

Victoria Mt Eden Limited - Wesley Home and Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Victoria Mt Eden Limited

Premises audited: Wesley Home and Care

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 September 2025 End date: 17 September 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: 51

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

Victoria Mt Eden Limited, trading as Wesley Home and Care, is a privately owned facility certified to provide rest home level of care for up to 51 residents. There were 51 residents on the day of audit. The organisation is currently reconfiguring another building onsite to increase bed capacity, but the renovations were incomplete during this audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, the directors, management, staff, and a general practitioner.

There are two directors of the company. The facility manager is appropriately qualified and experienced and is supported by an operations manager (a registered nurse with extensive aged care experience), administrator, and a team of experienced care staff and registered nurses. Quality systems and processes are implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

This audit identified shortfalls in risk management, health and safety, activities, and food control plan.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

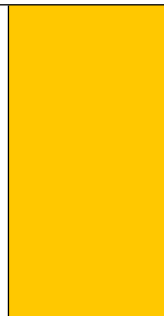
Wesley Home and Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is in place. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Staff have been trained in recognising abuse and neglect and know how to report this.

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

Hunga mahi me te hanganga | Workforce and structure

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



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

The strategic plan 2025 to 2027 includes specific and measurable goals that are regularly reviewed. The service has implemented a quality management system that includes a stated vision and mission. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Results of internal audits, clinical data, and feedback from residents and family/whānau are communicated at senior management and staff meetings.

Recruitment and orientation procedures are established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is implemented. Careerforce training is encouraged for all healthcare assistants.

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

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 low risk.</p>
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Wesley Home and Care have an admission package available prior to, or on entry to the service. The facility manager and operations manager efficiently manage the entry process to the service. Admissions are managed by the operations manager, registered nurses, and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme is very limited. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent health care assistants are

responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service does not have a current food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single with shared ensuites. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. Education on infection prevention is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic and outbreak response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks of infection since the previous audit.

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. Staff require training to ensure safe and appropriate handling of hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the operations manager. There are no residents using restraints. Education is provided to around restraint minimisation is provided annually and at orientation.

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	23	0	2	2	0	0
Criteria	0	166	0	2	2	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 and associated cultural policies are documented for the service. These were developed by the provider of the electronic management system, a well-known company in aged care in New Zealand. The Māori health plan has been adapted to be specific for Wesley Home and Care. The Māori health plan recognises Te Tiriti O Waitangi as a founding document for New Zealand. Wesley Home and Care is committed to providing services in a culturally appropriate manner, ensuring the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through the operations manager. At the time of the audit there were no residents who identified as Māori.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a written competency to reinforce their understanding. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>At the time of the audit there were no staff who identify as Māori. The facility manager stated Māori would be supported through the</p>

		<p>recruitment and employment process should any apply in future. Staff have access to relevant tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning and their dietary needs, evidenced in interviews with six residents and three family/whānau. Senior management and eight staff interviewed (two healthcare assistants, one administrator, one chef, one caregiver (cleaning and laundry), one activities coordinator and two registered nurses) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. Staff are trained in cultural safety and last received training in Pacific Peoples' culture in August 2025.</p> <p>On admission all residents state their ethnicity. There were no residents who identified as Pasifika at the time of audit. The management team confirmed that family members of any Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan.</p> <p>The service is actively recruiting new staff. The management team described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit. Staff who identify as Pasifika are well connected in their community and are able to support any future residents who identify as Pasifika.</p> <p>Interviews with senior management and staff confirmed the service puts people using the services and the local community at the heart of their services.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori in several locations. Details relating to the Code are included in the information pack provided to new residents and their family/whānau. Residents and family/whānau interviewed confirmed their rights were explained to them prior to entry. The facility manager or operations manager discuss aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>All residents and family/whānau interviewed reported their rights are upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</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>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care. Residents have control and choice over activities they participate in.</p> <p>The service completed a resident and family/whānau survey in February 2025 which demonstrated high levels of satisfaction</p>

		<p>overall. There was some dissatisfaction with the food service from some residents, and these were discussed with the chef who made changes. Letters from management to all respondents were sighted (in English and Chinese for those who do not speak English) thanking them for participating in the survey and outlining what changes had been implemented. It was observed that residents are treated with dignity and respect, and this was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Eight residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information on Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is in place. The policies for Wesley Home and Care aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed the staff are very caring, supportive, and respectful. Staff received training in 2025 on abuse and neglect and completed a competency questionnaire following the training. Staff interviewed demonstrated they knew how to recognise signs of abuse and neglect and how to report it.</p> <p>The service implements a process to manage residents' comfort</p>

		<p>funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm they would be comfortable addressing racism with the management team if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for any potential Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Occasional resident meetings, and frequent informal interactions identify feedback from residents and family/whānau and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Review of a sample of incident/accident forms show family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were residents who were unable to speak or understand English. Staff were observed to communicate using an electronic translation application. Staff interviewed described how they are able to use non-verbal communication, an electronic translation application, and utilise family/whānau as interpreters to effectively communicate with residents if required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do</p>

		<p>so. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is a multidisciplinary team approach to care at Wesley Home and Care. Health professionals involved with the residents may include specialist services. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</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>There is a policy and procedures for informed consent. Resident files reviewed included signed general consent forms as part of the admission agreement and other consent to include vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents and family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required, and these were activated in the case of residents with dementia. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The facility manager is responsible for maintaining the complaints register.</p> <p>There have been two internal complaints since the previous audit. The management team could evidence the complaint documentation</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>process including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Since the last audit there have been no external complaints received.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (including verbally, in writing, through an advocate). Residents and family/whānau reported the open-door policy of management enables them to easily to voice their concerns. This is encouraged by the management team and staff, facilitating an equitable process for all cultures.</p> <p>Complaint forms and advocacy brochures are held at the entrance to the facility. Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori.</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>Wesley Home and Care is located in Mt Eden in Auckland and provides rest home (excluding secure dementia) level of care, for up to 51 residents. On the day of the audit, there were 51 residents. There was one resident on a long-term support chronic health conditions contract (LTS-CHC), and all other residents were under the age-related residential care contract (ARRC). During the audit there were eight couples, two of whom chose to share a bedroom and use an adjoining room as a lounge. These rooms were verified as suitable for these couples sharing. The room used as a lounge can easily be repurposed back into a bedroom when required. All other rooms are single occupancy.</p> <p>Wesley Home and Care has two directors: one of whom owns three other aged care facilities and is onsite most days; and the other of whom is onsite daily and manages human resources, payroll and is actively involved in the business. The directors ensure compliance</p>

	<p>with legislative, contractual, and regulatory requirements through their daily involvement in the facility. The directors have daily face-to-face communication with the facility manager and operations manager. Regular senior management meeting minutes evidence reporting on the progress of goals and clinical indicator data. The facility manager is supported by the operations manager (a registered nurse with extensive experience in management of aged care facilities), an administrator and an experienced team of healthcare assistants and registered nurses. The operations manager, clinical manager (currently on leave), and general practitioner provide clinical governance.</p> <p>The strategic plan 2025 to 2027 specifies the mission, vision, and objectives for the service. The facility manager analyses internal processes, business planning, and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The operations manager has connections with Māori advisors and Pacific communities who can advise the management team and ensure support for future Māori and Pasifika residents and their family/whānau. The directors and facility manager have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through completing the same training as the facility staff members. The directors collaborate with the facility manager to ensure services improve outcomes and ensure tāngata whaikaha have equity in access to the service and equity in care. Residents and family/whānau have input into the planning, implementation, monitoring and evaluation of services through satisfaction surveys and by talking with the facility manager or directors at any time.</p> <p>The facility manager has been in the role since the company purchased the business. They have an extensive background in management. The operations manager has been in the role since March 2025. The management team regularly attend aged care updates and their staff files evidence that they attend over eight hours of professional development per year relating to their role and responsibilities. The service utilises policies developed by the provider of the electronic management system, which align with Ngā</p>
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		Paerewa Health and Disability Services Standard 2021.
<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>	PA Moderate	<p>Wesley Home and Care has an implemented quality management system. Quality performance is reported in the monthly staff meetings, management meetings, and to the directors. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and management practices. An improvement is required to the risk and hazard management.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home level residents. The organisation recently implemented the electronic system that includes quality management, policies and procedures and resident files. Staff received training on the electronic system and know how to access policies and procedures. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection, and complaints management. Data is collected for a range of adverse event data and is collated and analysed.</p> <p>Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. An internal audit programme is implemented. Corrective actions are implemented where improvements are identified.</p> <p>Both residents and family/whānau have the ability to provide feedback via the satisfaction survey and at any time in conversation with management.</p> <p>There is a health and safety policy in place. Staff receive training during orientation on health and safety and ongoing as part of the in-service education programme. The service documents and analyses incidents/accidents, unplanned or untoward events and provides</p>

