

# Holmbridge Holdings 1852 Limited - Wakefield Homestead

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Holmbridge Holdings 1852 Limited

**Premises audited:** Wakefield Homestead

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 19 November 2024 End date: 19 November 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:** 22

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Wakefield Homestead provides rest home level of care for up to 23 residents. There were 22 residents on the days of audit. This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The service made environmental improvements since the last audit. The facility manager is appropriately qualified and experienced and is supported by a health and wellbeing manager. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standard.

## 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.

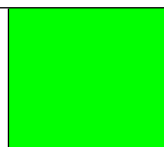


Subsections applicable to this service fully attained.

Wakefield Homestead provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/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.

## 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.



Subsections applicable to this service fully attained.

The business plan for 2024-2025 has goals in place to support their documented vision, mission, and values. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff

education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers 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.

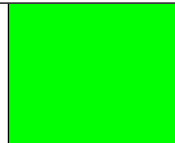
The diversional therapist provides and implements an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Opportunities are facilitated to participate in te ao Māori.

Residents' food preferences, cultural needs 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.

Transfer and discharges occur in a coordinated manner in collaboration with the resident, family/whānau, and other service providers to ensure continuity of care.

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

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

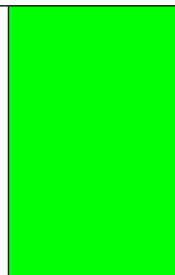


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. An implemented maintenance plan ensures the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are spacious enough for the safe manoeuvring of mobility equipment. Rooms are personalised with sufficient light and adequate heating. Documented systems are in place for essential, civil defence, emergency, and security services. There is always a staff member on duty with a current first aid certificate.

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

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




Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the

identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is committed to remain restraint free. This is supported by the policies and procedures. Restraint minimisation is overseen by the restraint coordinator (a registered nurse). Staff demonstrated a sound knowledge and understanding of de-escalation techniques and alternative interventions to support the elimination strategy. Restraint elimination strategies are discussed at meetings.

## 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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service which acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identifies as Māori.</p> <p>As part of staff training, Wakefield Homestead incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. The facility manger and wellbeing manager also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant Tikanga guidelines. The service has links with the Māori health provider Whakatu Te Korowai Manaakitanga Trust for guidance and support for Māori peoples when required.</p> <p>At the time of the audit there were no Māori staff at Wakefield Homestead. The facility manager stated that they support a culturally diverse workforce and that they will interview Māori applicants when they do apply for employment opportunities. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant</p>

		<p>tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities and dietary needs. Staff members interviewed including one registered nurse (RN), three caregivers, one chef, one diversional therapist and one maintenance person described how care is based on the resident's individual values, beliefs and preferences. Care plans included the physical, spiritual, family/whānau and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Wakefield Homestead recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific Health plan documented. The service has links with the Nelson Marlborough Pasifika Community Trust who provide support for Pasifika peoples when required.</p> <p>On the day of audit there were Pasifika residents living at Wakefield Homestead. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan and long term care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>At the time of the audit here were no staff who identified as Pasifika. The facility manager stated that they support a culturally diverse workforce and that they will interview Pasifika applicants when they do apply for employment opportunities. Interviews with two residents and three family/whānau identified that the service provides culturally safe services and acknowledge and respect residents individual cultures and preferences. . ,</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager or clinical manager (health and wellbeing manager) discusses aspects of the Code with residents and their whānau on admission. Discussions relating to the Code are also held during the six-monthly resident/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>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. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates 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 in 2023 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 policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate</p>

		<p>relationships. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and stated they are treated fairly, feel safe, are protected from abuse and neglect and that their property is respected. All residents and whānau interviewed</p>

		<p>confirmed that staff are very caring, supportive and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. Staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and whānau on admission. Six-monthly resident meetings 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 whānau/next of kin of any accident/incident that occurs. All communication with family/whānau is documented on residents files and also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated.</p> <p>At the time of the audit there were no residents who could not speak and understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services. The health and wellbeing manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will 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 around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by resident or their enduring power of attorney (EPOA) for procedures such as influenza, Covid vaccines and other clinical consent. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated a medical certificate for incapacity is on file.</p> <p>An advance directive policy is in place. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RN and the health and wellbeing manager interviewed had a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective</p>
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		decision making. Support services for Māori are available.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on complaints register. There have been no complaints made since the previous audit in July 2023. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff, clinical and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three monthly. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	FA	<p>Wakefield Homestead is privately owned and operated. The service provides care for up to 23 residents. On the day of the audit there were 21 rest home residents, including two residents on a younger person with a disability (YPD) contract and one resident on respite care and one hospital resident on a NOHRRRA dispensation arrangement. There was one double bedroom that had single occupancy at the time of the audit.</p> <p>The service is owned and directed by the facility manager. The</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>health and wellbeing manager is a part owner in the company (Holmbridge Holding Ltd 1852) which is the company that owns the land and buildings which Wakefield Homestead is renting from. The facility manager and health and wellbeing manager are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>Wakefield Homestead has a business plan 2024-2025 with goals in place to support their documented vision, mission, and values. The site-specific business goals are reviewed on a regular basis, last completed in October 2024 by the facility manager. The values espouse quality care, innovation, dignity, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. The facility manager confirmed the business plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The facility manager and health and wellbeing manager reported that the service ensures that residents maintain links with the community in all aspects of their care.</p> <p>There are community links that provide advice to the facility manager and health and wellbeing manager in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Wakefield Homestead are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. Clinical governance is provided by the health and wellbeing manager and general practitioner (GP) from the local health centre, which is next door to the facility. The facility manager and health and wellbeing have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The service is managed by an experienced facility manager, who has owned and worked in the facility manager role for 13 years. The facility manager is supported by a health and wellbeing manager, two RNs, an administrator and experienced care team. The facility manager and health and wellbeing manager have both maintained at least eight hours annually of professional development activities</p>
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		related to managing a rest home.
<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>	FA	<p>Wakefield Homestead has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, the collection, collation and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident’s entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external consultant and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, quarterly staff, quality/health and safety and infection control meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in the staff room and nurses’ stations. Corrective actions are discussed at the staff, quality/health and safety and infection control meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family/whānau satisfaction survey for 2023 indicate that both residents and family have reported high levels of satisfaction with the service provided. At the time of the audit the resident and family/whānau satisfaction survey for 2024 was being sent out to resident and family/whānau. A health and safety system is in place with identified health and safety goals. Health and safety is part of all staff and quality meetings. Hazard identification forms and an up-to-date hazard register is kept (sighted). A staff noticeboard keeps staff informed on health and safety. Staff and</p>

		<p>external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Wellbeing programmes include offering employees individual assistance as required. All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, this was evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications to HealthCERT since the last audit, and no notifications required to the Health Safety and Quality Commission. There have been no outbreaks since the previous audit.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 RN cover. The facility manager and health and wellbeing manager both work fulltime from Monday to Friday. The facility manager is on call 24/7 for any operational related issues. The health and wellbeing manager shares the on-call 24/7 duties with the RNs.</p> <p>Interviews with caregivers confirmed that their workload is manageable and that there is adequate staffing and support from the health and wellbeing manager and RNs. Residents and family/whānau interviewed did not raise any staffing issues and confirmed that staff are attentive to resident's needs. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the</p>

		<p>education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of fifteen caregivers, twelve have achieved a level three NZQA qualification or higher.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two of the three RNs (including the health and wellbeing manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information. Staff wellness is encouraged through participation in health and wellbeing activities.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Six staff files reviewed (two RNs, three caregivers and one diversional therapist) 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. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator and infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry and dietitian). 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</p>

		<p>information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	FA	<p>The service receives referrals from the needs assessment service coordination (NASC) service, the local hospital, and directly from family/whānau. Residents who are admitted to the service have been assessed by the NASC service to determine the required level of care. The RNs and health and wellbeing manager screen the prospective residents prior to admission.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason</p>

<p>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>for declining. The RN described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The service collects ethnicity information at the time of admission from individual residents; and performs routine analysis of same for the purposes of identifying entry and decline rates.</p> <p>The service has an information pack relating to the services provided at Wakefield Homestead which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and family/whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit there were residents identifying as Māori. The service has an established relationships with Māori communities and organisations to benefit Māori.</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</p>	<p>FA</p>	<p>Five resident files were reviewed and included including one hospital level resident on a NOHRRRA, one on respite care and one younger person with disabilities (YPD). There are clinical management policies and procedures to guide RNs in the development of care plans. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes. The service supports Māori and family/whānau to identify</p>

<p>whānau to support wellbeing.</p>	<p>their own pae ora outcomes in their care plan. The service implements a resident centred care model based on `Te Whare Tapa Whā` for holistic and a strength-based care to wellbeing. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes. The resident on respite care had an interim care plan completed within 24 hours of admission which addresses cultural considerations, medical and physical needs. Additionally, all files had a suite of assessments completed to form the basis of the long-term care plan or interim care plan.</p> <p>The assessments and care plans include details to manage selfcare, oral and dental health personal hygiene, continence, nutrition, skin, sleep and comfort, communication, behaviour and mood, intimacy and sexuality, cultural/spiritual needs, cardio-respiratory needs, cognitive, leisure /social needs, and end of life. Additional risk assessment tools include wound assessments as applicable.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely to complete three monthly reviews and to see unwell residents. The GP (interviewed) commented positively on the communication received from the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The care plan in place for Māori reflects the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to support wellbeing.</p> <p>Residents are assessed by the contracted physiotherapist as required, and equipment is available as needed. A podiatrist visits every six weeks. Specialist services including mental health, dietitian, wound care and continence nurse specialist are available</p>
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	<p>as required through Health New Zealand.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by caregivers and at least daily by the RNs. The RNs further add to the progress notes if there are any incidents or changes in health status. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP if required.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/ whānau confirmed the same. Family/whānau stated they are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status and this has been consistently documented on the electronic resident record.</p> <p>There was one minor wound being managed at the time of the audit. Three historic wounds reviewed had comprehensive wound assessments including photographs (for one complex wound) to show the progress towards healing. An electronic wound register is maintained, and wound management plans are implemented. There is access to the clinical nurse specialist if needed. There were no pressure injuries at the time of the audit.</p> <p>Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the RNs complete monitoring charts including bowel chart, vital signs, weight, food and fluid chart, blood sugar levels, and behaviour as required. Neurological observations are completed as per the falls prevention programme and neurological observation and recording policy.</p> <p>Evaluations are completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. InterRAI assessments sampled had been reviewed six-monthly. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as</p>
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		required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.
<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>	FA	<p>There is qualified diversional therapists (DT) working fulltime Monday to Fridays. Activities are provided seven days a week with booked entertainers on weekends. Wakefield Homestead activities programme is resident and aged focused. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and also includes impromptu activities. The programme reflects residents' choices.</p> <p>A monthly activities calendar is posted on the noticeboards and delivered to the residents' rooms. All interactions observed on the day of the audit evidenced engagement between residents and the DT. There are seating areas where quieter activities can occur.</p> <p>There are daily exercises as part of the regular programme. There are fortnightly church services. At least two staff accompany residents on outings, (one of these staff has a current first aid certificate). Cultural themed activities are integrated into the activities programme. The service links with Māori communities through their Māori resident and the national marae.</p> <p>A resident social and cultural profile is completed on admission in consultation with the resident and family/whānau (as appropriate). The activities documentation in the resident files reviewed were tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home. Residents' interviews evidence that the activity programme had a focus on maintaining independence and valuable social connections.</p> <p>In the files reviewed the social and cultural plans had been evaluated six monthly and updated where required. The service receives feedback and suggestions for the programme through the resident meetings and resident surveys. The residents and family/whānau interviewed were satisfied with the variety of activities provided.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff (RNs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The RNs and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system and progress notes.</p> <p>There is a secure medication room. Medications reviewed were appropriately stored in the medication trolley and medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, are considered, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has a photo identification and allergy status identified. There was one resident self-administering their inhalers. The medication policy describes the procedure for residents wish to self-administer medications and this has been adhered to. There are no standing orders.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and their side effects. The RNs described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, medications are easily accessed, and treatment is prioritised to</p>

		<p>achieve better health outcomes. Residents are involved in their three-monthly medical reviews and six-monthly multi-disciplinary reviews. Any changes to medication are discussed with the resident and or family/whānau.</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>There is a qualified chef who oversees food services. All meals and baking are prepared and cooked on site. There is a second cook for weekends and a kitchen assistant for the morning and afternoons. The chef prepares the tea meal. All food service staff have completed online food safety training. A registered dietitian has reviewed the four-week menu in September 2023. The kitchen receives resident nutritional profiles at admission and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The cook confirmed their knowledge around international dysphagia diet standard initiative (IDDSI) for food and drink modification.</p> <p>The food is served by the chef to the residents in the adjacent dining room. All resident's eat in the dining room and with some residents having breakfast in their room.</p> <p>There is a current food control plan in place and expires on 15 June 2025. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the resident meetings. Resident preferences are considered when menus are reviewed. The cook interviewed stated they provide cultural meals. Residents are offered choices at each mealtime. Residents interviewed expressed their satisfaction with the meal service.</p> <p>Caregivers interviewed had a good understanding of tikanga guidelines related to food. The lunch time observed evidence quality food well plated with a pleasurable dining experience.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The transfer/discharge of residents' policy ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved in the process. Residents and their family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, a resident's profile, including next of kin are detailed in the transfer documentation. There is a comprehensive handover process between services to ensure continuity of services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current, expiry date 19 April 2025. The facility employs a part time maintenance person who works four days a week (30 hours). The maintenance person completes maintenance requests, repairs, planned maintenance and gardens/grounds. There is a planned annual maintenance schedule in place and all maintenance undertaken is monitored by the facility manager. Planned maintenance includes interior and exterior building, equipment checks, electrical checks and hot water temperature checks. Electrical equipment is tested and tagged annually and was last completed in October 2024. Clinical equipment has also been tested in and medical scales calibrated in October 2024. Hot water temperatures are monitored and any recordings outside of expected ranges had corrective actions undertaken. Essential contractors are available 24 hours.</p> <p>The facility is on a single level. There has been ongoing refurbishment since the last audit including painting, wallpapering and new carpet and furnishings. The facility manager and staff reported that refurbishments are ongoing. All furniture is safe and suitable for the resident group. Communal areas are spacious and comfortable for the residents. Handrails are installed in corridors, showers, and toilets to promote safe mobilisation. The physical</p>

		<p>environment minimises the risk of falls and promotes safe mobility by ensuring the flooring is appropriate and secure, bathroom floors are non-slip and walking areas are not cluttered. There are well maintained gardens and seating available with shade for residents. There is a courtyard accessible from the dining room. There are ramps available at certain entry points to accommodate mobility scooters and ambulance transfer equipment. There are sufficient numbers of toilets and bathrooms for the number of residents. All bathrooms and toilets are disability accessible with easy to clean walls and floors. Privacy is maintained throughout with signs on all doors when occupied.</p> <p>At the time of the audit all rooms had single occupancy, there was one double room which was being used for a single resident. The lounges and dining areas are functional and comfortable for the residents. Residents can personalise their rooms. There is adequate space in the rooms for the safe manoeuvring of mobility equipment. The main lounge in the rest home is large and is used for functions and activities. The dining rooms and lounges are within easy walking distances to bedrooms. Appropriate comfortable seating is provided, and quiet spaces are available for use. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. There is a centrally located nurses' station with a separate medication/treatment room. Interviews with residents and family/whānau confirmed the environment was suitable and safe to meet their needs. All resident rooms and communal rooms have external windows allowing adequate natural light. Windows can be opened safely to allow adequate ventilation. Underfloor heating keeps the facility at a comfortable temperature.</p> <p>Should the service have any future plans to expand or alter the building, the facility manager is aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider</p>	<p>FA</p>	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements A fire evacuation scheme is in place and was approved by the New Zealand Fire</p>

<p>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>Service on 17 June 2003. Fire evacuation drills are conducted every six months. The latest fire evacuation drill was last completed on 29 August 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 three monthly) and storage of emergency water (ceiling header tanks and also bottled water on site, 18 litres) which is adequate supply for three litres per resident per day for three days. There is a BBQ and gas hobs in the kitchen available for alternative cooking.</p> <p>Emergency food supplies sufficient for at least seven days are kept in the kitchen. The facility does not have a generator on site; however, have an agreement in place with a local contractor for one to be supplied if required. The two RNs and a selection of caregivers hold current first aid certificates. 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. Residents and family/whānau confirmed that staff respond to call bells promptly. Family/whānau and 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. Appropriate security arrangements are in place. Evening staff go around the facility to make sure that it is secure throughout the night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at quarterly staff, quality/health and safety and infection control meetings. Infection</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>control data is also reviewed by the management team and benchmarked internally. Infection control is part of the strategic and quality plans. The facility manager attends the meetings where the following are discussed related to infection prevention: surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand and the general practitioners.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection control programme links to the quality system, reported on and is reviewed annually.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GPs, laboratory, external consultant, and Health New Zealand infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection</p>

		<p>control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, te reo, and are available in other languages (when required).</p> <p>There are policies that include aseptic techniques to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quarterly staff, quality/health and safety and infection control meetings, and management meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the meetings, Wakefield Homestead</p>

<p>(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>infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends internally. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Infection control surveillance is discussed at quarterly staff, quality/health and safety and infection control meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator and meeting minutes are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit. There is an outbreak plan with clear communication pathways with responsibilities and include requirements for daily outbreak meetings and communication with residents, family/whānau, and staff.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard 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. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Resident’s personal laundry and linen is managed onsite by the caregivers, with towels being outsourced to an external contractor. The laundry area has a defined dirty to clean workflow, safe chemical storage, and the linen cupboards were well stocked.</p>

		<p>Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice available, and the caregivers interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Wakefield Homestead is committed to providing service to residents without use of restraint. This is supported by the owner/facility manager and the aim of the guidelines in the restraint policy. At the time of the audit there were no residents using any form of restraint. Policies and procedures meet the requirements of the standards and include the approved restraints for Wakefield Homestead should it be required/considered. A registered nurse is responsible for overseeing the implementation of the elimination strategy. Strategies that keep the facility restraint free are regularly discussed at the scheduled meetings.</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for when restraint is considered, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process will include the resident, EPOA, GP, and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.