

Westella Limited - Westella

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 The DAA Group Limited, 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:	Westella Limited
Premises audited:	Westella Limited
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 May 2025 End date: 8 May 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:	24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Westella Home is certified to provide rest home and dementia level services for up to 26 residents. The service is owned and operated by The Wise Group, a national provider of mental health, addiction and wellbeing services. This is the first certification of Westella Home since its purchase by The Wise Group in July 2024.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contracts with Health New Zealand – Te Whatu Ora. It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by a general manager, supported by a clinical team leader who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements are required in relation to 11 areas. These relate to staff being identifiable, people and whānau being involved in quality management, quality management improving services, essential notifications, and all staff having opportunities to review and discuss performance; care plans reflecting residents' needs; their strengths, skills and resources and providing access to communities of choice; improving the sluice and one of the staff toilets and access to external balconies; and documentation and management of the environmental restraint.

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.		Some subsections applicable to this service partially attained and of low risk.
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Westella Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Westella worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents, their whānau and staff interviewed. There were no residents who identified as being from the Pacific in Westella at the time of the audit, and there was a small number of staff. Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. The organisation provided services and support to people in a way that was inclusive and respected their identity and their experiences. There was evidence that residents and their family/whānau were kept well informed.

Residents and their family/whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensured the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided feedback and staff have some involvement in quality activities. Quality improvement data was reported to the governing body. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was followed in categorising reported events.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to the Westella Home, a plan of care was developed by the registered nurse, in partnership with the resident and their whānau.

Relevant information regarding the services Westella Home provided was explained to residents and their whānau, prior to the resident being admitted.

Files reviewed demonstrated that the care provided to residents was evaluated on a regular and timely basis.

Residents were supported to participate in the social activities provided.

Medicines were safely managed and administered by staff who were competent to do so.

Food was safely managed and the food service provided met the nutritional needs of the residents. Special cultural needs were catered for.

Residents were transitioned or transferred to other health services as required.

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

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

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility met the needs of residents and overall was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas of the property are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attended regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

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

Subsections applicable to this service fully attained.

The governing body of Westella Home ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The infection control nurse, who is an experienced registered nurse with training in infection control, leads the programme.

The infection control nurse is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The service aims for a restraint-free environment, other than the perimeter fencing and security gates. This is supported by the governing body and policies and procedures. There were no other restraints in use at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	19	0	2	6	0	0
Criteria	0	155	0	3	10	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>	FA	<p>The Wise Group and Westella Home (Westella) have developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of their work. Mana motuhake was respected. At Westella, informal partnerships have been established with local iwi – Ngāti Kauwhata – and Māori organisations to support service integration, planning, equity and support for Māori. A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>At the time of the audit, there were five residents who identified as Māori. Whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were four staff who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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</p>	FA	<p>The Wise Group and Westella have identified and work in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific people using the</p>

<p>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>service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>At the time of this audit, there were a small number of Pacific residents and staff members at Westella. No Pacific residents could be interviewed and fanau were not available.</p> <p>Active recruitment, training and actions to retain a Pacific workforce were supported through the Wise Management Group's recruitment processes across The Wise Group. There were Pacific staff members employed across a range of roles in the wider organisation, including at board and management level. Pacific leadership for staff members at Westella was included in the audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in posters around the facility. Brochures in both languages and large print were available at the nurse's station. A poster on the Nationwide Health and Disability Advocacy Service was displayed in the reception area, in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and the availability of the advocacy service and were seen supporting residents of Westella Home in accordance with their wishes. Interviews with six whānau, who visit regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Westella had a range of cultural diversities in its staff mix, and staff can assist if interpreter assistance is required. Westella also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with Ngāti Kauwhata (the local iwi) and Mana o te Tāngata (the kaupapa Māori mental health service). A number of Māori staff at Westella are the dedicated cultural advisors for Westella residents and staff. The advisors assist the facility's operations to ensure more equitable and accessible service for Māori is provided. Westella recognised mana 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>Westella supported residents in a manner that was inclusive and respected their identity and experiences. Residents' family/whānau confirmed that residents, including people with disabilities, received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence.</p> <p>Closed-circuit surveillance cameras monitored the internal common areas and the outside areas. Signage informs everyone within the confines of Westella of their operation.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Westella were educated in Te Tiriti o Waitangi and cultural safety. The staff spoke and can learn te reo Māori, with the assistance of staff members and residents who identify as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the resident's cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Westella responded to tāngata whaikaha needs and enabled their participation 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>Employment practices at Westella included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and</p>

