

Masonic Care Limited - Woburn Waipukarau

Introduction

This report records the results of a Provisional 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:	Masonic Care Limited
Premises audited:	Woburn Waipukarau
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 April 2025 End date: 4 April 2025
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:	32

Executive summary of the audit

Introduction

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

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

General overview of the audit

Woburn Rest Home is part of the Oceania Healthcare Group. Woburn Rest Home is certified to provide services for 33 residents requiring rest home or dementia level of care. There were 32 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, a member of the older persons mental health team, the regional clinical manager, and the prospective purchaser.

The business and care manager is a registered nurse has been in the role for fourteen months. They are supported by a team of experienced care and support staff plus a regional clinical manager and the head office team. Feedback from family/whānau and residents was positive about the care and the services provided at Woburn Rest Home.

There were no areas identified as requiring improvement at this audit.

Ō tātou motika | Our rights

Woburn Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori and Pasifika Health Plan is in place. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples. Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices. Evidence was provided 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. When complaints occur, they are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

The service is governed by a chief executive officer, independent chair and six independent directors. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives, and a business plan is in place. Woburn Rest Home has implemented the organisational quality and risk management system. A robust health and safety programme is implemented. Quality data is collated and benchmarked. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

The business and care manager efficiently manages the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. Files reviewed demonstrated care meets the needs of residents and that these have been evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful activities both in the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

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

Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

The facility meets the needs of residents and was clean and maintained. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe.

External areas have shade and seating provided and meet the accessibility needs of residents. There are sufficient communal toilets and showers with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Residents and family/whānau report timely response to call bells. Security checks are performed by staff. The dementia unit is secure with secure enclosed gardens.

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

A suite of infection control policies and procedures are documented and in use. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed, approved and reviewed at organisational level. Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Antimicrobial usage is monitored and reported on. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. There has been an outbreak since the previous audit. The internal audit system monitors for a safe environment. There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training. Chemicals are stored safely throughout the facility.

Here taratahi | Restraint and seclusion

The service is restraint free. This is supported by the governing body and policies and procedures. An assessment, approval, and monitoring process, with regular reviews is in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is a registered nurse, leads the process.

Staff receive education in the management of challenging behaviour, de-escalation strategies and alternative interventions to restraint.

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 and Pasifika Health Plan 2023 – 2026 is documented for the service. This includes an organisational Māori engagement framework which outlines how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi to underpin services. Cultural resources are available to staff, that includes residents' rights in te reo Māori, cultural considerations for care, and guidelines to assist culturally appropriate communication. Other current policies include the cultural safety policy, and the code of conduct for staff, which includes the service's values in both English and te reo Māori.</p> <p>There is specific Māori and Pasifika Health Plan for Woburn Rest Home and its community, which includes formal established links in place that provide guidance and support. Additional links are in place through staff and the family/whānau of residents. There were residents that identified as Māori at the time of the audit.</p> <p>The service employs staff who identify as Māori. The business and care manager confirmed that the service supports increasing Māori capacity by employing Māori staff members through a fair and equitable employment process. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and</p>

		<p>provide high quality and effective services for residents.</p> <p>Long standing community partnerships have been developed with local Māori with links in place provided by resident's whanau further strengthening the support and guidance available for Māori residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There were no residents who identified as Pasifika; however, the business and care manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. Whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Māori and Pasifika Health Plan 2023-2026 is in place and has been developed in a partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. There were no staff employed who identified as Pasifika at the time of the audit. However, the business and care manager outlined the process in place to actively recruit a holistic Pacific health workforce. There is specific Māori and Pasifika Health Plan for Woburn Rest Home and its community, which includes links with Kainga Pasifika Services who provide social services to the Hawkes Bay region.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission. Resident meetings provide a forum for residents to discuss any concerns. Six family/whānau (two rest home and four dementia) interviewed reported residents rights are being upheld by the service. Further to this, they confirmed residents are treated with respect and their independence is supported and encouraged. Five residents interviewed (rest home) confirmed that their rights were being met.</p> <p>Information about the Nationwide Health and Disability Advocacy</p>

