Jonwell Healthcare Limited - Wimbledon Rest Home

Introduction

This report records the results of a Surveillance 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:	Jonwell Healthcare Limited
Premises audited:	Wimbledon Rest 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: 10 December 2024 End date: 11 December 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: 35

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Wimbledon rest home is an owner-occupied facility that cares for up to 38 residents requiring hospital (medical and geriatric), rest home, and dementia level of care. On the day of the audit there were 35 residents.

This surveillance audit was conducted against a sub-set of Ngā 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, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There has been a change in management since the last audit. The clinical facility manager (RN) is appropriately qualified and experienced in healthcare management but was on leave at the time of the audit. The clinical facility manager is supported by a clinical nurse manager (who has assumed the managers role), office manager, registered nurses and a team of experienced care staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was 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.

There were no identified shortfalls at the previous audit.

There are shortfalls identified at this surveillance audit related to hot water temperature checks, medication management, care planning and implementation of the quality and risk management system.

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.

Wimbledon rest home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Wimbledon rest home 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. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality data is analysed to identify and manage trends. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions as indicated. The service complies with statutory and regulatory reporting obligations.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated by the clinical nurse manager and shared with the Director.

There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are suitably skilled and experienced. Competencies are defined and monitored, and staff performance is reviewed.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for medication administration complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. There are additional snacks available 24/7.

All residents’ transfers and referrals are coordinated with residents and family/whānau.

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

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

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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.

The infection control programme has been approved and reviewed annually. Education in relation to infection control has been provided.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are collected and analysed for trends and the information used to identify opportunities for improvements. There have been two Covid-19 outbreaks since the previous audit. These have been well managed and documented.

Here taratahi | Restraint and seclusion

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

The restraint coordinator is the clinical nurse manager (registered nurse). The facility had residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	13	0	4	1	0	0
Criteria	0	42	0	6	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The service is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Wimbledon rest home has a relationship with the local marae and links are established with the other kaumātua via Wimbledon rest home Māori staff and residents for activities such as blessing of the rooms. Comprehensive cultural assessments are completed for residents who identify as Māori. Interviews with eight staff (four healthcare assistants [HCA], two registered nurses [RNs], one chef, one maintenance) and three managers (clinical nurse manager, office manager and operations manager / owner director) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.	FA	The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Pacific health plan that is in place and being implemented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships,

Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		valuing family/whanau, and providing high quality healthcare. On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit; however, staff members confirmed that the residents' whānau would be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions. They cited satisfaction with the service and recognition of cultural needs. Wimbledon rest home partners with Pacific communities to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager, or registered nurses 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. Residents (one hospital, two rest home) and family/whānau (one hospital, one rest home, one dementia) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	An abuse and neglect policy is being implemented. Wimbledon rest home policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Wimbledon rest home as an organisation is inclusive of ethnicities, and cultural days are held 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, and bullying. The Wimbledon rest home Māori Health policy includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and

		family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent available to staff. Five resident files reviewed included signed general informed consent forms. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) and welfare guardians were on resident files where applicable. EPOA activation letters were on file where appropriate and included in all resident files in the dementia unit.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality	FA	The complaints management procedure is provided to residents and family/whānau on entry to the service. There is an electronic complaint register maintained for all complaints. This is currently being managed by the clinical nurse manager. The register contains both verbal and written, internal and external complaints. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). There have been six internal complaints since last audit with one received 9

improvement.		December 2024 that remains open. The HDC complaint from September 2022 referenced in previous audit remains open with all required information provided to HDC and the service awaits the outcome. Complaints logged since last audit (December 2022) include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are not always informed of complaints in staff, and registered nurses' meetings (link 2.2.2). Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaint forms are available at the entrance to the facility, nurses station and on request. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and create a platform where concerns can be raised. During interviews with family/whānau, they confirmed the clinical nurse manager is available to listen to concerns and acts promptly on issues raised. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori in the complaints process. Māori residents are supported to ensure an equitable complaints process. The clinical nurse manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of	PA Low	Wimbledon rest home is an owner-occupied facility located in Fielding which provides rest home, hospital, and dementia level of care for up to 38 residents. There is an 18-bed rest home/hospital wing and a 20-bed secure dementia care wing. On the day of the audit, there were 35 residents in total; eight residents at rest home level, nine residents at hospital level, including one resident on respite, and 18 dementia level residents. All other residents were under an Age-Related Residential Care (ARRC) contract. All rest home and hospital rooms are dual purpose. There are no double or shared rooms. The operations manager and clinical facility manager (husband/wife team) own and manage the facility which they purchased over two years ago. One owner is the clinical facility manager (registered nurse) and is