		<p>systemic racism, and there was a willingness to address racism and do something about it. Residents' whānau reported that the residents' property was respected, and their finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Westella was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Seven residents interviewed at Westella stated they were happy. Six whānau members, either interviewed onsite or via a phone call, expressed satisfaction with the services provided by Westella. One of these whānau stated care had improved since the new company took over, although at times the presentation of residents could be improved (shaving of residents, fingernails cut, clean clothes, facial cleanliness after a meal). The whānau did appreciate that, at times, achieving this may not be easy.</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>PA Low</p>	<p>Whānau of residents living at Westella reported that communication was open. Residents were observed to be kept informed and spoken to respectfully. Whānau were kept well informed regarding any updates on the residents' health status. A newsletter informing whānau and staff of any updates going on, and activities around Westella, was sent out every two to three months. Information regarding the Code, the complaint process and accessing the Health and Disability advocacy service was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required.</p> <p>Resident meetings at Westella were held regularly; however, meeting minutes evidenced that minimal feedback from residents was received. Interviews verified whānau meetings were not held at Westella. In addition, no staff member working at Westella wore a name badge to advise the resident or their whānau who they were talking to. This was an area identified as requiring improvement.</p> <p>Either the registered nurse (RN) or the clinical lead (CL) was onsite six of the seven days a week, and on call when not onsite. The CL</p>

		<p>and RN had an open-door policy and were accessible to the resident and their whānau. Evidence was sighted of residents and whānau communicating with all staff. Residents, whānau and staff reported the CL, RN and the general manager (GM) responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents' whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau or Enduring Power of Attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies in the residents' care when needed.</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>	FA	<p>Residents at Westella and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, advance directives, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support, when a resident had a choice of treatment options available to them.</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</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>The service assured the process worked equitably for Māori by communicating directly with whānau and following up with written confirmation of discussions.</p> <p>Eight complaints had been recorded since 1 July 2024. On the day of the audit, two were open and being managed (one had been lodged the day prior to the audit.) Evidence was available of respectful communication with all complainants. There had been no complaints received from external sources since the previous audit.</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>The governing body/owner assume accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety. The Māori and Pacific cultural lead managers were present for part of the audit and described The Wise Group's structure and systems. These two Westella staff have been appointed as local cultural leads and are supported by this central cultural roopu through their He Tuuhono strategy.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and qualified person managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through monthly board reports and board minutes. A commitment to the quality and risk management system was evident. The chief executive of The Wise Group was interviewed. They confirmed that they, and other board members, are well informed on progress and risks. This was confirmed in a sample of reports to the Trust Board.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the governance group, through the range of experience and skills they bring to their roles. This includes in the health and wellbeing sector; one board member is a registered nurse</p>

		<p>with senior nursing management experience, legal and risk management experience and Māori and Pacific health sector experience and competencies across the board team. The CE confirmed that, when needed, external advice was sought.</p> <p>Since the purchase of Westella by The Wise Group, the CE spoke of the engagement with whānau and how they have introduced themselves as the new owners. Evidence of this was seen in their strategic documents reviewed during the audit.</p> <p>The provider is certified for up to 26 residents. The service holds a contract with Health New Zealand – Te Whatu Ora MidCentral to provide dementia care for up to 24 people diagnosed with dementia, and a contract for two people who require rest home level care.</p> <p>On the first day of the audit, there were 24 residents at Westella. One person was funded under the rest home contract and 23 under the dementia care contract. At interview, the GM reported their intention to exit rest home level of care and continue to not accept new referrals for rest home level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system. This includes management of incidents, infections (including the use of antibiotics) and complaints; audit activities; an annual whānau satisfaction survey; and policies and procedures. The GM reported that quality improvement data is shared with staff through staff meetings, but meeting minutes record minimal discussion of quality indicators. A whānau satisfaction survey was conducted in April 2025 and, when results were combined, there had been a 34% response rate. Overall, respondents were satisfied or very satisfied with care being provided.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities, and the service works to address these. The intention to deliver high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles based internally at Westella and externally The WISE Group’s management services team.</p> <p>A clinical and quality group meets approximately six-weekly. This</p>

	<p>group includes GM, CTL, the RN and the administrator. A regular agenda was followed, and minutes were recorded. There was little evidence of data being analysed over time for trends or of formal corrective action plans being developed and tracked to implemented changes. Quality indicator data was reported monthly by the GM to the WISE Group CE with associated narrative reporting. There was no evidence that quality activity had led to improvements in service delivery or care.</p> <p>Policies reviewed covered most aspects of the service and of contractual requirements and were current. The WISE Trust Board provide oversight and input into the review of policies and documents when required (see subsection 6.1).</p> <p>The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register and hazard register were reviewed and were current, reflecting relevant risks and hazards.</p> <p>This audit took place 10 months after the transfer of ownership to the WISE Group. The end of the current year will be after 30 June 2025. The GM described a process for evaluation of quality data using their monthly reports and data from management systems. However, this is not yet due to be done until the end of June/beginning of July 2025 report.</p> <p>The He Tuuhono document sets out the WISE Group's equity strategy and the provision for enabling identified staff members to take on cultural support roles which enable the workforce to deliver high-quality health care for Māori residents. Two staff members at Westella are part of this group: one of the health care assistants (HCAs) and the diversional therapist (DT). He Tuuhono also includes process for ensuring health equity through analysing organisational processes. As with the evaluation of quality indicators, this is scheduled to occur in July 2025.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, and incidents were investigated and followed up in a timely manner.</p>
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		<p>Since the change in ownership, two completed adverse events were reviewed that related to residents leaving the grounds (one) and an attempt to do so (one). No essential notifications had been made for either event.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). All staff were on fixed shifts and the rosters are prepared using this information. Changes were made to the roster for planned and unexpected leave, with existing staff members picking up vacant shifts. The CTL monitors the additional hours worked by staff members to ensure staff have sufficient time off.</p> <p>Staffing levels can be adjusted to meet the needs of residents. A multidisciplinary team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. All members of the care staff on duty have a current first aid certificate, including the CTL and RN and GM.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Some reliance is placed on core skills and knowledge which had been covered when staff obtained their qualifications (see next paragraph), which is not consistent with best practice in the sector. Related competencies were confirmed to support service delivery; however, the competency assessment process for some key competencies lacked a robust assessment of skills and knowledge to ensure safe care. There has been no training or information to maximise the participation of people who use the service, and their whānau. High-quality Māori health information was accessed and used to support the training and development programme, policy development, and care delivery.</p>

		<p>In the sample of files reviewed, health care assistants had completed a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand MidCentral at Level 4, as required for the provision of dementia care.</p> <p>A sample of records reviewed (six) demonstrated completion of the provider's required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed.</p> <p>The process for staff performance to be reviewed was described by the GM and involves '90-day check-ins' with associated plans. They stated that all staff at Westella have transitioned from the previous owner to The Wise Group. The GM reported that 16 of the current staff now have the Westella process in place, with remaining staff still to be brought into this process. A sample of records reviewed (six) did not include consistent records of the performance plan process.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>There was a process available for staff members to have access to a debrief following adverse events.</p>
<p>Subsection 2.5: Information</p>	<p>FA</p>	<p>Westella maintained records that complied with relevant legislation,</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>health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Westella is not responsible for the National Health Index registration of people receiving services.</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>Residents were welcomed into Westella when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Westella provided and had chosen Westella to provide the services they require.</p> <p>A review of seven files identified a specialist's authorisation for those residents (6) requiring to be cared for in a secure unit and was sighted. In the files reviewed, residents requiring care in a secure unit had an activated EPOA or a Protection of Personal and Property Rights (PPPR) authorisation in place.</p> <p>Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Westella collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were</p>

		<p>processes for communicating the decision to the person and whānau.</p> <p>Westella had 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 the local Primary Health Organisation (PHO) or the local iwi.</p> <p>When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Westella, residents were enabled to request another provider to manage their medical needs if desired.</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>PA Moderate</p>	<p>The multidisciplinary team at Westella worked with the resident and their family/whānau to support the resident's wellbeing. Seven residents' files were reviewed. These files included residents who had dementia, residents who were under 65 years with dementia, residents who identified as Māori, residents who identified as being from the Pacific, had a recent fall, had an acute event requiring transfer to an acute facility, had diabetes, were receiving rest home care, were requiring an increased level of care, and who smoked.</p> <p>Seven files reviewed verified that the registered nurse (RN) developed a plan of care the resident required following a comprehensive assessment, including cultural needs, values, and beliefs, and which considered wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, and review/evaluation timeframes met contractual requirements. However, despite all the required assessments being done, the care plan that identified the care the resident required daily did not include all the identified actual risks, potential risks or health risks. To find these, it was necessary to access several other documents, aligned with the care plan. This was identified as an area requiring improvement.</p> <p>Two residents who had recently deteriorated and were requiring an increase in care needs, were evidenced to having been reassessed</p>

	<p>within the past week as requiring hospital level care. One resident was in the process of transferring and was verified as having transferred the day after audit. Westella was waiting for whanau of the other resident to select the facility they were moving to. At the time of audit, interviews, observations and documentation demonstrated the residents were receiving the increased cares required.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Westella’s service development, deliver services that give choice and control, and remove barriers that prevent access to information. (See CARs 1.6.1 and 2.2.1.) Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated and understood. This was verified by reviewing documentation, sampling residents’ records, interviews, and from observation.</p> <p>Management of any specific medical conditions was not always well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care being delivered but were not updated in the care plan. This also requires improvement. Residents’ whānau confirmed being informed when the GP had visited, and when residents were unwell or had a change in treatment.</p> <p>Interviews with five whānau expressed satisfaction with the care provided at Westella. One whānau expressed some areas of dissatisfaction (refer subsection 1.5). The resident’s whānau were involved in planning the resident’s care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents’ needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care the residents required, including the cultural aspects of the Māori resident’s care. An interview with the one of two GPs who attended residents at Westella expressed satisfaction with the care provided by Westella, stating staff at Westella provide “loving</p>
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		<p>care, that goes above and beyond". The GP was called appropriately and staff carried out the GP's requests. The GP had no concerns regarding the care provided. The other GP who attended a number of residents at Westella was unable to be contacted.</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>PA Moderate</p>	<p>There was a diversional therapist (DT) employed at Westella five days a week, and an activities assistant for two hours Saturday and Sunday mornings to provide an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. However, on the two days of audit, there were no activities observed to be occurring, other than a drive out in the van one afternoon. Residents were noted to be wandering in the gardens, sitting in the sun, sitting in the reception area or watching TV. A review of the activities assessments identified no assessments of residents' previous lifestyle patterns, interests, skills or strengths had been undertaken. There was no 24-hour lifestyle plan documented and no evidence of anything about the resident prior to their admission to Westella. The DT verified this had not occurred and was unaware of the impact of this on the residents. This requires improvement.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori were facilitated, through signage, language and celebrations.</p> <p>The DT arranged frequent visits by local community groups, entertainers, Anzac services and dog therapy volunteers, along with bingo, games, movies and arts and craft sessions. There was no evidence that the activities provided were consistent with residents' strengths, skills and interests.</p> <p>The facility had a van that enabled frequent outings to place of interest. Drives in the van were undertaken three days a week. Interviews identified residents were not supported or enabled to access local community activities or events, unless this was done by whānau. This is also an area requiring improvement.</p> <p>Satisfaction surveys by seven of 26 respondents and four of the six whānau interviewed evidenced whānau were satisfied with the activities provided at Westella. Two whānau suggested more</p>

		activities could be provided.
<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>	FA	<p>The medication management policy at Westella was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they managed. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored onsite.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Westella.</p> <p>Self-administration of medication for rest home residents was facilitated and managed safely, if required. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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</p>	FA	<p>The food service provided at Westella was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 28 February 2025. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>undertaken at Westella on 8 November 2024. Four recommendations were made, and the plan was verified for 18 months. The plan was due for re-audit this month.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this.</p> <p>Interviews, observations and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and family/whānau interviews, observations and satisfaction surveys. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents have access to food and fluid at any time over the 24-hour period.</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>Transfer or discharge from Westella was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the residents' whānau. The whānau of a resident who was recently transferred reported that they were kept well informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need was identified.</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>PA Moderate</p>	<p>Westella is a large, 26-bedroom, two-storey home on a large rural site in the Manawatū. It is situated on a busy rural road that provides access between a small rural town and a regional city. Access is directly off this busy road and down a long driveway through two</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>security gates that open automatically when cars approach.</p> <p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The Wise Group has a property management team who have set up routine planned maintenance processes and are responsive to any reactive issues that arise.</p> <p>The environment was comfortable and most of the house accessible, promoting independence and safe mobility and minimising risk of harm. Rooms are large, airy and spacious. There is a small lift (which can take a maximum of three people standing) between the ground and upper level. This has a current certification and was most recently serviced in September 2024. The building warrant of fitness was current at the time of the audit, expiring in December 2025. Whānau confirmed their satisfaction with the environment through interview and in the annual satisfaction survey.</p> <p>There are two large balconies on the upper floor. Both of these have been inaccessible to residents for more than a year after a critical incident. No work has been done so far to make the balconies safe for residents to use again. This limits the availability of independently accessible space available for residents to enjoy.</p> <p>Mobility equipment was available to assist residents when needed. One person had a manual wheelchair that they use from time-to-time. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility for residents. A more limited number of toilets are available for staff and visitors (two, with a third toilet available for staff members within a bathroom). One of the single toilets requires some remediation to be hygienic.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. He Tuuhono includes procedures for consultation and/or co-design with Māori to occur when a new building is in the design process.</p>
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<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 direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. A recent trial evacuation had been completed (April 2025), with staff evacuating all but one resident "...in a safe, prompt and efficient manner."</p> <p>There is a fire evacuation plan that was approved by Fire and Emergency New Zealand (FENZ) in 1998.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. A 30,000L water tank with potable water is available onsite, along with alternative cooking facilities. Staff are able to provide a level of first aid relevant to the risks for the type of service provided. Confirmation was seen when personnel files were reviewed (six).</p> <p>Call bells alert staff to residents requiring assistance. Whānau reported staff respond to residents' needs.</p> <p>Appropriate security arrangements were in place. Whānau are provided with information about emergency and security arrangements, as and when required. Information about the site being secure is included in the information brochure.</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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme was appropriate to the size and complexity of the service, had been approved by the governing body, and was linked to the quality improvement system. Westella has IP and AMS outlined in its policy documents. This includes reviewing the IP and AMS programme annually. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the home and to</p>

<p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>provide support as required.</p> <p>The infection control nurse can access IP and AMS expertise through Health New Zealand – Te Whatu Ora MidCentral. Infection prevention and AMS information is discussed at the home and is reported to the board at board meetings.</p> <p>The board has been collecting data on infections and antibiotic use, and this includes ethnicity data. Over time, the data will add meaningful information to allow Westella to analyse the data at a deeper level to support the IP and AMS programmes.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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 nurse (ICN) at Westella was responsible for overseeing and implementing the IP and AMS programmes, with reporting lines to the CL and GM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported on annually. The ICN had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by the governing body. Cultural advice at Westella was accessed through the governing body and staff. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identify as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori were</p>

		<p>accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Westella had a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using evidence-based expertise and had been approved by the governing body. Policies and procedures were in place that complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</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>Westella undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Westella used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data included ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</p>
Subsection 5.5: Environment	FA	A clean and hygienic environment supported the prevention of

