

# Experion Care NZ Limited - Wensley House

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## 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:

<b>Legal entity:</b>	Experion Care NZ Limited
<b>Premises audited:</b>	Wensley House
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 November 2025    End date: 19 November 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	32

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Wensley House is part of Experion Care NZ and provides rest home level of care for up to 43 residents. At the time of the audit there were 32 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services 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 management, family/whānau, staff and the general practitioner.

The village lead oversees the day-to-day operations of the facility. They are supported by a clinical lead and experienced caregivers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The previous audit finding related to the laundry process has been addressed.

This surveillance audit identified improvements required around corrective action plans, fridge temperature monitoring, and ensuring there is a call bell in the studio lounge.

## 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.
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There is a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident’s rights and obligations and ensure residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers’ Rights, and complainants are kept fully informed.

## 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 low risk.
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Wensley House has a business plan that includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and staff. There is a process for following the National Adverse Event Reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## 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 clinical lead and registered nurse assess, plans and reviews residents' needs, outcomes, and goals with 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. Snacks were available 24/7.

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.		Some subsections applicable to this service partially attained and of low risk.
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The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There have been no changes to the facility since the last audit.

## 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 and visitors. The infection prevention and control programme is implemented and meets the needs of the facility and provides information and resources for

staff. Documentation evidenced that relevant infection prevention and control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme.

Surveillance data is collated using standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There have been two outbreaks reported since the last audit.

## 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.
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The restraint coordinator is the clinical lead. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## 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	16	0	3	0	0	0
Criteria	0	47	0	3	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan and cultural safety policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The policy encourages family/whānau involvement in assessment and care planning and visiting is supported, evidenced during interview with a family. Wensley House respects the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, verified during interviews with staff (three caregivers, cook, cleaner, maintenance person, the village lead and clinical lead). Individual care plans for residents who identify as Māori reflect their individual needs, verified in a file reviewed.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>Wensley House has a Pacific people's policy and `Health of Pacific peoples in Aotearoa is everyone's business` policy which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pacific staff. On admission all residents state their ethnicity. At the time of audit, the service had no residents who identify as Pasifika. Staff</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>interviewed stated Pacific peoples' cultural beliefs and values, knowledge, arts and identity are respected when in their care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code is displayed in multiple locations in English and te reo Māori. The village lead and clinical lead explained during interview that the Code is provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Wensley House good employer policy acknowledges cultural diversity. The Māori health plan and business plan reflects cultural strategies on how to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. An abuse and neglect policy is being implemented. Staff understand their responsibilities around reporting abuse and neglect. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff at Wensley House are trained in, and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed demonstrated an understanding of professional boundaries. Interviews with six residents and family/whānau (one) confirmed that staff acted in a way that maintained professional boundaries.</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.</p>	<p>FA</p>	<p>A policy is in place that guides informed consent practice. This includes processes for Māori, who may wish to involve whānau in collective decision making. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were</p>

<p>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>reviewed and included informed consent forms signed by either the resident or Enduring Power of Attorney. Discussions with staff confirmed they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care. Interviews with family/whānau and residents confirmed their choices regarding decisions, and their wellbeing is respected.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained by the village lead, which includes all complaints, dates and actions taken. There have been 24 internal complaints logged since the last audit. These included several from staff. All logged complaints had been appropriately investigated and closed off when completed. There have been no complaints received from an external agency since the last audit. There is a complaint from the Health and Disability Commission (HDC) dated 2022 received prior to the last audit. The HDC have made a provisional decision on the issues raised. The complaint identified issues related to medication management. Experion is implementing corrective actions to a standard that prevents similar incidents occurring in the future.</p> <p>Interviews with the village lead and clinical lead and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or</p>