		<p>Service, and the service links with the local aged concern and grey power contacts is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interactions observed between staff and residents during the audit were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible.</p> <p>Māori mana motuhake is reflected in the Māori Health Plan. Interviews with staff (three healthcare assistants, which included the health and safety representative), two registered nurses, one activities co-ordinator, one kitchen manager, one maintenance person, one administrator) and management interviewed identified their understanding of the Code and its application to their specific roles and responsibilities.</p> <p>The prospective purchaser explained at interview their aged care experience (60 plus years), familiarity with the Code of Rights, and confirmed how the organisation has knowledge of and promotes Māori motuhake.</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>The healthcare assistants interviewed (across the rest home and dementia) described how they provide choice to residents during their daily cares and routines. 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. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible. It was observed residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The November 2024 satisfaction survey results confirmed that residents and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs. There is a sexuality and intimacy policy in</p>

		<p>place.</p> <p>Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's 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/enduring power of attorney, involvement and is integrated into the residents' care plans. Spiritual needs are identified. Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff were able to describe how they implement this knowledge when engaging in discussions with or providing care to residents. Review of documentation and interviews with staff and family/whānau evidenced that tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity. An employee handbook and staff code of conduct are discussed during the new employee's orientation to the service, with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. As part of the organisations Māori and Pasifika plan, there is a national cultural advisory group which ensures wellbeing outcomes for Māori are prioritised.</p> <p>The organisation provides a strengths-based and holistic model of care, based on the 'five ways to wellbeing'. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans. Staff interviewed reported training around abuse and neglect within the last two years. All residents and</p>

		<p>families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of a high standard. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of resident's property and finances, which are implemented.</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 family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility and the management and registered nurses are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>There were no residents who could not speak English at the time of the audit. An interpreter policy and contact details of interpreters is available if required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees. The service communicates with other agencies that are involved with the resident, such as Health New Zealand. All residents and family/whānau interviewed confirmed they had been advised of the upcoming sale of the facility and that the information provided was adequate and they had no concerns about the process.</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 that align with the Code. Six resident files reviewed included informed consent forms signed either by the resident or the powers of attorney or guardians. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid-19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. Admission agreements had been signed and sighted for all the files reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. Informed consent training was included within the 2024 training schedule delivered to staff.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The business and care manager maintains records of complaints, actions taken, and resolution, and was knowledgeable around the complaint process. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>A complaints register is in place and there has been three complaints made since the previous audit. One complaint received was minor in nature and had been swiftly investigated and closed to the satisfaction of the complainant. The second complaint required an integrated response which was comprehensively documented and was quickly resolved to the satisfaction of the complainant. The third complaint was logged with the Health and Disability Commissioner (HDC) in February 2025. The regional clinical manager confirmed that the</p>

		<p>required process has been adhered to with all required information sent to the HDC and the organisation is awaiting the outcome. Staff are informed of any complaints received in quality/staff meetings. Discussions with families/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through annual satisfaction surveys. Residents and family/whānau confirmed that staff are readily available and proactive in addressing any negative feedback received verbally.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Woburn Rest Home is certified to provide and rest home level of care for up to 33 residents. The service has 22 dedicated rest home beds and 11 dementia care beds within the secure dementia wing. (Wakelin).</p> <p>At the time of the audit there were 32 residents in total: 22 rest home residents (including one resident receiving accident compensation corporation (ACC) contributions), and 10 dementia level residents. All residents (apart from the resident funded by ACC) were under the age related residential care (ARRC) contract. There were no married couples at the time of the audit. There were no double/shared rooms.</p> <p>The organisation is led by a chief executive officer. The Governance Board consists of an independent chair and six independent directors each bringing their own expertise. Confirmation that the Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety was provided. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The organisations business plan for Woburn Rest Home includes site specific objectives and goals related to business and quality outcomes.</p> <p>Working practices at Woburn Rest Home are holistic in nature,</p>