<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>infection and mitigation of transmission of antimicrobial-resistant organisms at Westella. Suitable personal protective equipment was provided to those managing contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Handwashing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered offsite, except for residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>At the time of the audit, cleaning was handled by a contracted cleaning company. The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents' whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p> <p>The IP role includes oversight of the facility testing and monitoring programme for the built environment.</p>
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<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>PA Moderate</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, the GM reported that no restraints had been used and that this has been the case for some years. The Wise Group took over ownership from 1 July 2024. In the sample of monthly reports to the Trust Board which were reviewed, the non-use of restraints had been consistently reported.</p> <p>The organisation’s restraint policy and procedures did not meet the requirements of this Standard and work was continuing to update it at the time of this audit. A group of eight staff were interviewed, including the CTL and RN. All confirmed that they have been trained in the least restrictive practice and de-escalation techniques. However, due to the annual training schedule, this had not yet occurred since the commencement of Wise Group’s ownership and no records to confirm the training were available (see CAR 2.3.5).</p> <p>There is no restraint approval group in operation, as the service has operated on the principle that this is not required due to its designation as a dementia service. Westella is currently contracted to provide 24 beds for residents with a diagnosis of dementia and up to two beds for residents who require rest home care without a diagnosis of dementia.</p> <p>For residents who are receiving rest home level care, the secure environment is an environmental restraint. The provider currently uses a waiver document to obtain agreement to occupancy at Westella for these residents. The rest home resident signs the waiver on entry, agreeing to living in building which is located within a secure environment. The GM stated that this was sufficient to manage the environmental restraint.</p> <p>A waiver document has been signed by the rest home resident at Westella. They have no ability to exit the grounds without staff assistance. The secure environment is a restraint for these residents and is not being recorded as such. There was no other type of restraint being used at Westella.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.1</p> <p>I shall receive information in my preferred format and in a manner that is useful for me.</p>	PA Low	<p>Residents were observed to be kept informed, offered choices and were spoken to respectfully. However, staff were not wearing name badges and residents, visitors or whānau could at times not identify or remember who they were speaking to. Resident meeting minutes did not evidence any resident input, suggestions or areas of concern. Resident/whānau satisfaction surveys only received responses from 7 of the twenty six residents. There was no action plan in place to evaluate whether the residents or their whānau had any concerns and suggestions, and how to address this. There were no whānau meetings being held at Westella.</p>	<p>None of the staff members wore name badges or had other ways of being identified by name for residents or whānau. There were no whānau meetings being held and residents provide minimal feedback at residents' meetings. There was no process in place to ensure residents and whānau were receiving the information in a manner that was useful, or were enabled to provide feedback (refer criterion 2.2.1).</p>	<p>Provide evidence residents and their whānau are aware of who they are communicating with. Provide evidence residents and their whānau are receiving information in a manner that is useful to them.</p> <p>90 days</p>

<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	<p>PA Moderate</p>	<p>The GM reports monthly to The Wise Group CE and includes quality data in their reports. The minutes of the clinical and quality group are maintained.</p> <p>Meeting minutes record limited evidence of quality data being shared with staff members, or discussion with them about the data. There was no evidence of collation of data across the year.</p> <p>There is no evidence that people using the service, or their whānau, are involved in the quality and risk management system. The satisfaction survey results had not been collated on the days of audit and there had been no analysis of the results.</p>	<p>People using the service, and their whānau, are not currently involved in quality management activities and staff meeting minutes show limited involvement of staff members.</p>	<p>Ensure that there is participation by people and their whānau so that they are informed of trends in quality indicators, any significant issues, and can contribute to decision-making where appropriate.</p> <p>Ensure that staff are provided with collated and analysed quality data throughout the year.</p> <p>60 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>There is a strategic plan for Westella that includes objectives for the current year. This is linked to WISE Group strategic goals, Greatest Imaginable Challenge (GIC) and Peak Performing Organisation (PPO) values and goal statements which guide the organisation.</p> <p>Minutes of the clinical and quality group are recorded and maintained. Data is summarised and discussed. Incidents are reported and information is included in the reporting and investigation of incidents, particularly</p>	<p>There is no evidence that the quality management activities taking place improve service delivery or care provided to residents. Formal corrective action plans were not evident and there is no collation or trending of events over time.</p>	<p>Ensure that the quality management activities include collation and analysis of quality data; and formal corrective action plans with follow-up, closure and reporting using the organisation's management systems.</p> <p>90 days</p>

		<p>those involving harm to a resident.</p> <p>There was no collation and analysis of quality data or review and analysis of the quality management activities which were occurring to determine whether care could be improved for residents.</p>		
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA</p> <p>Moderate</p>	<p>Reportable events are documented and reported through an electronic system. There is a process for including event data in the GM's monthly reports to the CE and also for any serious events to be notified at the time they occur.</p> <p>Since the change in ownership, two completed adverse events were reviewed which related to residents leaving the grounds. In both cases, the residents were provided with treatment following the event. The WISE Group CE was notified of both events.</p> <p>The requirements for essential notifications to HealthCert and/or the funder were not complied with.</p>	<p>No essential notifications had been made under Section 31(5) for reportable events involving a resident who had left the secure property and another who attempted to leave and had been injured while doing so.</p>	<p>Ensure that the requirement for essential notifications is understood and complied with.</p> <p>30 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet</p>	<p>PA</p> <p>Moderate</p>	<p>Key competencies are identified and have been assessed for staff members since the change in ownership to The Wise Group. These have included most of the competencies expected in this sector.</p>	<p>The system for determining and developing the competencies of staff members does not reflect current best practice in the aged care sector. Reliance has been placed on some core skills and knowledge which had been</p>	<p>Ensure the process for determining and developing competencies is consistent with current best practice in the aged care sector.</p>

<p>the needs of people equitably.</p>		<p>However, the competency assessment tools lack effective assessments of skills and knowledge of some competencies. For example, the Fire Safety competency has a series of questions but doesn't include reviewing the routes of escape in the building.</p> <p>Similarly, the annual training plan had not included the Code of Rights because this had been covered when staff members completed their NZQA qualification.</p> <p>The evidence of de-escalation and safe practice competency had not been retained from the previous owners and had not been completed again at the time of the audit (see also 6.1).</p> <p>Not all relevant competencies are determined and developed at Westella.</p>	<p>obtained when staff obtained their qualifications, which is not usual practice.</p>	<p>180 days</p>
<p>Criterion 2.3.5 Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	<p>PA Low</p>	<p>There is an annual training programme for staff members. Whānau are invited to complete an annual satisfaction survey and seven responses had been returned at the time of the audit. Where they are able, some whānau contribute to care planning and reviews of care.</p> <p>Training for residents and their whānau was not included in the annual training plan and had not been</p>	<p>No training or support is provided to whānau or residents to participate in the service.</p>	<p>Ensure that training and support is provided for residents and their whānau to participate in the service.</p> <p>180 days</p>

		provided in another way.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>There is a process for regular meeting and discussing of performance every 90 days. This process was discussed during the audit. It was reported that only two thirds of the staff had transitioned to this process and the remaining staff had yet to have the opportunity to be included.</p> <p>One third of the existing staff have not yet had the opportunity to have their performance reviewed at regular intervals as defined in the organisation's process.</p>	Not all staff members are having the regular, 90-day coaching opportunities.	<p>Ensure all staff have access to opportunities to discuss and review their performance.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p>	PA Moderate	<p>Seven files reviewed verified that an RN developed a plan of care the resident required following a comprehensive assessment. However, by virtue of the electronic system being used, there were numerous areas that record the residents' needs, but these did not create one document that fully captured all the care the resident required. For a resident who smokes, it was noted in the care plan that they smoked; however, the risks identified and the management strategies to minimise those risks were included in a 'risk profile' rather than within the care plan.</p> <p>Additionally, any medical associated</p>	<p>Care plans were not fully reflective of residents' required needs. Where progress was different from that expected, changes were made to the care being delivered but were not updated in the care plan.</p> <p>For residents under one GP, there were no GP notes onsite. The management of unwitnessed falls by a resident who was a high falls risk was not documented, and neurological observations were not taken within the required timeframes.</p>	<p>Provide evidence that care plans describe fully the support required to address the residents' needs.</p> <p>Provide evidence that early warning signs and risks that may affect the persons wellbeing are documented, with a focus on prevention.</p> <p>Provide evidence medical records are kept onsite.</p> <p>30 days</p>

