

Victoria Mt Eden Limited - Wesley Home and Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Victoria Mt Eden Limited

Premises audited: Wesley Home and Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 1 May 2025 End date: 2 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: 43

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

General overview of the audit

Wesley Home and Care is certified to provide rest home level of care for up to 51 residents. There were 43 residents on the days of audit.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, management, and a general practitioner.

The facility manager (shareholder/owner) is non-clinical and has an experienced operations manager (registered nurse) and clinical manager (registered nurse) to support clinical the clinical governance role. Both are experienced in aged care. They are supported by a human resources manager and registered nurses. Residents and family/whānau interviewed were very complimentary of the service and care provided.

The service has worked to address shortfalls identified at the previous audit.

Shortfalls identified at the previous audit have been addressed in relation to the following: organizational policies and procedures; Māori health including a Māori health plan, equity, links with Māori, Māori models of health and training and education; Pacific health; complaints management; governance and management of the service including clinical governance; resident and family/whānau participation; staffing including HR policies, rostering, employment, sufficient numbers of staff; orientation;

performance appraisals, policies in relation to resident records; entry and declined entry rates for residents; meaningful partnerships to benefit Māori residents and/or family/whānau; food services; safety checking of fire extinguishers; the infection prevention and control programme including the anti-microbial programme; and restraint.

Shortfalls related to the following have not yet been fully addressed: consent; the quality programme (corrective actions did not show evidence of resolution in a timely manner) and the organisational risk management plan; full implementation of the training plan; the job description for the caregiver role.

This surveillance audit identified shortfalls related to timeframes for completion for assessments and care plans, and review of care plans.

Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Wesley Home and Care provides an environment that supports resident rights and culturally safe care. The service is committed to supporting the Māori health strategies documented in the Māori health plan by actively recruiting and retaining suitably qualified Māori staff. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information given to new or potential residents and family/whānau.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 business plan is supported by documented quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including implementation of an internal audit programme and review of clinical data. Goals are documented for the service, with evidence of regular reviews.

Human resource policies are documented. Staff files reviewed included evidence of a signed contract. An orientation programme is in place for new staff with an annual training plan currently being implemented. There is a registered nurse on the morning and afternoon along with healthcare assistants and caregivers.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The registered nurses assess, plan resident care with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

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

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

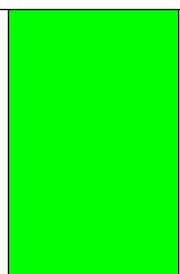
All residents' transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date.

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has access to personal protective equipment supplies. There has been one outbreak documented and reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff have appropriate receptacles for waste and hazardous substances. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is a governance commitment to eliminate restraint. The restraint coordinator is a registered nurse. At the time of the audit, the facility had one resident using restraint. Restraint minimisation practice is part of the annual education and training plan.

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	21	0	3	2	0	0
Criteria	0	82	0	4	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand with the Treaty of Waitangi Whakamaua framework in place. This includes an action plan that is being implemented in the service. The service has policies and procedures in place related to culturally safe care for Māori, recognising Te Tiriti o Waitangi and support for Māori aspirations (including mana motuhake). Policy and procedures are part of a suite of policies purchased that have been confirmed as written in conjunction with Māori. The previous shortfall (1.1.1) has been addressed. The service currently does not have residents who identify as Māori.</p> <p>Four managers (operations manager [OM], clinical manager [CM], facility manager [owner - FM], human resources [HR] manager [owner]) were interviewed along with two healthcare assistants (HCAs), two caregivers, one chef, one administrator.</p> <p>Staff undertake cultural competencies and are knowledgeable in ways to support the health and wellbeing of Māori residents and their family/whānau. This was confirmed through review of training records and in discussion with care staff interviewed. Residents and family/whānau are involved in providing input into the resident's care</p>