		<p>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 tāngata whaikaha. The activity co-ordinator supports residents to maintain links with the community. Information is reported through to the Board through the chief operating officer (CEO), who receives detailed monthly reporting from national managers, including monitoring of goals and performance in key areas in the strategic plan, including quality care and service provision, and achievement of financial targets. The regional clinical manager confirmed that a clinical governance structure appropriate to the size and complexity of the organisation is in place.</p> <p>The Māori and Pasifika Health Plan provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems.</p> <p>The business and care manager is a registered nurse has been in the role for 14 months. They have broad experience within the aged care sector having had senior clinical and management positions. The business and care manager is supported by a regional clinical manager (who provided support for this audit), and an experienced team of care and support staff. The business and care manager provided confirmation of having completed a variety of professional development activities related to managing an aged care facility, which exceeded eight hours.</p> <p>The prospective purchaser is an experienced aged care provider. The organisation owns six other facilities. A documented transition plan with timeframes to implement the prospective purchasers' policies and procedures, quality systems and electronic client management system is in place. The planned takeover date is May 14, 2025.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and</p>	<p>FA</p>	<p>Woburn Rest Home has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement processes. The organisation's</p>

<p>outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>policies include a clinical risk management policy; documents control; clinical governance terms of reference; quality improvement policy; health and safety strategy; critical incident/accident/sentinel event policy; and quality cycle. The organisation has established systems in place to record track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues. The national quality manager benchmarks data against other Oceania facilities and industry standards are analysed internally to identify areas for improvement. Monthly quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including clinical, staff, health and safety, and infection control.</p> <p>Monthly quality/staff and registered nurse/clinical meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The 2024 resident annual satisfaction survey indicated high satisfaction rates by the residents. Where residents had provided any negative feedback or concerns the business and care manager provided evidence of how this had been addressed. Interviews with the business and care manager, the health and safety representative, and healthcare assistants confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, and reported to the regional clinical manager. This information is included within the consolidated report and analysis of all facilities are then provided to the governance body monthly.</p> <p>A health and safety system is in place. The health and safety committee team meets monthly. A health and safety representative (healthcare assistant) interviewed has completed external health and safety training with evidence of this sighted during interview. Hazard identification forms and an up-to-date hazard register were reviewed (last updated March 2025). Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings</p>
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		<p>and via toolbox talks. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practices.</p> <p>Discussions with the business and care manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications completed, and severity assessment code (sac) reports have been completed appropriately.</p> <p>The prospective purchaser has established and implemented quality and risk management programmes that they plan to implement at Woburn Rest Home. It is anticipated this will have minimal impact, as the prospective purchaser has an experienced general manager available to support implementation of the quality programme, benchmarking, and analysis. The prospective purchaser's policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across to Woburn Rest Home.</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>	FA	<p>Acuity and clinical staffing ratios are described in a policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The business and care manager confirmed at interview staff needs and weekly hours are included in the monthly report provided to the national operations manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both</p>

		<p>managers and staff.</p> <p>The business and care manager, works full time from Monday to Friday and provides after hours support 24/7 for any non-clinical and clinical issues respectively. The registered nurses share in the provision of clinical support within a roster. A registered nurse is rostered across morning, shifts seven days per week. Vacant shifts are covered by available registered nurses, casual staff and healthcare assistants. The registered nurses perform the clinical aspects of the business and care managers role in their absence. They are supported by the clinical nurse manager from a neighbouring Oceania facility with additional support provided from head office to cover operations.</p> <p>Interviews with staff noted that when occupancy increases staffing is increased appropriately. The business and care manager stated staff turnover had been stable. Registered nurse recruitment has been successful with numbers boosted to two full time and one part time now employed. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with residents and families/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. The business and care manager outlined that all current and new care staff are encouraged to complete a level three or four New Zealand Qualifications Authority (NZQA) qualification. All but the newest care staff have commenced or completed qualifications. Eight healthcare</p>
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		<p>assistants have commenced the dementia standards training with two having completed the training.</p> <p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include moving and handling, hand hygiene, and donning on and off of personal protective clothing. A selection of healthcare assistants have completed medication administration competencies with a further five who can perform the role of second checker. A record of completion is maintained on an electronic human resources system. Additional registered nurse specific competencies include interRAI assessment competency. There are three of three registered nurses who are interRAI trained plus the business and care manager. All registered nurses are encouraged to attend in-service training on outbreak preparedness; wound management; pain management; medication and training related to specific conditions. Staff were complimentary regarding the wellbeing initiatives provided from the management and health and safety team. Staff advised these initiatives contributed to them feeling valued and part of the family/team. Staff reported that management are very supportive.</p> <p>The prospective purchaser stated they are not anticipating any staff changes, including management, and they plan to maintain the staffing levels. Training will be provided to all staff with education and training consistent with their established education and training plan.</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>	FA	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Seven staff files were reviewed, including two registered nurses, one activities coordinator, one kitchen hand, one maintenance person and two healthcare assistants. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection</p>