communities we serve.		responsible for the general day to day clinical running of the facility. The other owner is the operation's manager and is responsible for the financials and human resources. There is a clinical nurse manager who has been in the role since September 2023 and had been a registered nurse since 2020 at the facility. They work alongside an office manager who started in January 2024 and provides oversight of the administrative work, training and quality coordination. At the time of the audit the clinical facility manager was on parental leave returning in February 2025. The clinical nurse manager assumed the managers role supported by the office manager. The owners have overall responsibility for the development and implementation of the quality and risk programme, however there is no documented evidence of review and involvement in quality and risk management and processes including the implementation and close out of corrective actions. There is a current business marketing plan that includes the business values, objectives, and goals. The plan has not been reviewed on a regular basis throughout the year. The business plan commits to identifying and minimising barriers to provide equitable services for all residents (including residents who identify as Māori and residents with disabilities) in the service. The owners and staff work alongside residents (where appropriate) and family/whānau during the care planning process and any decision making around referral. The satisfaction surveys provide a forum for residents, families and tāngata whaikaha to provide feedback around all areas of the service. The owners (clinical facility manager and operations manager) and clinical nurse manager have attended training relating to managing a rest home. Staff interviewed stated they focus on improving outcomes for all residents, including Māori and people with disabilities. The owners have both completed the online Te Wananga o Aotearoa, He Papa Tikanga certificate in tikanga Māori and understanding the principles of equity. The operations manager reported the service has connections with local Māori iwi, and kaumātua for advice. Policies have been purchased from an external contractor who has developed policies in partnership with kaumātua.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me	PA Low	Wimbledon rest home has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection

safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		of clinical indicator data. Clinical indicator data (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed, and benchmarked internally. Annual quality goals are in place however these have not been reviewed as scheduled. Internal audits are completed according to the annual schedule. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Combined staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. However, meeting minutes reviewed did not evidence that all quality data is shared in the monthly combined staff meetings. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off where indicated. Resident/family satisfaction surveys are completed annually; with the 2024 survey results showing an overall satisfaction rate of 91.3%. However, the outcome has not been shared with staff, residents and family/whānau. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the Ngā Paerewa Standard (NZ8134:2021). A health and safety system is being implemented, with the service having trained health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Eleven accident/incident forms reviewed (unwitnessed falls, resident behaviours, skin tears) indicated that the electronic forms are completed in full and are followed up by a registered nurse and signed off by the clinical nurse manager. Incident and accident data is collated monthly and analysed by the clinical nurse manager. Results are discussed in the combined staff meetings. Discussions with the clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, section 31 reports have been

		completed for change in management, five for pressure injuries and one for a fall related fracture. There have been two Covid-19 outbreaks since the last audit which have been appropriately notified, managed and staff debriefed.
Subsection 2.3: Service management 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.	FA	There is a staffing policy that describes rostering requirements, determines staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. There is a first aid trained staff member on duty 24/7. A review of the rosters evidenced there is a registered nurse on site 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available healthcare assistants, or registered nurses. Out of hours on-call cover is provided by the clinical nurse manager with escalation to the owners as required. The clinical nurse manager will perform the clinical facility manager's role in their absence as was the case at the time of the audit with the clinical facility manager on parental leave with an expected return of February 2025. The clinical nurse manager works full time Monday to Friday and is supported by the office manager. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff have completed cultural awareness training which included the provision of safe cultural care, Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation 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 Health New Zealand – Te Whatu Ora, and hospice. The service supports and encourages healthcare assistants to obtain a

		New Zealand Qualification Authority (NZQA) qualification. Nineteen healthcare assistants are employed. Ten healthcare assistants have achieved a level 3 NZQA qualification or higher. All the nineteen healthcare assistants work across the dementia unit; fifteen of whom have attained the required dementia unit standards, two being in progress and two recently employed by the service. The Wimbledon rest home orientation programme ensure core competencies and compulsory knowledge/topics are addressed. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for restraint, correct use of personal protective equipment (PPE), and moving and handling. A record of completion is maintained on an electronic register. Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Seven registered nurses (including clinical nurse manager) are employed. Four registered nurses (including clinical nurse manager and clinical facility manager) are interRAI trained. All registered nurses are encouraged to also attend external training, webinars and zoom training where available.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (one clinical nurse manager, one registered nurse, two healthcare assistants, one cook) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved for each position. A register of practising certificates is maintained for all health professionals including (but not limited to) general practitioner, registered nurses and pharmacy. The appraisal policy is documented and all staff who have been employed for over one year have an annual appraisal completed.
Subsection 3.2: My pathway to wellbeing	PA Low	Five resident files were reviewed: two hospital resident files including one resident on respite, one rest home resident file and two dementia level care