		<p>planning, their activities, and their dietary needs. The service recognises Māori mana motuhake and this is reflected in the Māori health plan.</p> <p>The operations manager has recently been employed in the service and has links into the Māori community through previous roles held on aged care services. They are able to ask for advice or support whenever this is required from Auckland University Māori – Waipapa Marae and local external providers. A kaumatua is available for advice and provides onsite support as required e.g. blessing a room after a resident has passed away. Six residents and seven family/whānau reported they are involved in providing input into the resident’s care planning, activities, and their dietary needs. Care staff including the clinical and operations managers interviewed described how care is based on the resident’s individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents. Managers also spoke of the need to provide equitable services for Māori through individual person-centred care that applied also to Māori having Māori centred care. The previous shortfalls (1.1.4 and 1.1.5) have been addressed.</p> <p>The service has recruitment strategies to recruit and retain Māori in the workforce. The HR manager is responsible for managing the recruitment process with relevant managers interviewing Māori applicants when they apply for employment opportunities. The previous shortfall (1.1.3) has been addressed. At the time of the audit there were no staff who identified as Māori. The managers interviewed confirmed the service is embedding Te Tiriti o Waitangi through the activities programme.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	<p>FA</p>	<p>The Pacific Health Plan and cultural policies related to Pacific people aim to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The previous shortfall (1.2.1) has been addressed.</p> <p>On admission all residents state their ethnicity, and this is documented in the resident management system. There were no residents who identify as Pacific people; however, staff identifying as Pasifika were</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>employed and stated that they would have input into resident cares to ensure that they reflected Pacific values and beliefs. Management interviewed advised that family/whānau of Pasifika residents would be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident’s family/whānau are encouraged to be involved in all aspects of care. The previous shortfalls (1.2.2 and 1.2.3) have been addressed.</p> <p>The operations manager and one other staff member identify as Pasifika, and both have extensive links into the Pasifika community. Both are comfortable accessing these links if needed. The managers state that there is a meaningful and collaborative working relationship with external Pacific providers in the community. The management team interviewed confirmed how Wesley Home and Care is trying to increase the capacity and capability of the Pacific workforce through equitable employment processes. The previous shortfalls (1.2.4 and 1.2.5) have been addressed.</p> <p>Interviews with residents and family/whānau identified that staff put residents, family/whānau and the community at the centre of their services. Interviews with residents and family/whānau identified that the service uses a person-centred approach for people using the services and listens to family/whānau feedback to guide individual service delivery. The service has addressed the shortfall identified at the previous audit related to Pacific health.</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>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The OM and CM are supported by the FM to discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the resident meetings. Residents and family/whānau interviewed reported that the service is upholding</p>

		the residents' rights. The managers and staff interviewed were able to describe care provided as per the Code.
<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>	FA	<p>Staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Wesley Home and Care encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach supports staff to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori through everyday interactions and through signage that reflect the use of te reo Māori. Training includes modules on Te Tiriti o Waitangi, tikanga Māori, cultural safety and also encourages use of te reo in the service. The previous shortfall (1.4.4) has been addressed.</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>	FA	<p>An abuse, neglect and prevention policy is being implemented; however, there was no evidence of staff training around abuse and neglect (link 2.3.4) Wesley Home and Care prevents any form of discrimination and acknowledges impact of institutional racism on Māori wellbeing. Cultural days are completed to celebrate diversity. The workplace bullying policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, health care bias and the understanding of injustices through policy, cultural training, available resources, and the standard of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on code of conduct and professional boundaries (link 2.3.4). Professional boundaries are defined in job descriptions (link 2.4.2). Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and</p>