		<p>prevention portfolio; these are signed and on the personal file. A register of registered nurses practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. The appraisal policy is implemented, and five staff who have been employed for over one year had an annual performance appraisal completed; the two other staff had recently been employed. An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There are currently a small number of volunteers. Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Oceania business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place. Both systems are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. The service is</p>

		not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team as needing rest home or dementia level care. A specialist's authorisation for residents requiring dementia level was sighted in three files reviewed. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process.</p> <p>Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC team. Woburn collect ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Woburn has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers. When admitted, residents had a choice of general practitioner (GP) to oversee their medical requirements.</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>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files reviewed: three residents at rest home level care; and three dementia level residents. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, caregivers, registered nurses, and activities staff. The long-term care plans are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and aspirations, and interventions to address medical conditions.</p> <p>The business and care manager (registered nurse) explained residents who identified as Māori have a Māori health care plan developed which describes the support required to meet their needs. The business and care manager described removing barriers so all residents have access to information and services required to promote independence, and, working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans completed. The behaviour plans identify associated risks and supports needed for the resident including strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine of the resident's usual pattern of behaviour and behaviour management strategies to assist caregivers in the management of resident behaviours across a 24-hour period.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, GP, podiatrist, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.</p> <p>The GP assesses residents within five days of admission. Residents are then reviewed by the GP on a three-monthly routine basis or more frequently if their condition changes. A GP was unavailable to be interviewed as part of this audit. The business and care manager and registered nurses rotate afterhours cover and will advise healthcare assistants on the appropriate intervention. A physiotherapist is</p>
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		<p>available as required.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) weight, behaviour monitoring, and food and fluid management. Neurological observations are recorded following all un-witnessed falls as per policy requirements. There was one chronic wound on the day of audit. The electronic record demonstrated regular dressing change, monitoring, and referral to other health services when required.</p> <p>Review of resident care occurs six-monthly. This includes input from the business and care manager, healthcare assistants, residents and family/whānau, and activities coordinator. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, as examples, a short-term care plan is developed and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity coordinator has been in the role for one year and has started their diversional therapy training. The activity coordinator is employed for 37 hours per week across five days. There is an activity assistant who delivers the activity programme on Saturday's. Healthcare assistants support the programme when the activities staff are not working. The activities coordinator works across the rest home and the Wakelin unit and has a current first aid certificate.</p> <p>The calendar is planned monthly and approved by a diversional</p>

	<p>therapist at another Oceania facility. The activity calendar is designed using Oceania's 5-ways-to-wellbeing model. The calendar includes (but not limited to) chair exercises, giant Jenga, van outings, entertainers, bingo, outings, and entertainers visiting the residents. Themed events such as Ode of Remembrance as part of Easter celebrations. There are weekly van drives for residents, The activity calendar is available throughout the facility on noticeboards within the communal areas. Residents are encouraged to join in activities that are appropriate and meaningful. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage and craft activities are offered.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/ whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections.</p> <p>The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. The individualised plans include strategies for distraction and de-escalation to guide staff over a 24-hour period. The activities support Woburn's 'Five-ways-to-wellbeing' model of care and include reminiscing and sensory needs. Residents in the dementia unit were observed joining the rest home residents for activities and meals.</p> <p>There are regular family/ whānau and resident meetings involving residents from both units. Family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an</p>
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		<p>opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. Woburn uses blister packs for medication for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the medication chart.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit; however, there is a policy in place which the staff were knowledgeable should a resident wish to self-administer their medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered.</p>

		<p>There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The business and care manager and registered nurses described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p> <p>The prospective purchaser confirmed the medication management system will remain unchanged.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring 28 March 2026. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian in March this year. The kitchen manager is supported by kitchen hands in the evenings. All kitchen staff have completed safe food handling.</p> <p>The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is familiar with dietary preferences for Māori residents.</p>

		<p>The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits.</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on completed records. Meals are served directly to rest home residents from a bain-marie. Residents from the Wakelin unit were observed having lunch with the rest home residents. Meals for residents in the Wakelin unit are plated in the kitchen and transported in a hot box. Residents were observed enjoying their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p> <p>The prospective purchaser confirmed there will be no immediate changes made to the menu.</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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau.</p> <p>Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/ whānau is informed. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents.</p>

		<p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the Health New Zealand wound clinic and dietitian. The business and care manager explained a referral is sent with accompanying monitoring record and photos as indicated.</p> <p>Residents attending external appointments are encouraged to be accompanied by their family/whānau, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</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 holds a current warrant of fitness through to 23 March 2026. There is a maintenance person who works 20 hours per week, and a dedicated gardener. The maintenance person completes day to day repairs and planned maintenance. Contractors are brought in when required. There is a maintenance request book for repairs and maintenance requests in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed 31 March 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs as per policy. Records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the spacious external gardens. There is outdoor furniture and shade available.</p> <p>The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs.</p> <p>There are 33 rooms including 11 dementia level care and 22 rest home. There are no shared rooms. Each unit has a dining area and separate communal lounge areas. Bathrooms, kitchenette, and</p>

	<p>service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. Staff interviewed confirmed there is sufficient equipment to provide the care outlined in the residents' care plans. Fittings, fixtures, and flooring is appropriate throughout the facility. Equipment/accessories are available to promote resident independence.</p> <p>All resident rooms in the facility are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. The residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There are heat pumps in resident rooms and communal areas. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged around to create a homely and welcoming environment.</p> <p>The Wakelin unit is secure. Resident rooms have vinyl planking and resident rooms have been personalised to suit the resident. There are adequate numbers of accessible bathroom and toilet facilities throughout the unit. Communal toilets and showers have a system that indicates if they are vacant or occupied. The Wakelin unit has a large open plan lounge dining room with a small kitchenette which overlooks the communal area. The secure garden areas are freely accessible to residents.</p> <p>All rest home bedrooms have an ensuite. The corridors, communal areas and rest home rooms are carpeted. Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge.</p> <p>The facility has a resident van with current registration and warrant of fitness. The van can accommodate a wheelchair.</p> <p>The business and care manager reported when there is a planned development for the building, there shall be consultation and co-</p>
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		<p>design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The prospective buyers have no immediate plans to change the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 21 June 2020). Fire evacuation drills are held six-monthly and were last completed 28 March 2025.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is a service agreement with a national provider for a generator if required. The kitchen can provide basic support with gas barbeques for cooking. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has a 400-litre tank onsite, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. The registered nurses, the personnel who drive the facility van used for resident outings and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, with the doors and gates closing at</p>

