs further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RNs who then initiates a review with a GP.</p> <p>Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were 39 wounds on the register on day of audit; many of which were minor in nature. This included skin tears, excoriation/redness, and blisters. There were no pressure injuries. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist is available as required for input to chronic wounds and pressure injuries when required. Observation on the days of audit and interviews with the HCAs and RNs confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for</p>
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		<p>individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are three diversional therapists and two activities coordinators who provide activities across seven days. A large pool of volunteers, various church groups, community groups and the care staff further complement the activities programme. The programme is planned three months ahead of time and includes themed cultural events, including those associated with residents and staff. There is a two monthly newsletter which includes the events programme. There is a weekly activities programme which is delivered to each resident and placed in large print on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities, such as time spent in the garden or walking, manicures, and hand massage. The large number of volunteers ensures additional one-to-one time is available, as well as support for the varied group activities. There are several lounges where residents can watch television and access newspapers, games, puzzles, and specific resources. The residents on younger persons with a disability contract were being supported by the activities coordinators by supporting them to maintain their community connections and personal interests.</p> <p>A resident's social and cultural profile (wellness map and tree of life) is completed soon after admission and includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. This is reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A</p>

		<p>resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; gardening group; knit and natter; hand pampering; housie; happy hour; and cooking. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational services.</p> <p>There are resident meetings planned three-monthly and these have occurred as per schedule. Family/whānau have their own meeting with management, but can join in with the residents' meetings also. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Staff confirmed impromptu feedback is also encouraged. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A suite of medication policies is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided and RNs complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Woburn Home uses plastic rolls for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the hospital, dementia, and rest home areas. Medication trolleys were always locked when not in use. There are medication fridges provided for all three care levels. Temperatures are monitored daily in all areas. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use</p>

		<p>are prescribed by the GP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per schedule.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photographic identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent HCAs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential side effects. This is documented in the progress notes. The RNs and the clinical nurse manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager described how they work in partnership with residents to understand and access medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring in July 2025. Dry ingredients were decanted into containers for ease of access, with the evidence of decanting and/or expiry date clearly visible. The five-weekly seasonal menu has been reviewed by a dietitian. All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, and well equipped. The food team leader is supported by a full-time chef, a full-time cook assistant, a part-time</p>

	<p>cook, and three full-time kitchen hands.</p> <p>There is a food services manual available in the kitchen. The food team leader has access to resident dietary information electronically. The RNs ensure new resident dietary information is captured on day of admission and is accessible to the kitchen team. The RNs take responsibility for ensuring this information remains current. Updates are recorded in the event of weight loss/gain or change in consistency as required. The food team leader (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Profiles reviewed were current. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents make their menu choice on arrival at the dining room. The dining rooms were noted to be spacious with natural light. Tables were spaced apart, enabling residents to have their meals with their friends and noise levels were noted to be minimal. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed confirmed understanding tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook assistant completes a daily diary which includes fridge, chiller, and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. Food taken to the dining rooms furthest away from the kitchen receive an additional temperature check. These are all within safe limits.</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses. Three staff have completed NZQA level four training, with two more having enrolled</p> <p>The residents and family/whānau interviewed gave mixed reviews about the food; however, appreciated having more than one option to choose from daily. They can offer feedback at the resident meetings and through resident surveys. Additionally, the food team leader speaks with resident's one-to-one on admission and on a regular basis to ascertain if there are any issues that require acting upon. There is</p>
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		adequate food supply available for each resident for minimum of seven days.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support. The clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Moderate	<p>The building holds a current building warrant of fitness, which expires 22 June 2025. The contracted maintenance person spends two days a week on site (Monday and Thursday) and is available as required or after hours for any facility emergencies. Preferred contractors are available 24/7. Staff log any maintenance and repairs into a maintenance system. Planned maintenance is directed from head office and outcomes reported to the property manager. Electrical testing and tagging had been undertaken in August and September 2024. Clinical equipment has been calibrated annually and is next due in September 2025. Hot water temperatures are monitored monthly. Records sighted identified that there were inconsistencies in water temperature, both too high and at times too low. Corrective actions were being implemented; however, a number of high temperature readings were reoccurring and not being checked.</p> <p>The resident rooms and communal areas are on the ground floor. The upstairs part of the building are staff only areas. The rest home, dual-purpose beds and hospital beds are divided into wings named after the streets of the Monopoly game. The corridors are wide in all areas to allow safe resident mobility with the use of aids. There are handrails in</p>