		<p>responsibilities.</p> <p>The service underpins service delivery with a strengths-based and holistic model of care that ensures that there are outcomes for Māori that would meet their need. The Code is available in te reo Māori. The model of care with is based around promoting residents' strengths and encouraging autonomy and independence for all residents with this observed to be in place and implemented for residents during the audit. The service has also used the Meihana Model – improving Māori Health through Clinical Assessment to support in implementing the policies. The service has addressed the previous shortfall (1.5.6).</p> <p>The service implements a process to manage residents' finances.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>PA Low</p>	<p>There are policies around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five electronic resident files were reviewed, and specific consent had been signed by resident and family/whānau for procedures such as vaccines. Five of five files did not include signed general consent forms. The service has recently moved from paper-based systems and is in the process of transferring all information onto the electronic system. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Tikanga guidelines related to consent are available for staff to refer to when required. The shortfall (1.7.9) identified at the previous audit has been addressed.</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</p>	<p>FA</p>	<p>The complaints management process is documented in policy and procedures as part of the policy suite purchased from an external provider. The complaints policy has been socialised to staff as confirmed by staff interviewed. The managers all stated that the processes around complaints management have been embedded in the service. The policy and procedures including timeframes for responding to complaints is documented as per the Code. The</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>previous shortfall (1.8.1) has been addressed.</p> <p>The complaints policy is provided to residents and family/whānau on entry to the service. Access to complaint forms is located at the entrance to the facility or on request from staff or managers. There is a complaints/compliments box at reception that is emptied by the FM weekly. Any complaints (anonymous or not) are documented and investigated as per policy. There is also a 'top tips for making a complaint' poster at reception. The previous shortfall (1.8.2) has been addressed.</p> <p>The facility manager maintains a record of all complaints, both verbal and written by using a complaint register. This register is held electronically. The policy ensures that the complaints process shall work equitably for Māori with managers recognising that face to face communication is preferable for Māori. Tikanga guidelines are available to support Māori who identify as complainants and/or their family/whānau as required. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The previous shortfall (1.8.5) has been addressed.</p> <p>There have been two complaints lodged in 2024 and eight to date for 2025. Discussions with the facility and operations managers and a review of four complaints confirmed that complaints are managed in accordance with guidelines set by HDC as per policy. Two of the four complaints reviewed had been closed out within the timeframes outlined in policy and two were awaiting closure as both were in the timeframes for the investigation phase. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and on the results of the investigation (and any learnings put in place because of the investigation). They also stated that they do not need to formally complain as any concerns or issues they raise are taken seriously and addressed promptly. The previous shortfalls (1.8.3 and 1.8.4) have been addressed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>Wesley Home and Care is located in Auckland. There are 51 bedrooms dedicated for rest home use only. There were 43 residents</p>

<p>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>on the day including one person on a younger person with a disability (YPD) contract and one resident on a long-term support- chronic health care (LTS-CHC) contract. All other residents were under the age-related residential care contract (ARRC).</p> <p>The service is owned by two directors with two shareholders/owners. One of the shareholders/owners is the facility manager and the other is the human resource manager (family members). One of the directors has owned a total of three aged care facilities including a rest home in the Auckland area for nine years and two others also in the Auckland area. The directors and shareholders/owners talk at least three to four times a week with one director on site during the audit. The directors and the FM and HR manager have completed training in Te Tiriti o Waitangi. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori through the operations manager. The previous shortfalls (2.1.5, 2.1.9 and 2.1.10) has been addressed.</p> <p>The company was purchased from a previous aged care provider and started operating under the new company in September 2023.</p> <p>There is a Wesley Home and Care business plan 2025 that includes specific quality goals and objectives. Specific goals relate to clinical, risk management and financial compliance. The goals are regularly reviewed and reported on. The values, purpose and scope of the service are documented and displayed at reception. The business plan reflects a commitment to collaborating with Māori. The previous shortfall (2.1.2) has been addressed.</p> <p>A resident management system has been purchased and implemented. This includes a suite of policies and procedures that are relevant to the service. The policies and procedures are underpinned by legislation and best practice. The managers have ensured that all policies are fit for purpose for this service and have made sure that staff are familiar with the policies. Orientation and training continues to use policies to underpin service delivery. The previous shortfall (2.1.1) has been addressed.</p> <p>The FM (non-clinical) oversees the facility and property. The FM has a background as a national distribution manager, managing director of an investment company, manager of a motel and property</p>
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	<p>development overseas. They are supported by the HR manager who has owned a company overseas and has twenty years' experience in care giving. The HR manager speaks Thai, Vietnamese, English, German and Mandarin. Both are supported by the operations manager (registered nurse – RN) who has over 20 years' experience in aged care and have been in the role for two months. The clinical manager (RN) has been in the role for seven months with a year and a half prior to that as a RN in the service. The operations manager oversees the clinical governance framework and clinical monitoring of the service. The previous shortfalls (2.1.3 and 2.1.11) have been addressed.</p> <p>The FM works with the managers to ensure the necessary resources, systems and processes are in place that support effective governance.</p> <p>A weekly management meeting is now held with all managers attending. The meetings are minuted and include discussion around all aspects of the quality and risk management programme. Residents and family/whānau spoke positively about the support/direction and management provided by the management team. The addition of the operations manager to the team has ensured there is clinical support for the RN and for the governance team that includes the FM. There is a quality assurance and risk management policy documented. The previous shortfall (2.1.4) has been addressed; however, this does not include strategies to minimise risk (link 2.2.4). The FM when interviewed displayed an understanding of the concepts of risk management with the operations manager also understanding.</p> <p>The service has 75% of the residents who identify as Asian often with English as a second language. There are many family/whānau members who visit daily and managers state that this would also be encouraged as part of te ao Māori if Māori were to be admitted to the service. The management meetings offer a forum to discuss policies and the Māori health plan and ongoing progress to progressing goals. The external provider was confirmed by the managers to have had Māori input into development of the Māori health plan and into cultural policies. Family/whānau and residents are encouraged to give feedback to the service through six monthly satisfaction surveys. One survey has been completed with residents and family/whānau satisfied with services provided. This was also confirmed through interviews with residents and family/whānau during the audit. The previous</p>
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		shortfall (2.1.8) has been addressed.
<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>Wesley Home and Care has a quality and risk management programme documented. The quality and risk management programme includes organisational risks; however, mitigation of each risk is not documented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff meetings and the weekly management meetings provide an avenue for discussions in relation to quality goals, quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural discussions, staffing, and education. The first resident meeting has been held, with these planned to occur on a regular basis. The previous shortfalls (2.2.1 and 2.2.2) have been addressed.</p> <p>Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated to address service improvements. Corrective actions resulting from internal audits did not always evidence that they had been closed out. The previous shortfall (2.2.3) has been partially met.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. All policies are developed and reviewed by an external consultant with input from the managers at Wesley Home and Care. Policies and procedures and associated implementation systems provide a satisfactory level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. The policies and procedures include a framework to identify external and internal risks and opportunities (including potential inequalities) with strategies to mitigate risk included. The previous shortfall (2.2.4) has been partially addressed.</p> <p>The service has a process to provide analysis of organisational practice to improve health equity through discussion at staff and management meetings. Staff have completed cultural competency and training to ensure a quality service and culturally safe service is</p>

		<p>provided for Māori. Policies and procedures are also now developed to ensure that staff have guidelines to deliver healthcare for Māori. Staff were able to describe how policies would be implemented for Māori. The previous shortfalls (2.2.7 and 2.2.8) have been addressed. A satisfaction survey has been completed and evidenced overall satisfaction.</p> <p>A health and safety system is in place with this as an agenda item at staff meetings. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Health and safety policies are implemented and monitored by the management team.</p> <p>Electronic reports are completed for each incident/accident. Twenty-two incidents were reviewed and all showed that family had been notified of the incident, and all were signed off as reviewed by the clinical manager. Thirteen of the incidents reviewed were for residents who had had a fall. All had neurological observations taken as per policy including one who had neurological observations taken until the ambulance arrived. The Severity Assessment Code (SAC) rating and triage tool for adverse event reporting is used to identify risk, and immediate action is documented with any follow-up action(s) required. Incident and accident data is collated monthly and analysed. The previous shortfall (2.2.5) has been addressed.</p> <p>Discussions with the OM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required to be completed to notify HealthCERT since the last audit. There has been one outbreak that has been reported to appropriate authorities.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements (the annual leave and rostering policy). The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed that the workload is manageable. The roster includes a mix of HCAs and caregivers (link 2.4.2). There are two caregivers, and two HCAs on duty each morning and afternoon and one caregiver and one HCA on duty overnight. There is also one RN on duty from 0700 to 2300 with the CM, OM and three other RNs employed in the service.</p>