The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		resident files. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs; pressure injury; falls risk; social history; and information from pre-entry assessments. All residents apart from the residents on respite had an interRAI assessment completed (interRAI report sighted). The resident on respite contract had a full suite of assessments completed in the electronic resident management system, which incorporate skin integrity; pressure injury risk; nutrition requirements; communication needs; emotional; behaviour; cognition; sensory; psycho-social and complex needs. All the dementia level care residents have a behaviour assessment completed which identify triggers and informs the behaviour care plan to provide staff with guidance on strategies for distraction, de-escalation and management of challenging behaviour. Initial assessments and initial care plans were completed for residents, detailing needs, and preferences. However, these were not always completed within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Long term care plans and interRAI assessments sampled had not been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs but were not sufficiently detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan, including 24-hour activity plans for dementia level residents. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.

		There was evidence of family/whānau involvement in care planning and ongoing communication of health status updates was documented. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. The initial medical assessment is undertaken by the general practitioner (GP) however, not always within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. The general practitioner visits weekly and as required. Medical documentation and records reviewed were current. The general practitioner interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The contracted general practitioner is also available on call during work hours remotely for the facility. After hours on call is through accident and emergency services from the local Health New Zealand -Te Whatu Ora hospital. There is access to a physiotherapist and continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Health New Zealand - Te Whatu Ora. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 12 active wounds, including five pressure injuries (three unstageable from one resident, one stage 2 and one stage 1 from different residents). Progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and current. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, blood glucose level, bowel records and repositioning records. Staff interviews confirmed they are

		familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Moderate	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurses and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses an electronic medication management system, and blister packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked regularly and there were no expired medications in stock. Eyedrops are not always dated on opening. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no resident self-administering medications; however, a process is in place should this be required including competency assessment, reviews and safe storage. No vaccines are kept on site and the service does not use any standing orders. There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef interviewed reported they accommodate residents' requests. There is a verified food control plan expiring 9 March 2025. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and	PA Low	The buildings, plant, and equipment are fit for purpose at Wimbledon rest home and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The dementia unit is secure. The current building warrant of fitness expires August 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, hot water temperature checks have not been completed as per maintenance plan.

freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and anti-microbial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. Policies are available to staff. Wimbledon rest home has an outbreak and pandemic response plan (incorporating Covid-19), which includes preparation and planning for the management of lockdowns, screening, transfers into the facility, and positive tests. Staff demonstrated knowledge on the requirements of standard precautions. The infection coordinator (clinical nurse manager) oversees infection control and the AMS programme across Wimbledon rest home and is responsible for coordinating/providing education and training to staff. The job description outlines the responsibility of the role. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control related education in the last 12 months. There is good external support from the general practitioner, and Health New Zealand– Te Whatu Ora infection control nurse specialist.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention	FA	Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (clinical nurse manager) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service. Monthly infection data is collected for all infections based on standard definitions, signs, symptoms and reporting criteria. Infection control data is entered into the infection register on the electronic risk management system. The data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where

programme, and with an equity focus.		trends are identified. There is benchmarking of infection rates internally. Trends, benchmarking, along with actions and outcomes are discussed at the combined staff meetings. Meeting minutes and graphs are available for staff. The service incorporates resident ethnicity data into surveillance. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Health New Zealand – Te Whatu Ora Public Health for any community concerns. There have been two Covid-19 outbreaks since the previous audit. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one area if possible. Staff wore PPE. Family/whānau were kept informed by phone or email. Visiting was restricted.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator interviewed described the focus on restraint elimination. At all times when restraint is considered, the restraint coordinator works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there was one resident using bedrail restraint. Restraint elimination is included as part of the mandatory training plan and orientation programme.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.1.2 Governance bodies shall ensure service providers’ structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.	PA Low	The owners have overall responsibility for the development and implementation of the quality and risk programme, however there is no documented evidence of review and involvement in quality and risk management and processes including the implementation and close out of corrective actions. There is a current business marketing plan that includes the business values, objectives, and goals. The business goals include ensuring high occupancy, improving the facility profile and provision of good care. The plan has not been reviewed on a regular basis throughout the year to measure progress towards the goals.	(i)There is no documented evidence of governance review and involvement in quality and risk management system and processes. (ii)There is no documented evidence to demonstrate that the business goals have been reviewed and evaluated at defined intervals since last audit.	(i)Ensure there is evidence of governance review and involvement in quality and risk management. (ii)Ensure that there is evidence of ongoing review and evaluation of progress towards business goals. 90 days
Criterion 2.2.2 Service providers shall develop	PA Low	Combined staff meetings provide an avenue for discussions in relation to (but	(i)There is no evidence in the combined staff meeting	(i)Ensure the combined staff meeting evidence

and implement a quality management framework using a risk-based approach to improve service delivery and care.		not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. However, meeting minutes reviewed did not evidence that all quality data is shared in the monthly combined staff meetings. This includes data related to complaints, compliments, restraint, training, internal audits, corrective actions and outcome. Annual quality goals are in place however these have not been reviewed as scheduled. Wimbledon has completed the 2024 resident/family satisfaction surveys with results showing an overall satisfaction rate of 91.3%. However, there is no evidence to demonstrate that the outcome of the survey has been shared with staff, residents and family/whanau.	minutes on consistent review and discussions related to complaints, compliments, restraint, training, internal audits, corrective actions and outcomes. (ii)Outcome of the resident, family/whanau satisfaction surveys 2024 has not been shared and discussed with staff and residents, family/whanau.	review and discussion of all quality data. (ii)Ensure outcome of satisfaction surveys is feedback to staff residents and family/whanau 90 days
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	Wimbledon rest home has an established quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Annual quality goals are in place however these have not been reviewed as scheduled in February 2023 and February 2024.	Annual quality goals/ objectives have not been completed and reviewed as scheduled per audit schedule since last audit.	Ensure that annual quality goals / objectives are completed as scheduled. 90 days
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their	PA Low	Five resident files were reviewed. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. However, two of five files demonstrated that these were not	Initial care plans, interRAI assessments, long term care plans and general practitioner initial medical assessments were not completed as	Ensure that assessments and care plans are completed within the required time frames.

individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.		always completed within 24 hours of admission. The same resident files' initial interRAI assessments and long-term care plans were developed post three weeks of admission to the facility. There was also a delay in the initial general practitioner medical assessments for the same resident files. Review of resident files confirms that residents have had ongoing reviews by the general practitioner within required timeframes and when their health status changes, as well as care plan evaluations completed at least six monthly	scheduled in one dementia and one rest home resident file reviewed.	90 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes	PA Low	The registered nurses are responsible for the development of the care plan. Assessment tools including cultural assessments were completed to identify key risk areas. Alerts are indicated on the resident care plan and include (but not limited to) high falls risk, weight loss, wandering, and pressure injury risks. The registered nurses interviewed understand their responsibility in relation to assessment and care planning. There are comprehensive policies in place related to assessment and care planning; however, four of five care plans reviewed did not contain detailed interventions to provide guidance for staff in the delivery of care. Care staff are knowledgeable about the care needs of the residents and the family/whanau interviewed were complimentary of the care provided. Progress notes and monitoring records	There are no detailed interventions documented in resident records in relation to identified risk related to: (i)Diabetes management including signs and symptoms of hypo and hyperglycaemia and management thereof for one dementia level care resident and one hospital level care resident. (ii)falls risk minimisation strategies and management of falls for one dementia level care resident (iii)management of undernutrition for one hospital resident. Same resident was on a restraint but did not have detailed interventions to	(i)-(iii)Ensure care plan documentation reflects detailed interventions to provide adequate guidance for care staff related to management of resident needs. 90 days

traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		evidence care delivery to the residents reflective of their needs as described by staff during interviews and confirmed by residents, family/whānau interviewed. The findings related to care planning relates to documentation only.	address the risks and support the resident when using the restraint.	
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. All stored medications are checked regularly and there were no expired medications in stock. Two eye drops in use in the dementia unit trolley and one in the rest home / hospital trolley were not dated on opening. Eye drops in use in the rest home / hospital trolley were being used post their use by date.	(i)Three eye drops in the two medication trolleys have not been consistently dated on opening. (ii)There were eye drops still in use post their use by date.	(i)-(ii)Ensure that eye drops are dated on opening and discarded by the use by date. 60 days
Criterion 4.1.1	PA Low	There is an annual maintenance plan that	Hot water temperature checks	Ensure hot water

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.		includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. However, hot water temperature checks have not been completed as per maintenance plan. Weekly monitoring records could not be sighted for May, August, September and November 2024.	have not been completed weekly as per the annual maintenance plan.	temperature checks are completed as scheduled. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.