<p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>risks were documented in a health document, with management strategies documented. This requires several documents to be reviewed to ensure 'total care' can be provided. A resident with recent transfers to an acute facility for acute intervention, had no reference to the problems and their management in the care plan. It was located when looking at the health document. Residents with diabetes had no reference to this in the care plan, or the strategies to manage the residents' needs. Behaviour plans have minimal strategies documented around an individualised approach. There was no plan in place to manage the unwitnessed falls of a resident with a high falls risk.</p> <p>There are no medical notes onsite for one of the GPs who visits. A signed tick sheet verified the GP's presence; however, any requests or changes were documented by the RN. The medical notes were kept at the medical practice.</p> <p>Residents receiving rest home care in a secure environment have signed documentation (referred to as a waiver) authorising their agreement and the request to stay at Westella, a secure environment. However, there is no plan in place to manage the environmental restraint for them (refer criterion 6.1.5). There was no 24-hour care plan in place that addressed residents' previous lifestyle patterns</p>		
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		(refer criterion 3.3.1). The above was verified by documentation, observations and interviews.		
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Moderate</p>	<p>There was a diversional therapist (DT) employed at Westella five days a week, and an activities assistant for two hours Saturday and Sunday mornings to provide an activities programme; however, on the two days of audit, the only activity observed was a van outing on one afternoon. There were no activities assessments sighted to identify residents' strengths, skills, resources and interests. There were no twenty-four-hour care plans in place that identified resident's previous lifestyle patterns and regimes so these could be maintained at Westella. The activities documented on the plan had no resident basis for them being provided. The DT, when interviewed, was unaware of the requirement dictated by this standard and the impact of this not being in place.</p>	<p>Activities are not planned or facilitated to develop and enhance residents' strengths, skills, resources and interests. There was no 24-hour lifestyle care plan in place</p>	<p>Provide evidence the activities plan provided ensures residents are facilitated to develop and enhance resident's strengths skills and interest. There is a 24-hour care plan in place that identifies people's previous lifestyle patterns and routines.</p> <p>180 days</p>
<p>Criterion 3.3.2</p> <p>People receiving services shall be supported to access their communities of choice where possible.</p>	<p>PA Moderate</p>	<p>The DT at Westella arranges for community groups to visit; however, residents, including rest home residents, are not given supported opportunities to access their communities of choice where possible, unless this is provided by whānau.</p>	<p>Residents at Westella are not supported to access their community activities of choice.</p>	<p>Provide evidence residents are supported to access community activities of their choice.</p> <p>180 days</p>

<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>The home is older but has been well maintained overall and is in good condition. The Wise Group has a property management team who have set up routine planned maintenance and are responsive to any issues that arise.</p>	<p>The sluice room and staff toilet off the administration office are both in a poor condition. The stainless steel of the sluice is stained and worn and needs to be replaced. There is no sanitiser available.</p> <p>The toilet cubicle is unsightly. The sink is very stained and unhygienic. The toilet doesn't flush adequately. This toilet is one of only two available for all staff and visitors in the building (there is a third toilet for staff only in the staff bathroom).</p>	<p>Ensure the sluice and identified staff/visitors' toilet are remediated to provide hygienic facilities.</p> <p>180 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Moderate</p>	<p>Westella is a large building that was, at one time, a family home. Rooms are airy and spacious. Whānau confirmed their satisfaction with the environment through interview and in the annual satisfaction survey.</p> <p>On the upper floor, the two large balconies which provide open, independently accessible areas for residents to enjoy are not currently accessible due to health and safety concerns. Without access to these balconies, the residents living upstairs have to go downstairs to have independent access to the open air, light, space and sun to sit and enjoy the view. This decreases the choices available to them, particularly for those residents who have one of the balconies opening directly from their</p>	<p>Westella is a large spacious home with deep balconies on the upper floor and verandas on the ground floor. The upper floor balconies are not currently accessible.</p> <p>Having these two balconies unavailable limits the choices for residents to have comfortable outside spaces for sitting and enjoying the views, sunshine and conversations. All of which were observed throughout the two days onsite.</p>	<p>Take action to make the upper floor balconies are safe and accessible for residents.</p> <p>90 days</p>

		bedrooms.		
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>	<p>PA Moderate</p>	<p>Westella is currently contracted to provide 24 beds for residents with a diagnosis of dementia and up to two beds for residents who require rest home care without a diagnosis of dementia. For residents who do not require a secure environment for their safety, the secure environment is an environmental restraint. The provider currently uses a waiver document to obtain agreement to occupancy at Westella for these residents (see CAR 3.2.3).</p> <p>The Westella Restraint and Seclusion policy available at the time of the audit did not reflect all aspects of this criterion or the process in place for those residents who are receiving rest home level care and do not require a secure environment.</p>	<p>For rest home residents, the secure environment represents an environmental restraint and needs to be managed as such. The Westella restraint policy was still being revised at the time of the audit. It did not meet the requirements of this criterion or subsection, nor did it describe the process in place for those residents who were receiving rest home level care and did not require a secure environment.</p>	<p>Ensure that the restraint policy and procedures are updated to be consistent with this subsection and are implemented for any residents who are receiving rest home level care and do not require a secure environment.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.