<p>services.</p>		<p>There are no volunteers in the service. Staff and residents are informed when there are changes to staffing levels as confirmed by staff interviewed. The FM, HR manager, OM and CM are available Monday to Friday with the FM on call along with the OM and RN who alternate for clinical on call after hours. All managers work at least 40 hours each a week. The CM and OM state that they work on the floor if there are any gaps in the roster for a RN. The previous shortfall (2.3.1) has been addressed.</p> <p>An annual education and training schedule is documented and is partially implemented. The previous shortfall (2.3.4) remains ongoing. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. The previous shortfalls (2.3.6 and 2.3.7) have been addressed.</p> <p>Staff complete competencies related to their role with these completed as part of their orientation. Registered nurses' and HCAs complete competencies for medication administration and management, insulin, warfarin, Medimap and personal protective equipment training. One RN is interRAI trained. The previous shortfall (2.3.3) has been addressed.</p> <p>The service supports staff through New Zealand Qualification Authority (NZQA) with the manager stating that HCAs have either completed or are progressing the New Zealand Certificate in Health and Wellness on the NZQA framework. There is one HCA level 5; nine level 4 and one level 2 NZQA qualified. The previous shortfall (2.3.2) has been addressed.</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</p>	<p>PA Moderate</p>	<p>There are human resource policies including recruitment, selection, orientation, and staff training and development in place. The previous shortfalls (2.4.1) has been addressed. Five staff files reviewed included a signed employment contract, police check, induction documentation relevant to the role the staff member is in, application form and reference checks. Job descriptions for roles cover responsibilities apart</p>

<p>capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>from a job description for caregivers. The previous shortfall (2.4.2) remains ongoing. Registered nurse practising certificates are maintained in staff files. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Caregivers and HCAs interviewed reported that the orientation process prepared new staff for their role and could be extended if required. There is an annual performance process implemented for all staff, and this was evidenced in all staff files reviewed. The previous shortfalls (2.4.4 and 2.4.5) have been addressed.</p> <p>The shortfall related to job descriptions remains.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There are policies and procedures that are underpinned by legislation that describe how staff are required to comply with health information legislation. The service has purchased an electronic resident management system with this fully operational. Electronic information is backed up and individually password protected. Documents can be scanned and uploaded on the electronic resident management system for reference. The resident files are appropriate to the service type and demonstrate service integration. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Staff interviewed understood the need to keep resident information private and confidential. The previous shortfall (2.5.1) has been addressed.</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. Te Tiriti: Service providers work proactively to eliminate inequities</p>	<p>FA</p>	<p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has developed relationships with Māori services who are able to</p>

<p>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>assist with Rongoa Māori health practitioners if needed. The previous shortfalls (3.1.5 and 3.1.6) have been addressed.</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 Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed included one resident on a younger person with disability (YPD) contract and one resident on a long-term support- chronic conditions contract (LTS-CHC). Initial assessments and care plans are developed with the residents or enduring power of attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments.</p> <p>The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission including the residents on the YPD and the LTS-CHC contracts; however, the interRAI reassessments were not all completed within the six-month timeframes. The electronic system allows for evaluation of care plans using a template; however, not all care plans for residents who had been at the service longer than six months had a documented evaluation completed six monthly.</p> <p>Long-term care plans have been documented on the electronic system and are holistic and individualised to meet the needs and preferences of the resident. The care plan aligns with the service's Te Tapa Wha model of care. Documented interventions and early warning signs meet the residents' assessed needs. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, and wounds and are signed off</p>

	<p>when resolved or moved to the long-term care plan.</p> <p>Interview with the clinical manager confirmed that a Māori health care plan would be completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The clinical manager, RN, and facility manager described removing barriers, so all residents have access to information and services required to promote independence. The clinical manager, RN and facility manager described working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. There was evidence of family/whanau involvement in care planning and documented ongoing communication of health status updates. Family/whanau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated the service provided very safe care and the GP is very happy with communication and the overall service. The GP provides on call services 24/7. A physiotherapist is available as needed. There is access to a continence specialist via referral as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were available at the facility. The service currently has one wound and no pressure injuries. A review of the wound care plan evidenced the wound had been assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There is a process to ensure wounds that require additional specialist input; this can be initiated.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses packaged medications. There is a clear process of ensuring all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and the monitoring records reflect that temperatures have been checked consistently as per policy. All eyedrops and creams have been dated on opening. All stored medications are checked by and RN. There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly.</p> <p>The registered nurses were observed administering medications safely and correctly. Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified.</p>

		<p>Effectiveness of pro re nata (PRN) medication have been consistently recorded on the electronic medication record.</p> <p>At the time of the audit there were no resident self-administering medication. The clinical manager reported that younger residents are encouraged to self-administer medication if competent to do so. No vaccines are kept on site. There were no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires in August 2026.</p> <p>The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The chef interviewed reported they accommodate residents’ requests.</p> <p>The menu has been reviewed by a dietitian. The service has addressed the previous shortfall (3.5.4). The chef stated that menu development ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. The kitchen can provide food for all ethnicities including Māori. Menus are written in English and Vietnamese (the predominant culture at the service). The previous shortfall (3.5.7) has been addressed.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in</p>

<p>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>collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant and equipment are fit for purpose at Wesley Home and Care and comply with legislation relevant to the Health and Disability services being provided. The current building warrant of fitness expires in April 2026.</p> <p>There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hot water temperature checks and recordings have been completed monthly and corrective actions undertaken when outside of expected ranges. Review of electrical equipment in the facility demonstrated that test and tag of equipment has been completed annually.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (9 September 2024). Fire evacuation drills are held six-monthly, and the last one was completed in January 2025.</p> <p>Emergency management is included in staff orientation. It is also ongoing as part of the ongoing education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms, ensuites, communal toilets and showers, and lounge/dining room areas. Indicator lights are displayed above resident</p>

		doors. Call bells are tested monthly. Fire extinguishers are checked annually as part of the external contractor's process. The previous finding (4.2.3) has been addressed.
<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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control (IPC) and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed at the management meetings which includes the FM (representative of the governance group), OM and CM. Infection control is part of the quality plan. The service has access to the infection prevention and control specialist from Health New Zealand to the GP and to laboratories. The previous shortfalls (5.1.1 and 5.1.2) have been addressed.</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>	FA	<p>The clinical manager (registered nurse) is the infection control coordinator. The job description outlines the responsibility of the role. The governance groups is represented by the FM who attends meetings where infection prevention and control is discussed. The FM confirmed their role in the oversight of the IPC programme and their governance role. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team (staff meetings) and training and education of staff. Policies and procedures are reviewed by the external consultant (including Māori expertise), OM and CM in consultation with the FM. Policies are available to staff. An annual review of the programme has been documented. The previous shortfalls (5.2.2, and 5.2.3) have been addressed. The managers link with local Māori who can advise and support re culturally safe practices for Māori as per the Treaty of Waitangi. Tikanga guidelines also provide guidance.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education</p>

		<p>around Covid-19 as part of the outbreak in October 2024 (link 2.3.4) and staff were informed of any changes through meetings and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau have been kept informed and updated on Covid-19 policies and procedures through the resident meeting, phone calls, and emails.</p> <p>The infection prevention and control (IPC) coordinator is responsible for ensuring staff receive ongoing education. The IPC coordinator (CM) has completed recent external training relevant to their role.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort and has been approved by the governing body (FM). The IPC coordinator works in partnership with the GP to ensure best practice strategies are employed at Wesley Home and Care. The previous shortfalls (5.3.1 and 5.3.2) has been addressed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in policy. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance data is discussed at monthly staff meetings which are attended by the FM (governing body). The previous shortfall (5.4.4) has been addressed.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed for staff. Action</p>

		<p>plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health NZ for any community concerns.</p> <p>There has been one Covid-19 exposure event In October 2024. The facility successfully followed and implemented their outbreak plan. Staff wore personal protective equipment (PPE). Residents were kept up to date daily, and family/whānau were kept informed by phone or email or any changes to visiting. Outbreak data has been documented, discussed, and reviewed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Local Council bins are used for general waste and bins are in place for infectious waste. There are separate bins to recycle plastic as required by local Council. The previous shortfall (5.5.1) has been addressed.</p> <p>Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they performed their duties on the days of audit. There is a sluice room with a sink, and separate handwashing facilities. Goggles and other PPE are available. Some staff have completed chemical safety training (link 2.3.4). Cleaning services are provided by caregivers seven days per week, and staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</p> <p>All laundry is completed on site. There are dedicated laundry staff (caregivers) seven days a week. There are clean and dirty entrances and a defined workflow with the laundry door locked when not in use. There are covered trolleys to transport the linen. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection</p>

		prevention and control coordinator (CM/RN). The washing machines and dryers are checked regularly. The CM provides support to maintain a safe environment during construction, renovation, and maintenance activities with a job description in place that include facility testing and monitoring of the environment. The previous shortfalls (5.5.4 and 5.5.5) have been addressed.
<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>	FA	<p>The restraint policy identifies the organisations commitment to minimising restraint use. The restraint approval process described in the restraint policy and procedures meet the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and provide guidance on the safe use of restraints. The previous shortfall (6.1.5) has been addressed.</p> <p>The restraint coordinator is a registered nurse, who provides support and oversight.</p> <p>At the time of the audit, there was one resident using bed rail restraint. A restraint register is maintained and updated each month. The monthly staff meeting, which the owner attends, documents that restraint is reported and discussed. The previous shortfalls (6.1.1 and 6.1.4) have been addressed.</p> <p>Regular training related to restraint minimisation and management of challenging behaviour as part of orientation programme and the mandatory training plan (link 2.3.4). The most recent training was March 2025.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	FA	<p>Review of restraint use in the organisation occurs monthly as part of the staff meetings. Individual restraint is reviewed three-monthly with the GP and six monthly as part of the restraint review process. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that reviews have been completed and discussed at staff meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff. This is an improvement from the</p>

data and implementing improvement activities.		previous audit.
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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 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	PA Low	<p>There are policies around informed consent. Family/whānau interview stated that consent processes were discussed with residents and family/whānau on admission. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Five of five files did not include signed general consent forms. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p>	<p>Five of five files did not include signed general consent forms.</p>	<p>Ensure the policy and procedure around informed consent documentation is implemented and that resident's files included the signed general consent forms.</p> <p>90 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Moderate	<p>There is a quality management framework that is being used in the service. Management meetings are held weekly and staff meetings monthly with data tabled and discussed. Issues are also raised and</p>	<p>Not all corrective actions identified in internal audits show evidence of resolution.</p>	<p>Ensure that issues raised show evidence resolution in a timely manner.</p>

		documented as being discussed. Not all issues raised through the internal audit process showed documentation confirming resolution of issue noting that there is a tick to say that they have been closed. The previous shortfall has been partially met.		60 days
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Moderate</p>	<p>Organisational risks are documented in the quality and risk policy, and these include risks relevant to the organisation. Strategies to mitigate risk and a risk matrix to evaluate the rating of each risk (likelihood of the risk occurring and the consequence if it did) are not clearly documented.</p>	<p>i). The organisational risk management plan does not include strategies to mitigate risks.</p> <p>ii). A risk matrix is not used to identify risk ratings or to monitor risks over time.</p> <p>iii). The organisational risk register is not monitored at regular intervals at a governance or management level.</p>	<p>Develop the organisational risk management plan further to include strategies to mitigate each risk.</p> <p>Use a risk matrix to identify risk ratings.</p> <p>Evaluate risks on a regular basis at both a governance and management level with discussion and further mitigation strategies documented for new and emerging risks and risks that change priority over time.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>An annual training plan is documented. Topics that have been offered and completed to date are health and safety, emergency evacuation, Māori health, restraint, infection prevention and control, personal protective equipment, medication administration and management, first aid, the Code, mobility, continence, urinary tract infections, 'stop and watch' documentation, cultural safety, falls prevention and follow up, complaints, recording vital signs, cultural</p>	<p>i). Not all training has been completed by more than 10 care staff, and some training has yet to be completed (including privacy, abuse, and neglect).</p> <p>ii). There is only one RN who is interRAI trained.</p>	<p>i). Ensure that the training plan is fully implemented for all relevant staff.</p> <p>ii). Support other RNs to become interRAI trained.</p> <p>60 days</p>

		<p>awareness, hand hygiene, wound care. Some training has been repeated to ensure that all staff attend. Some training has yet to be completed including privacy and abuse and neglect and some training has yet to be completed by all care staff. The operations manager is taking responsibility for ensuring that training is provided, recorded and that there is attendance by all staff. There has been significant progress to address training needs since the last audit.</p> <p>There is one RN who is interRAI trained.</p>		
<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p>	<p>PA Moderate</p>	<p>There were job descriptions documented for HCAs and managers as sighted in staff files reviewed. The HCA and caregivers employed were described as having different roles. The HCAs take an active role in providing personal cares and support for residents. Caregivers may have difficulty speaking or writing English but take on housekeeping duties such as laundry and cleaning. Caregivers may support HCAs in interpretation for residents and may alert HCAs to a resident who has rung a call bell noting that they would find an HCA who would then provide any personal assistance to the resident. The caregivers and HCAs have the same job description. The roster identifies staff on duty as either HCAs or caregivers. A mix of caregivers and HCAs were interviewed. Both groups were able to describe their role in relation to support for residents. Caregivers clearly stated that they would not write progress notes or access resident files.</p>	<p>A job description for the caregiving role is not documented.</p>	<p>Ensure a job description for the caregiver role is documented and is understood by caregivers in the role.</p> <p>60 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>The registered nurses are responsible for conducting all assessments and for the development of care plans. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial, the interRAI assessments and or other assessment tools. There is a process for timely interRAI reassessments and these were documented; however, not all residents had an interRAI reassessment completed within the six-monthly timeframe. Discussion with the clinical manager noted that the transfer from paper bases systems to electronic had slowed routine process' down and there is a plan in pace to rectify this.</p>	<p>InterRAI reassessments were not always completed within six months for two resident files reviewed.</p>	<p>Ensure that all residents have interRAI reassessments completed at least six monthly.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively</p>	<p>PA Low</p>	<p>Resident care is evaluated on each shift and reported at handover and in the progress notes. File document that family/whanau have been involved. Where evaluations are documented; progress towards goals is documented well. If any change is noted, it is reported to the RN and care plans are updated. Long-term care plans are planned to be evaluated every six months in conjunction with the interRAI re-assessments; however, not all care plans have a documented evaluation. In discussion with the clinical manager, it was stated that this is due to the change from paper-based systems to electronic. This audit was unable to evidence six monthly evaluations for paper-based files either.</p>	<p>Two of six resident files reviewed did not document long-term care plan evaluations within six months.</p>	<p>Ensure that evaluations of care are completed six monthly.</p> <p>90 days</p>

<p>through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
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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.