	<p>all corridors which promote safe mobility. There is safe access to external areas for all residents, including those in wheelchairs. There is outdoor furniture, seating, and shaded areas. The dementia unit is secure with free access to the external courtyard. The staff interviewed stated that they have all the equipment referred to in care plans to provide care, such as platform and chair scales, hoists (lifting, standing, and ceiling in some rooms), wheelchairs and shower chairs. In the rest home and hospital area, all bedrooms are single occupancy, with a number having ensuites or shared ensuite facilities.</p> <p>There are sufficient communal facilities for those who do not have ensuites. They are conveniently located close to service areas. All showers/toilets have appropriate handrails. There are vacant/occupied signs, privacy locks and shower curtains. Dual purpose rooms are of an adequate size for rest home/hospital level of care. The bedrooms allow the residents to move about independently with the use of mobility aids. The dual-purpose bedrooms are spacious enough to manoeuvre hoists and hospital level lounge chairs. The bedrooms have wide enough doors for ambulance access. Residents and their families/whānau are encouraged to personalise the bedrooms as sighted. Residents interviewed confirmed their bedrooms are spacious and they can personalise them as they wish. The rest home has a large dining room and a separate lounge that opens out onto the courtyard. There is a smaller lounge where quieter activities can take place.</p> <p>The open plan dining and lounge area in the hospital opens out onto a courtyard. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There are smaller lounges/sunrooms for family visits or quieter activities. There is a large activity room used for large group activities and entertainment for all residents, including the day support clients. The facility has a hair salon and chapel. Residents were observed safely moving between the communal areas with the use of their mobility aids. There is adequate space within the hospital communal areas for the easy manoeuvre of specialised lounge chairs. All resident rooms and communal rooms have external windows, allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. The facility is heated with radiator heating in the communal areas and resident rooms and kept at a comfortable temperature. Residents and family/whānau</p>
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		<p>interviewed confirmed the environment and the bedrooms are warm and comfortable.</p> <p>There are no plans for building or major refurbishments. If this is planned in the future, the home manager and organisation are aware of their obligation to seek advice from Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and 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 scheme is in place and was approved by the New Zealand Fire Service on 4 October 2020. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire evacuation drill was last completed on 12 September 2024. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. The facility is well prepared for civil emergencies, with sufficient civil defence supplies (checked monthly) and storage of emergency water (water tank on site, holding 25,000 litres) which is adequate supply for twenty litres per resident per day, for seven days. There are three BBQs and gas bottles available for alternative cooking.</p> <p>Emergency food supplies sufficient for at least seven days are kept in the kitchen. There are two generators (petrol) located on site to run essential services. Emergency lighting is available and is regularly tested. There is a first aid trained staff member on duty 24/7. The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly. Residents and family/whānau confirmed that staff respond to call bells promptly. Appropriate security arrangements are in place. The service utilises security cameras located outside the facility entrances. There are security checks provided by an external provider throughout the night. Entry and exit in the dementia unit is by a secure keypad. The doors are set to automatically release in case of fire. Family/whānau and</p>

		residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Woburn Home quality programme. This is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through Public Health, Health New Zealand, and the clinical expertise within the Presbyterian Support Central head office. Infection prevention, control and AMS resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the clinical support at Presbyterian Support Central head office, the GP, and the public health team. There is an electronic communication pathway for reporting infection control and AMS issues to the Board. The infection prevention control coordinator (IPCC) is the CC and confirmed any outbreaks are reported to the appropriate people immediately. Any significant events are managed using a collaborative approach involving the clinical director at head office, the GP, and the public health team.</p> <p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>The infection prevention and control programme has been developed by the clinical governance team and has been approved by the Board. The infection prevention and control programme is reviewed annually by the clinical governance team, with all reviewed/updated documents shared with all Presbyterian Support Central facilities. This is then discussed at infection prevention and control meetings. Infection prevention and control data is included in the clinical nurse manager reports, which are forwarded to clinical governance.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>The infection prevention and control manual includes a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by clinical governance regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>The IPCC has an addendum to their job description which outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCC has completed infection prevention and control training provided within the organisation and through online sources.</p> <p>The IPCC has access to support from the infection control specialist at Health New Zealand, the GP, and the public health team. The IPCC described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and the facility tour, staff were observed to adhere to infection prevention and control policies and practices. The infection prevention and control audit programme monitor the effectiveness of education and infection prevention and control practices.</p> <p>The IPCC described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The IPCC has input in the procurement of good quality consumables and PPE. Sufficient infection prevention and control resources, including PPE, were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information available in te reo Māori. The IPCC outlined how they are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention,</p>
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		<p>acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement should there be plans for development and ongoing refurbishments of the building.</p> <p>The IPCC is committed to the ongoing education of staff and residents, as described in infection prevention and control policies. Infection prevention and control is part of staff orientation and the mandatory training programme. Staff have completed hand hygiene, skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an AMS policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings (sighted). Significant events are reported to the clinical governance team and Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and CC provide oversight on antimicrobial use within the facility.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the Woburn Home infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical nurse manager and the IPCC. This information is available to the clinical governance team. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed. Evidence of this was sighted within the meeting minutes reviewed.</p> <p>The IPCC described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand services for any community concerns. The IPCC described developing action plans where required for any infection rates of concern.</p> <p>There has been one Covid-19 outbreak since the last audit in May 2024. The affected residents were residing in the dementia unit. Staff responded following all appropriate protocols and the outbreak was contained with no other residents affected. This was appropriately reported with evidence available that an outbreak log was kept, and documentation maintained throughout the outbreak. In July 2024 there was a small outbreak of residents affected with gastroenteritis. Appropriate measures were swiftly put in place and the symptoms resolved without further residents affected. Interview with staff and the IPCC confirmed that debrief meetings were held to discuss what went well and what improvements will be implemented on the next occasion. The IPCC reported that the individual infections were recorded on the infection logs (sighted). Staff data was collated and there was overall review of the length of the outbreak and staff and residents affected.</p>
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<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Information regarding chemical safety and hazardous waste and other waste disposal is readily available electronically. Chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are stored in a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are five sluice rooms with sanitisers, stainless-steel benches and separate handwashing facilities, with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The housekeeping team leader was knowledgeable around chemicals, infection prevention and control practices and cleaning practices during outbreaks.</p> <p>There is a laundry on site with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents’ rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The IPCC is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection prevention and control practices in relation to the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	<p>FA</p>	<p>The governance bodies demonstrate a commitment to eliminating restraint. The provider maintains a focus on ensuring care is provided in the least restrictive way possible. There were no residents using restraint at time of audit. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager, and they take responsibility for driving ongoing project work to maintain the Presbyterian Support Central philosophy of maintaining a restraint-free environment. Restraint minimisation and managing behaviours that challenge is included as part of the mandatory training plan (completed annually) and orientation programme.</p> <p>Seclusion is not used at Woburn Home.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The resident and family/whānau satisfaction surveys have been completed for 2023. The resident’s satisfaction survey results were consistently down on the satisfaction survey in 2022. There were no corrective actions implemented around keys areas for improvement i.e. resident interests, socialising, food services and housekeeping. The family/whānau satisfaction survey did not identify any improvements required.	The resident’s satisfaction survey results were consistently down on the satisfaction survey in 2022. There were no corrective actions implemented around keys areas for improvement i.e. resident interests, socialising, food services and housekeeping.	<p>Ensure that any required corrective actions are implemented and completed for the annual resident and family/whānau satisfaction surveys.</p> <p>90 days</p>
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include</p>	PA Low	The provider has systems in place to manage all enquiries, entry and decline rates. Interview with the home manager and in the review of documentation it was evidenced that they are yet to collect and	The provider is yet to implement a system to include ethnicity data with enquiry, entry and decline data.	Ensure a system is implemented that includes ethnicity data for all enquiries, entry and decline rates.

specific data for entry and decline rates for Māori.		analyse ethnicity data for Māori.		90 days
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	<p>Hot water monitoring identified that there were inconsistencies in water temperature, both too high and at times too low. Corrective actions were being implemented; however, some of the high temperature readings were recurring and not followed up to ensure they were correct.</p>	<p>Corrective actions were being implemented for hot water temperature inconsistencies; however, a number of the high temperature readings were recurring and not followed up to ensure they were correct.</p>	<p>Ensure corrective actions around hot water temperatures are maintained and checked.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.