		<p>feedback to the staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The management team are aware of situations that require essential notifications. Since the last audit there have been no section 31 notifications required to HealthCERT and no reports required to be sent to the Health Quality and Safety Commission.</p> <p>The staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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 services.</p>	<p>FA</p>	<p>There is a policy in place for staffing and rostering. The roster provides sufficient and appropriate cover for the effective delivery of care and support and meets the requirements of the ARRC contract.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews.</p> <p>The facility manager and operations manager (registered nurse) are available Monday to Friday, and the operations manager is on call 24/7. Once the clinical manager returns from leave, they will share the on-call component. The operations manager takes over managerial duties in the absence of the facility manager. The healthcare assistants provide personal cares for residents and are all medication competent. The service employs caregivers who undertake laundry and cleaning but also help with the meal service.</p> <p>There is an annual education and training schedule implemented. Since the last audit all scheduled training has been completed. Examples of topics covered included but were not limited to consumer rights; advocacy, the Code and complaints management; wound and skin tear management; medications management; cultural safety; infection prevention; falls prevention and neurological observations; hygiene and grooming; first aid and CPR; nutrition and hydration; fire safety; and moving and handling. Competencies cover: first aid; cultural safety; hand hygiene and donning/doffing of</p>

		<p>personal protective equipment (PPE); manual handling; medication management; restraint; oxygen and insulin administration; and fire safety, with a fire drill held six-monthly.</p> <p>The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 14 permanent and casual healthcare assistants, 13 have completed NZQA level three or above.</p> <p>The operations manager, and two registered nurses have completed interRAI training. They participate in learning opportunities provided through in-services, an online learning portal, Health New Zealand, and local hospice. Wellbeing support is provided to staff through the availability of debriefs, karakia, individual spiritual, cultural, and emotional support when required.</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>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Six staff files reviewed (one kitchen assistant, one chef, one caregiver, one registered nurse and two healthcare assistants) evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. There is a system for staff employed more than 12 months to have an annual performance appraisal completed annually. The staff files reviewed were of staff employed less than 12 months. Staff employed for more than 12 months have an annual appraisal as confirmed on interview with staff and the facility</p>

		<p>manager.</p> <p>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. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for healthcare assistants and registered nurses supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained securely, both electronically, and in hard copy.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant healthcare assistant or registered nurse including designation. Residents archived paper files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated</p>

<p>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>in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and operations manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Wesley Home and Care is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with Waipapa Marae (Tai Tāngata) Services.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight files were reviewed for this audit (including one long term support chronic health (LTS-CHC). The operations manager and registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>There are currently no Māori residents; however, there is a Māori health plan and cultural awareness policy is in place to ensure the</p>

	<p>service would support Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There are currently no Pasifika residents. There is a Pasifika health care plan and cultural awareness policy in place. Any barriers preventing residents accessing care or services required are identified and minimised.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (including the LTS-CHC contract) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP visits the facility every two weeks and is available by phone after hours. The operations manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence at Wesley Home and Care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work one and a half hours a week or as required. There is a contracted dietitian who is contacted as required. A podiatrist visits six to eight-weekly and a continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Health care assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and health care assistants. The registered</p>
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		<p>nurses further add to the progress notes if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN's who then initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There was one resident with a minor wound. There was one stage 2 non-facility acquired pressure injury. Both wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs(if required) to show healing progression. The health care assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Health care assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour and blood glucose levels and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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</p>	<p>PA Low</p>	<p>There is a limited activities programme. Currently there is a healthcare assistant who tries to cover activities two hours a day during the week. The facility is currently in the process of looking to employ and train an activities coordinator.</p> <p>The programme is planned monthly and weekly but is very limited. The weekly calendar is placed in large print on noticeboards.</p> <p>There is a daily exercise class and some resident- initiated activities</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>such as mahjong, table tennis and singing.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. These have not always been completed. There is a church service every two weeks. The facility has several fish tanks and pet therapy dog visits. Those residents able to visit parks, the library and go shopping.</p> <p>The last residents meeting was in February 2025. Residents and family/whānau interviewed stated the activity programme is limited and they would like more.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. One RN has completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility currently uses medico packs but are changing their supplying pharmacy in two weeks and will move to robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily with these within normal range as per policy. All medications, including stock medications, are checked monthly. All medications with a short shelf life have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed. The medication</p>