		<p>issues they had, were addressed promptly.</p> <p>There is information and resources for Māori available that can be accessed by staff, which assists Māori residents and family/whānau in the complaints process. Contact details for interpreters are available. The village lead and clinical lead acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</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>Wensley House is part of Experion Care NZ. Wensley House provides rest home level of care for up to 43 residents. There are 30 beds in the rest home and 13 studio apartments that are certified for rest home level of care. There were 32 residents at the time of the audit, including two residents in the studio apartments. There was one resident funded by Accident Compensation Corporation (ACC) and a resident on a long term support- chronic health care (LTS-CHC) contract, all other residents were on an age related residential agreement (ARRC).</p> <p>The organisational governance role is carried out by the Board of Directors comprising of two members, and supported by the Chair of the Clinical Governance Committee. The Board are responsible for the overall leadership of the organisation. The Directors work with management to meet the requirements of relevant standards and legislation.</p> <p>Wensley House has an annual business plan (2025) in place which links to Experion vision, mission, values, and strategic direction. Clear specific business clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Wensley business plan was reviewed in February 2025.</p> <p>The village lead and clinical lead report monthly on quality and risk management issues to the monthly Clinical Governance Committee (CGC). Monthly reports from each Experion facility are generated from data extracted monthly from the electronic management system, supporting benchmarking across the group. The CGC reports are presented at quarterly Experion Care Board (executive) meetings by the clinical governance advisor, with recommendations of actions required. Clinical information, actions, improvements and communications generated at the Board meetings are cascaded to managers by the clinical</p>

		<p>governance advisor. The clinical governance structure in place is appropriate to the size and complexity of the service.</p> <p>The clinical governance advisor (interviewed) explained their commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for Māori. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business and quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies.</p> <p>The village lead has been in the role since January 2025 and oversees the implementation of the business strategy and quality plan. The clinical lead (registered nurse) has been in post since November 2024 and provides clinical oversight.</p> <p>The village lead has completed more than eight hours of professional development since January 2025.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and 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 Low</p>	<p>Wensley House is implementing the organisational quality and risk management programme. The village lead and clinical lead implement the quality programme and review quality outcomes with support from the clinical governance advisor. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme.</p> <p>The facility is implementing an internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls; however, these are not always closed when completed. The clinical lead collates the data and completes a monthly and annual analysis of results which is provided to staff. Quality data analysis includes ethnicity and occurs to ensure a critical analysis of Wensley House practice to improve health equity. Results are discussed in handovers and as part of staff meetings. The staff meetings are held monthly, and minutes reviewed include (but not limited to): quality indicators; health and safety matters; infection control; complaints and</p>

		<p>compliments; staff; and education. Meetings have occurred as scheduled.</p> <p>Resident and family/whānau satisfaction surveys have been completed since the last audit; however, there is no evidence of analysis and communication back to the residents and family/whānau. Resident and family/whānau meetings have occurred as scheduled and minutes are maintained. On review of the meeting minutes, there is no record of follow up of actions raised.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed. Health and safety is discussed as part of the monthly staff meetings. Staff have completed regular training related to health and safety. Staff are kept informed on health and safety issues through handover and staff meetings. There were no serious staff injuries in the last 12 months.</p> <p>Accident/incident reports are completed for adverse events, as evidenced in the accident /incident forms reviewed. Incident and accident data is collated monthly and analysed. The service identifies risks and opportunities, including potential inequities and develops strategies and plans to respond to them.</p> <p>Discussions with the village lead and clinical lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been several notifications since the previous audit, including: three notifications for one hospital-level resident in a rest home service area (NOHRRRA), Section 31 notifications relating to the change in village lead and clinical lead (October 2024), and two Covid-19 outbreaks reported to Public Health (and as Section 31s). There has been one notification to the coroner since the previous audit.</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</p>	<p>FA</p>	<p>A policy is in place that describes rostering requirements. The village lead and clinical lead work full time Monday to Friday. The clinical lead is on call 24/7 for any clinical concerns, and the facility lead is on call for non-clinical concerns. Review of three weeks of rosters provides evidence that cover is provided for short notice leave.</p> <p>Separate cleaning and kitchen staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner,</p>

<p>improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>as confirmed by residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the village lead, and clinical lead provide good support. There are medication competent caregivers on morning, afternoons and nights to perform medication administration duties. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>Caregivers perform laundry duties on day and night shifts. Staff reported that the duties are manageable.</p> <p>There is an annual education and training schedule being implemented for 2025. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes cultural safety; the Code; complaints management; communication; restraint; depression; dementia; and medication management. Training records are held electronically for each individual staff member.</p> <p>Educational courses offered include in-services, online, competency questionnaires, and external professional development. A selection of caregivers and the diversional therapist have completed first aid training, and there is at least one staff member on each shift with first aid training. All caregivers who administer medications have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the 19 caregivers, four have completed level three NZQA qualification and above, and 15 have completed level two.</p> <p>The clinical lead and registered nurse are supported to maintain their professional competency. At the time of the audit, there were two registered nurses (including the clinical lead), and both have completed interRAI training.</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. Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>FA</p>	<p>Five staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained</p>

<p>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>for all health professionals.</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. Competencies are completed at orientation. The service demonstrates that the orientation programme supports caregivers to provide a culturally safe environment to Māori. Staff who have been employed for a year or more, have a current performance appraisal on file.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed, including one resident funded by the ACC and one on a LTS-CHC contract. The clinical lead and registered nurse are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents within contractual requirement timeframes. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example, infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the clinical lead or RN. Long-term care plans are formally evaluated every six months. Evaluations are documented by the clinical lead and/or RN. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of resident and family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status. The service has policies and procedures in place to support all residents to</p>

		<p>access services and information.</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 every three months, or within required timeframes and when their health status changes. Medical documentation and records reviewed were current. When interviewed, the GP stated that the clinical team are providing excellent care. The clinical lead is on call for clinical matters. A physiotherapist visits the facility for two hours a fortnight. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, palliative care, and wound care nurse specialist are available as required through the local Health New Zealand.</p> <p>An adequate supply of wound care products is available at the facility. There were no current wounds. The RN described that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos are taken where this is required. Where wounds require additional specialist input, a wound nurse specialist is consulted.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise and were completed when required. These include monthly blood pressure and weight monitoring, bowel records, pain and repositioning charts. Staff interviews confirmed they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of their shift.</p> <p>When care plans are evaluated, progression towards individual goals are documented.</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</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</p>

<p>Māori to access appropriate medication and blood products. 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>process.</p> <p>Staff were observed to be safely administering medications. The medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses 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 appropriately stored appropriately in the facility medication room. The medication fridge and medication room temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts sampled identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Over the counter medications and supplements are prescribed on the electronic medication system by the general practitioner. There were three residents self-administering medications on the day of audit. The policy that guides assessments, reviews, storage, and procedures relating to self-administration of medication had been adhered to. No vaccines are kept on site. Standing orders are not 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.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and</p>	<p>PA Low</p>	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. 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 cook interviewed reported they accommodate residents' requests. Kitchen fridge and freezer temperatures are monitored and recorded Monday to Friday on the</p>

<p>hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>temperature monitoring records.</p> <p>There is a verified food control plan, expiring 19 June 2026. The residents and family/whānau interviewed were satisfied 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 wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>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 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>PA Low</p>	<p>The buildings, plant, and equipment are maintained at Wensley House. The current building warrant of fitness expires 15 May 2026. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The service is on single level with the studio rooms located in the same building as the rest home areas. Studio rooms have access to a central communal lounge. There is no call bell in this lounge. The lounge was seen to be being used by the rest home residents during the audit.</p> <p>There is an annual maintenance plan implemented that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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 control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection control programme is reviewed, evaluated, and reported on annually verified by the clinical lead. The infection control programme links to the quality and risk management programme.</p> <p>The pandemic plan is available for all staff. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Wensley House infection control manual.</p> <p>Infection surveillance is the responsibility of the infection control coordinator (clinical lead). Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. This data is monitored and analysed for trends and patterns. Infection control surveillance is discussed at quality and staff meetings. The service incorporates ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff (sighted). The CGC reports any infections or events of concern to the governance body. Monthly benchmarking occurs between facilities.</p> <p>Staff have received training in infection prevention and control related training in March 2025. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives information from Health New Zealand-Nelson Marlborough for any community concerns. There have been two Covid-19 outbreaks (May and August 2025) since the last audit.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There is a laundry on site. Caregivers provide laundry duties. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. Since the last audit, there has been some refurbishment of the laundry space with the addition of a shelf for laundry folding, that ensures cross contamination does not occur. The previous audit finding related to criteria # 5.5.4 has been addressed.</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 remains restraint free, and the clinical lead reports that maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the Standard. The clinical lead is the designated restraint coordinator and takes responsibility for the restraint elimination strategy and for monitoring any restraint use should this occur. