

Waverley Care Limited - Waverley House

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Waverley Care Limited
Premises audited:	Waverley House
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 April 2025 End date: 17 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:	20

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Waverley House Rest home (Waverley House) provides rest home level of care for up to 20 residents. There were 20 residents at the time of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with family/whānau, staff, general practitioner, and management.

The three directors: the facility manager, the clinical manager and the general manager, oversee the day-to-day operations of the facility. There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified no shortfalls.

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 are fully attained.

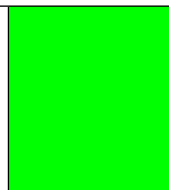
Waverley House provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health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

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service are fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The three directors oversee the day-to-day operations of the service. The business and strategic plan informs the site-specific operational objectives, which are reviewed on a

regular basis. This a well-documented quality and risk management system. The service collates clinical indicator data and benchmarking occurs. There are human resources policies including recruitment, selection, orientation, and staff training and development.

There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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Admissions are managed by the clinical manager and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

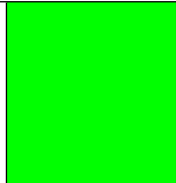
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with full ensuite and shared facilities. There are communal shower rooms with privacy signs. 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. Security checks are performed by staff and security lights are installed internally and externally throughout the facility.

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 are fully attained.

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

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

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment and infection control practices. There have been no outbreaks documented since the previous audit.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The directors are committed to maintain a restraint free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. Should there be any restraints, a restraint register is maintained, and restraints would be regularly reviewed.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has both residents and staff who identify as Māori. Waverley House is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident's care plan.</p> <p>The facility manager (FM), the clinical manager (CM) and the general manager (GM) confirmed that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. Māori staff interviewed confirmed they were supported when they applied to join the service and receive ongoing support for learning opportunities and career development. The FM, CM, and GM described how, at a local level, they have established relationships with the Māori community to support them to provide cultural safe services.</p> <p>Five staff interviewed (three caregivers, a laundry assistant and one cook) and three management /owners (the clinical manager who is a RN, the facility manager and the general manager, who also takes the maintenance role) described how they provide equitable services to Māori.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The service has a policy on Māori and Pacific Peoples' Health, which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan forms the basis of the policy related to Pacific residents. There is a cultural safety policy that aims to uphold the cultural principles of all residents. There are both residents and staff that identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff. Staff have been introduced to the Fonofale model of care.</p> <p>On admission all residents state their ethnicity. Staff interviewed confirmed that resident's 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. The clinical manager interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected. This was evident through the cultural training provided to staff.</p> <p>Pacific services information is available through partnership with Pacific communities and their Pacific staff. Code of Rights is accessible in Tongan and Samoan when required. The facility manager (FM) described how Waverley House increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff members and documentation reviewed identified that the service provides person-centred care in line with the organisation's resident led philosophy.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Enduring power of attorney (EPOA), family/whānau, or the resident's representative of choice, are consulted in the assessment process to determine residents' wishes, support and needs when required. Staff have completed cultural training, which includes Māori rights and health equity. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan. Māori mana motuhake is recognised for all residents residing in the facility, by involving residents in care planning. Care plans evidence resident focussed goals, with interventions to support residents to</p>

		<p>make choices around all aspects of their lives.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager or facility manager discusses 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. Four residents and one family /whānau member interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented, and church services are held. Staff receive education in relation to the Code at orientation and through the annual education and training programme. Advocacy services are linked to the complaints process.</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 implemented annual training plan provides training that is responsive to the diverse needs of people across the service. The service promotes care that is; collaborative, holistic and takes into consideration the specific needs of the residents, both cultural and physical. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Māori rights, Te Tiriti o Waitangi, health equity and a cultural competency.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and a family/whānau member.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Care plans had documented interventions for staff to follow to support and respect their time together.</p>

		<p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A policy relating to spirituality is in place and training has been provided as part of the annual training plan.</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>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan reflects cultural strategies that include a goal to understand the impact of institutional racism on resident wellbeing and to improve Māori health outcomes. An abuse and neglect policy is being implemented.</p> <p>Cultural days are held to celebrate diversity, there are cultural decorations, Pasifika works and phrases, Te reo words and phrases posted in the facility. Staff complete code of conduct and abuse and neglect training. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated through policy, cultural training, available resources, and the code of conduct.</p> <p>Staff complete education on elder abuse and neglect at orientation and annually as per the training plan on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Advocacy information is available in English and in re reo Māori.</p> <p>The service implements a process to manage residents' funds. Professional boundaries are defined in job descriptions. Interviews with</p>

		<p>the caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The directors confirmed that the service's philosophy of 'resident led – what they want we do' is a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</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>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. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. A sample of accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Caregivers interviewed could explain how they are able to communicate with language cards and the help of family/whānau.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, district nurse, hospice, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through regular emails, discussion with the clinical and</p>

		facility manager, and through resident and family/whānau meetings.
<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>	FA	<p>There are policies around informed consent that provides guidelines according to the Code. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by residents and family/whānau for procedures such as vaccinations. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and to provide personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with a family/whānau member identified that the service actively involves them in decisions that affect their relative's lives. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</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>There is a documented process to address concerns and complaints. The FM maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are documented as being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Three complaints have been logged for 2024 and one year to date for 2025. There have been no external complaints. The complaints reviewed included acknowledgement, investigation, and follow up. All complaints were closed as resolved to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the monthly staff meetings and monthly management meetings.</p> <p>Discussions with residents and a family/whānau member confirmed they were 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. Resident meetings are held monthly where concerns can be raised. Family/whānau confirm during interview that any of the three directors (clinical manager, facility manager or general manager) are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The FM confirms the complaints process works equitably for Māori. Interpreters contact details are available.</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</p>	<p>FA</p>	<p>The service provides rest home level of care for up to 20 residents. There were 20 residents at the time of the audit: The residents included one resident on a long term support- chronic health care (LTS-CHC) contract, two residents on a mental health (MH) contract, and one resident on hospital level care. All other residents were on the aged residential care contract (ARRC). The service has a documented notification for a hospital level resident in a rest home area (NOHRRRA).</p>

<p>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>There is a strategic / business plan (2025) in place, which links to the organisation’s vision, mission, and values. The quality plan for 2025 includes: client focussed services, empowering resident, reduction of overall adverse events, reduction of overall infections, family/whānau involvement in services, maintaining a restraint free environment and equality of access to services. The business plan is reviewed at defined intervals.</p> <p>There is a documented organisational structure, including for clinical governance that is appropriate to the size and complexity of the organisation. The three directors utilise expertise from a local Kaumatua (a staff member) and has close links to a local Iwi ensuring there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. The directors have all completed cultural training. The commitment to Te Tiriti is documented through the business and quality plan approved by their Māori representative. The Māori health plan supports outcomes to achieve equity for Māori and addressing barriers for Māori.</p> <p>There are three directors for the services. The clinical manager and two other directors purchased this facility in 2021. The clinical manager and the facility manager (a diversional therapist/director), have both worked in the aged care sector and are experienced. The third director/GM (responsible for financial and maintenance) was also present for the audit. Family/whānau interviewed spoke highly of the care provided and the ongoing communication with family/whanau.</p> <p>The directors oversee the implementation of the business strategy and the day-to-day management of Waverley House and all three are actively involved in the day-to-day operations. The clinical manager oversees the clinical governance and the implementation of the quality plan and reports to the GM and FM on a daily basis and through monthly staff meetings.</p> <p>Electronic reporting through the quality system ensure that the three directors are fully informed, and any issues followed up through meeting and action plans until resolution. The working practices at Waverley House are holistic in nature, inclusive of cultural identity and spirituality, and respect the connection to family/whānau and the wider community, to improve health outcomes for Māori and tāngata whaikaha, as evidenced through documentation review and interviews.</p>
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		<p>Tāngata whaikaha have meaningful representation through monthly resident meetings, complaints management system, and annual satisfaction surveys. The directors review the results and provides feedback to identify barriers to care, to improve outcomes for all residents.</p> <p>The GM,FM and CM have maintained the required professional development activities to ensure appropriate management of the facility in relation to legislation , regulations and contractual requirements.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Waverley House has a comprehensive and documented quality and risk management programme provided by an external consultant. Cultural safety is embedded and implemented within the documented quality programme and staff training. There are quality focussed goals documented, and progress is reviewed, monitored, and evaluated at meetings.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through various meetings and opportunities are discussed to minimise risks that are identified. Internal audits are completed according to a schedule and corrective actions were documented to identify any improvements. These are followed up and signed off in a timely manner.</p> <p>Monthly management meetings and monthly staff meetings are documented as taking place as scheduled and include discussion of (but not limited to): new residents, new staff, health and safety, adverse events, infection control, complaints, restraint, internal and external audits, and a report from the resident meeting which is held immediately prior to the staff meeting. Critical analysis of organisational practices, benchmarking and data collection occur to ensure health equity analysis.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place.</p>

		<p>Waverley House has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed regularly, and new policies or changes to a policy are communicated to staff.</p> <p>The directors have an open and transparent decision management process that includes regular staff meetings, newsletters, and residents' meetings. The resident and family/whānau satisfaction survey has been completed in 2024. High levels of satisfaction were indicated for all areas of service delivery.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meet monthly. Hazard identification forms are completed, and an up-to-date hazard and risk register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Electronic reports are completed for each resident incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical manager, in consultation with the staff. Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other similar services. Results are discussed in the staff meetings. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been no Section 31 notifications required to be completed since the last audit for any events or outbreaks.</p>
Subsection 2.3: Service management	FA	There is a staffing policy that describes rostering requirements. The roster ensures sufficient and appropriate coverage for the effective

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>delivery of cultural and clinical safe care and support for each facility. The care staff roster was compared with two weeks of rosters and evidence the staff allocation within the roster is appropriate.</p> <p>When the CM is absent, there is a casual registered nurse who provides clinical supervision. The GM, FM and CM are on site Monday to Friday and provide on call.</p> <p>The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff confirmed that overall staffing is adequate. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes.</p> <p>Waverley House has a comprehensive annual training programme that includes clinical and non-clinical monthly topics that has been completed for 2024 and is being implemented for 2025. Clinical topics include wound management; related training; palliative care; diabetes management; falls prevention; infection control; antimicrobial usage; nutrition and hydration, ageing process and assessment of the deteriorating adult. Staff attendance is recorded and records evidence good attendance.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Training provides for a culturally competent workforce to provide safe cultural care, including a 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.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment(PPE); cultural safety; and moving and handling. Level four caregivers also complete medication management competency. A record of completion is maintained. The clinical manager is interRAI trained.</p> <p>There are nine permanent caregivers employed across the service. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Three caregivers have obtained a level three of four NZQA certificate equivalent to the</p>
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		<p>Certificate in Health and Wellbeing and three level two. All other caregivers are supported to transition to a NZQA qualification.</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held secure. Five staff files reviewed (three caregivers, the cook and a housekeeper) evidenced implementation of the recruitment process, employment contracts, police checks and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented. All staff that had been in employment for more than 12 months had an annual appraisal completed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all new staff to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented. Wellbeing support is provided to staff to return to work when injured.</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>	FA	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely</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>identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. Organisation related documents that are not in use are securely destroyed. The FM is the privacy officer and has to approve request for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. The family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available or if the prospective residents care needs exceeded what the provider could safely deliver. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Cultural links in place with a kaumatua ensures the provider can provide appropriate support for Māori through the admission process. The service has information</p>

		<p>available for Māori, in English and in te reo Māori. The provider 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 through the kaumatua within Waverley House. When admitted residents had a choice of a general practitioner 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> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident records were reviewed: three rest home (including one resident who has recently been assessed as requiring hospital level of care and was awaiting transfer), one on a MH contract, and one on a LTS-CHC contract. The clinical manager is responsible for all resident's assessments, care planning and evaluation of care. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. All LTCPs reviewed reflect a person centred approach.</p> <p>Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to caregivers 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. 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 progress notes. If any change is noted, it is reported to the clinical manager. 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 the clinical manager and include the degree of achievement towards meeting the desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed</p>

	<p>according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. 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 initial medical assessment is undertaken by the general practitioner within the required timeframe following admission.</p> <p>Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There is one general practitioner who visits weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner was complimentary regarding the clinical leadership and standard of care delivered. After hours care is provided by the contracted medical practice and the local public hospital when needed. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand and specialist health providers in the region.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound register evidenced that there is one minor wound requiring dressing post a surgical procedure that is nearly healed. Review of closed wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were no pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, and bowel records.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and</p>
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		products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The facility manager is a qualified diversional therapist (DT) and oversees the delivery of the activities programme. Rostered caregivers support the programme which runs six days per week. The programme is supported by local entertainers, school groups and the ministers for pastoral care and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The programme is delivered to residents' rooms prior to the beginning of each month. Additional programmes are placed strategically throughout the facility. Reminder notices of the activities are updated on a whiteboard. The DT facilitates opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, newspaper/book reading and technology-based activities. There is one main lounge where the activity programme is held each day. A smaller space provides residents a quiet area to meet with friends and family/whānau.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; housie; happy hour; and cooking. There are twice weekly van drives for outings.</p> <p>There are resident meetings planned monthly. Review of meeting</p>

		<p>minutes and discussion with residents and staff evidenced these are occurring as scheduled. Family/whānau are welcome to attend these. Residents can provide feedback on activities at the meetings, six-monthly reviews and are encouraged to discuss their wants and needs informally with staff. Residents 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 available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The clinical manager has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Caregivers interviewed could describe their role regarding medication administration. Waverley House uses plastic rolls for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the only medication room. The medication trolley remains locked when not in use. The medication fridge temperature records (taken daily) reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart. Reconciliation of medication has been completed as per schedule.</p> <p>Ten 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-administer any medications on the day of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered</p>

		<p>as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is available to achieve better health outcomes for Māori. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 31 August 2025. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The cook/head of department is supported by a part-time cook. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the care staff and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook/head of department (interviewed) is aware of resident likes, dislikes, and special dietary requirements. The residents' dietary profiles had been reviewed and updated where required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are kept up to date with the menu by looking at the notice board. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Tikanga guidelines are available for staff. Staff interviewed outlined that they are aware of and understand tikanga guidelines and gave examples of how this manifest</p>

		<p>in terms of everyday practice.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed to be enjoying the social aspect of the midday meal. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses.</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. There is adequate food supply available for each resident for minimum of seven days.</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 discharges, and transfers including transfers to a higher level of care. All discharges and transfers are generally planned processes coordinated in collaboration with residents and family/whānau to ensure continuity of care.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. When residents require transfer to the public hospital, the service follows the “yellow envelope” system to ensure all requirements are completed. This includes ensuring their family/whānau is informed. Additional information provided includes the current medication record, next of kin, and specific care needs.</p> <p>When residents need to be or request to seen by another health service a referral is made. Examples of this were sighted in resident</p>

		<p>records including referrals to Health New Zealand, and a dietitian. Residents attending external appointments are encouraged to be supported by their family/whānau. A review of the resident's record that has been assessed as requiring a higher level of care revealed that the information ready to be sent when a bed is available was comprehensive and a check list followed. The clinical manager explained the transfer between services includes a comprehensive verbal handover to support the documentation sent.</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, which expires 1 November 2025. The general manager (interviewed) takes responsibility for all day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. 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 in September 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as scheduled.</p> <p>The building is a single level with easy access to the garden. The general manger oversees maintenance of the garden and grounds. There are outdoor chairs provided which are shaded during the warmer months. Communal areas have appropriately placed furniture with some areas overlooking the gardens. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids, including wheelchairs. Residents were observed moving freely around the areas with mobility aids where required. The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities. Three bedrooms have a full ensuite bathroom. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and the delivery of care. Residents and family/whānau are</p>

		<p>encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>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. General living areas are heated by large heat pumps with a mixture of wall heaters and smaller heat pumps throughout the rest of the facility. All resident rooms have external windows and rooms are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature in the facility. The general manager confirmed that the facility is leased and that there are no current plans to further develop the property. Should any developments be considered, there shall be consultation to ensure that any changes made reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the 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 5 December 2000. Fire evacuation drills are held six-monthly and was last completed March 6, 2025. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and gas cookers).</p> <p>There is adequate food supplies available for each resident for minimum of seven days. There are adequate supplies in the event of a civil defence emergency, including 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. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of</p>

		<p>who requires assistance. 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 close by. Residents interviewed confirmed that they rarely need to use their call bells; however, if they do, they are answered in a timely manner.</p> <p>The facility is described as a gated community with a locked front entrance accessible by activating the call bell positioned at the front door. Exit is only gained by entering the keypad code displayed by the front door, all residents are able to exit the building at their will. Residents and their family/whānau are made aware that the building is secure during the admission process. Consents were documented for that security process.</p> <p>Residents interviewed confirmed knowledge of the keypad code and described having no concerns regarding their freedom of movement from the facility. The family/whānau interviewed outlined they were aware of the security measures in place and had no problem exiting the facility. In the event of the fire alarm being activated the door automatically releases.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the clinical manager.</p> <p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of the business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Health New Zealand Infection control specialists and the GP practice.</p> <p>Infection rates are collated monthly by the infection prevention and control lead (the CM). Infection control is presented and discussed at the combined quality and full staff meetings. The data is also benchmarked with other like facilities through the electronic quality system. Any significant events are managed using a collaborative</p>

		<p>approach and involve the clinical manager and the GP. All directors are kept informed of any significant events. The overall rate of infections at Waverley House documents a downward trend.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the external consultant. The infection prevention and control lead has input into related clinical policies that may impact on HAI risk. Policies are available to staff. The infection control prevention and control lead job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control prevention and control lead has completed online training with Health New Zealand.</p> <p>The infection control programme and AMS links to the quality and business plan and is reviewed and reported on annually (Feb 2025).</p> <p>The infection prevention and control lead was interviewed; they described the pandemic plan and described how staff have implemented the plan at the time of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. Infection control internal audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control lead has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The infection prevention and control lead stated there are consultation and involvement with them during refurbishments or when significant</p>

		<p>changes are proposed to the existing facility.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention and control lead, works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, closed Facebook and emails. Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The effectiveness of their AMS programme is evaluated annually (February 2025). The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection 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. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Infection control surveillance is discussed monthly at staff meetings. The service incorporates ethnicity data into surveillance methods and data captured are easily extracted and used. Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. All directors are made aware of any significant events.</p> <p>The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room and a sanitiser and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site by dedicated laundry staff every day of</p>

		<p>the week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control lead oversees the implementation of the cleaning and laundry audits. The infection prevention and control lead provides support to maintain a safe environment during construction, renovation and maintenance activities.</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>Waverley House is restraint-free. Restraint has not been used at the facility for two years. The clinical manager described the focus on maintaining a restraint-free environment. Restraint is understood by the staff interviewed who also described their knowledge of the commitment by the service to maintain a restraint-free environment.</p> <p>There are policies and procedures for the elimination of restraint that specify the organisation is committed. The clinical manager (registered nurse) is the restraint coordinator. An addition has been made to their job description that outlines the role and responsibilities. Staff have been educated in restraint free strategies, alternative culturally specific interventions, and de-escalation techniques during their orientation and this is included in the annual mandatory training schedule.</p> <p>The clinical manager would be responsible for the approval of use of any restraint should this be required in the future. For any decision to use or not use restraint there is a process to involve the resident, family/whānau or their EPOA.</p> <p>A restraint register is maintained on the electronic resident management system and the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The clinical manager is responsible for ensuring policy and procedure remain current and updates guidelines and/or education where required. Seclusion is not used at Waverley House.</p>

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Specific results for criterion where corrective actions are required

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

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

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

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.