		<p>charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There was one resident self-administering eyedrops on the days of audit. There was a form confirming competency to self-administer the medication and this had been reviewed three monthly, and the eyedrops were kept in a locked drawer.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>There are currently no Māori residents, but the registered nurses and operations manager could describe the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>All meals are prepared and cooked on site. There is a chef, a weekend relief cook and kitchen assistants. All kitchen staff have completed safe food handling training.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. There is no current approved food control plan as they have minor corrective actions to complete before it is approved (confirmed through discussions with the food control auditor via phone).</p> <p>A dietitian has reviewed the four-weekly seasonal menu. There are two options available at each meal (one European and one Asian). There is a food services manual available in the kitchen. The chef</p>

		<p>receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods, gluten free) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options would be available upon request and family/whānau can bring special meals for their relatives. On the day of audit, meals were observed to be well presented.</p> <p>The chef completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using small Bain Maries. Residents were observed enjoying their meals. Staff were observed assisting residents with meals as required. Modified utensils and lipped plates are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The operations manager and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of</p>

coordinate a supported transition of care or support.		specific transfer documentation.
<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>	FA	<p>The building holds a current warrant of fitness. The facility manager is in charge of maintenance but calls in a handyperson as required. There is an annual preventative maintenance plan that includes electrical testing and tagging. Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. Maintenance requests are documented on the staff chat, and this is checked daily and signed off when repairs have been completed. Essential contractors/ tradespeople are available 24 hours a day as required. There is a contracted gardener. Calibration of medical equipment was completed 17 February 2025.</p> <p>Most of the rest home is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are single with shared ensuites apart from one room which has its own ensuite. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways and private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are large well-appointed dining rooms. There are also small niche areas for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges.</p> <p>There are outdoor areas with outdoor seating, shaded areas and decorative pools and fountains. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There are gas heaters in each room and heat pumps in the lounges and nurses'</p>

		<p>station. There is ample natural light in the rooms.</p> <p>The facility manager and the operations manager described how they have utilised their links with the kaumātua and local iwi to ensure the refurbishments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 9 February 2024. Fire evacuation drills are held six-monthly, and one was last completed May 2025 Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility would hire a generator if required. They have an agreement with a contractor to hire one in the event of a power outage. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of five days. Emergency water tanks provide 6,000 litres of water storage. There is also bottled water.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed call bells are answered in a timely manner. The facility is secured at night and there is CCTV.</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>	FA	<p>A registered nurse oversees infection prevention across the service. There is a job description which outlines the responsibility of the role of infection prevention. The infection prevention and antimicrobial</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>stewardship (AMS) programme is appropriate for Wesley Home and Care and has been approved by the directors. Infection prevention is linked into the quality risk and incident reporting system. The infection prevention and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention matters are discussed as part of the staff meetings. Infection prevention is included in the business and quality plans. The infection prevention coordinator is able to access advice from the Health New Zealand infection prevention and control specialist and GP.</p> <p>Wesley Home and Care has a process in place to mitigate their risk around outbreaks of infection. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations. Vaccinations for staff and residents are available and encouraged.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention coordinator is new in the role and plans to undertake external education in infection prevention. They have completed basic training in infection prevention. A robust pandemic plan, which includes the Covid-19 response plan is available for the preparation, planning for, and management of Covid-19 and other outbreaks of infections, screening, and positive tests should these occur. There are outbreak kits readily available and personal protective equipment in the storeroom.</p> <p>The infection prevention manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the company supplying the electronic system, infection prevention coordinator, and the operations manager, and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Single use items (such as wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection prevention coordinator, in collaboration</p>

		<p>with the operations manager, has input into the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health New Zealand for advice if required.</p> <p>The service provides te reo Māori information around infection control. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection prevention policy states Wesley Home and Care is committed to the ongoing education of staff and residents. Infection prevention is part of staff orientation and included in the annual training plan. All staff have completed infection prevention in-services and associated competencies, such as hand hygiene and the use of personal protective equipment.</p> <p>The operations manager and infection prevention coordinator are involved in the reconfiguration of the building works onsite from an infection prevention perspective.</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>There is an antimicrobial use policy and procedures in place. The directors have approved the antimicrobial stewardship programme. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results, and medical notes. The GP, operations manager and infection prevention coordinator monitor antibiotic use, the length of time residents are on antimicrobials and any adverse effects.</p> <p>The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff, management, and directors. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>
Subsection 5.4: Surveillance of health care-associated infection	FA	The infection prevention policy describes surveillance as an integral

<p>(HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>part of the infection prevention programme. Standardised definitions are used for surveillance. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff and management meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection prevention audits are completed, with corrective actions for areas of improvement. Wesley Home and Care receives regular notifications and alerts from Health New Zealand for any community concerns.</p> <p>Individual residents and family/whānau are given information on infections and infection prevention as part of their cares when indicated.</p> <p>Since the last audit there have been no outbreaks of infection.</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>PA Moderate</p>	<p>There are policies and procedures in place regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are dispensed by cleaning staff who require further training, link criterion 2.2.4. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents.</p> <p>Laundry and cleaning duties are undertaken by caregivers across seven days. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.</p> <p>The cleaning trolley was always attended and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is</p>

		<p>appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the operations manager, infection prevention coordinator, and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. Cleaning staff were not correctly using equipment.</p> <p>There are two domestic style washing machines and driers. The staff interviewed demonstrated their understanding of the systems and processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the operations manager. There are no restraints in use.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. The training includes challenging behaviour and de-escalation.</p>

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 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>The electronic system has a risk and hazard register identifying external and internal actual and potential risks. Staff have received training on how to report a hazard, as evidenced in staff meeting minutes. The risk and hazard register has not been regularly reviewed, and staff were not aware of this.</p>	<p>Management were unaware of the risk and hazard register, and it has not been reviewed or made known to staff.</p>	<p>Ensure the risk and hazard register is made known to staff and that ongoing review occurs.</p> <p>90 days</p>
<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 Low</p>	<p>The programme is planned monthly and weekly but is very limited. The covering health care assistant is only allocated two hours a day. Residents interviewed stated that they would like more activities. There is a daily exercise programme and some resident-initiated activities. Lifestyle assessments are not always completed</p>	<p>There is a very limited activities programme offered.</p> <p>Lifestyle assessments are not always completed.</p>	<p>Implement a well-planned activities programme that meets the needs of residents with sufficient resources to deliver the programme.</p> <p>Ensure that lifestyle assessments, plans and reviews are completed in a</p>

				timely manner. 180 days
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	The kitchen is clean, well-organised and well equipped. The residents and family/whānau are very satisfied with their meals. The food control plan has yet to be approved as there are still some corrective actions to be completed. This was confirmed through an interview with the auditor.	The food control plan has not yet been issued.	Display a current copy of the food control plan. 30 days
<p>Criterion 5.5.3</p> <p>Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:</p> <p>(a) Methods, frequency, and materials used for cleaning processes;</p> <p>(b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;</p> <p>(c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.</p>	PA Moderate	There is an automated chemical dispenser in place for cleaning staff however this was not used. Cleaning staff dispensed chemicals using gloves only and not the face shield or aprons. Correct personal protective equipment was available for use.	<p>Cleaning staff did not use the automated chemical dispenser.</p> <p>Staff dispensed chemicals without using correct personal protective equipment.</p>	<p>i) Manage cleaning using appropriate equipment provided.</p> <p>ii) Dispense chemicals using the correct personal protective equipment.</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.