		predetermined times. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and antimicrobial stewardship programme is supported at the executive (governance) level. The 2024-2026 quality plan includes references to infection prevention control. The infection control coordinator (business and care manager) described their linkages in place as a result of joining a regional aged care clinical care group. This includes representatives from other aged care organisations and access to Health New Zealand infection control specialist teams who provide local /regional support and advice as and when needed.</p> <p>The business and care manager collects infection data monthly on infection rates and presents these at the quality/staff meetings. Data was being benchmarked monthly and feedback/graphs provided to staff as part of their quality programme. This information is included in the national business planning process and strategies. The infection control coordinator reports at the monthly quality/staff meeting and this information is reported through to the national infection control group bi-monthly and to the Board.</p> <p>The prospective purchaser intends to maintain a “business as usual” plan for the transition to the prospective purchasers infection control systems.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>The business and care manager is the infection control coordinator overseeing the implementation of the infection control programme. There is a signed job description. As part of this role, the infection control coordinator has completed internal and external training around infection control and anti-microbial stewardship. The infection control and antimicrobial stewardship programme is linked to the quality programme and is reviewed annually. The infection control programme has been approved by the clinical governance group.</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>A suite of infection control policies and procedures are available to staff, including outbreak management; staff vaccination policy; usage of personal protective equipment; communicable diseases; and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies have been updated and reflect the spirit of Te Tiriti o Waitangi. A comprehensive organisational pandemic plan is in place.</p> <p>Support and learning resources are made available through Health New Zealand - when required. Personal protective equipment (PPE) is available, and a comprehensive stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the infection control coordinator. Input into clinical procedures policy documents is sought from the organisations national infection control team which involves clinical managers and infection control representatives from all of the organisations aged care facilities. Staff provide feedback on new and updated policies/procedures. Policies include single use items which is implemented. Cleaning procedures are in place around sharing medical devices such as sphygmomanometers. Internal audits are completed, and corrective actions are implemented and signed off when completed. The business and care manager oversees the provision of equipment and consumables required for the service. The Business and Care manager was knowledgeable regarding what would be required in the event of any environmental upgrades for the facility in regards infection control.</p> <p>Educational resources in te reo Māori can be accessed online if needed and there is a comprehensive hard copy of resources available for staff and residents. The infection control coordinator is able to consult with the cultural committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education and are trained in cultural safety. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The infection control coordinator interviewed described infection control input would be required in any environmental upgrades to the facility.</p> <p>The prospective purchaser plans to implement their established</p>
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		comprehensive infection control programme and antimicrobial programme which is linked to their electronic quality system.
<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 antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly, collated nationally and the information reported to the quality/staff meetings. The infection control coordinator (supported by a clinical pharmacist funded by the regional public hospital) monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>The prospective purchaser plans to implement their established antimicrobial programmes which are linked to the electronic their quality system.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Internal benchmarking takes place by surveillance of all infections (including organisms) and is entered into a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. The regional clinical manager ensures the required infection prevention information is collated, benchmarked across the service and reported to the Board and clinical committee. Infection control surveillance is discussed at quality/staff meetings. A review of resident records includes communication and reporting of infections and treatment. The last Covid-19 outbreak was January 2024. Staff and residents were affected. This was managed appropriately and was contained to the dementia wing only. Evidence was sighted of how staff were provided with a debrief following the event to discuss what went well and where they could have done</p>

		<p>things better.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. The business and care manager discussed the appropriate management and reporting of outbreaks.</p> <p>The prospective purchaser plans to implement their surveillance programme which is linked to their electronic quality system.</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>The facility implements the organisations waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. There are two sluice rooms with appropriate PPE, a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training.</p> <p>There are designated laundry staff who provide laundry services seven days per week. Personal clothing, sheets and towels are all laundered on site. There is a dirty to clean workflow in the laundry. Cleaning is provided by healthcare assistants who work to a schedule that is spread between all three shifts. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is reviewed by the infection control coordinator. An external chemical provider monitors the</p>

		<p>effectiveness of chemicals and laundry procedures.</p> <p>The prospective purchaser plans to maintain the established laundry and cleaning systems.</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>Woburn is restraint-free. Restraint has not been used in the facility since at least 2018. The business and care manager described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment.</p> <p>There are policy and procedures for restraint minimisation and safe practice that specify the organisation is committed to providing a restraint-free environment. This is supported by the governing body. The business and care manager (registered nurse) is the restraint coordinator. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff. Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The business and care manager and the multidisciplinary team would be responsible for the approval and use of restraints should this be required in the future. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>The prospective purchaser confirmed governance commitment to</p>

		eliminate restraint and maintain a restraint free environment. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint minimisation and safe practice.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.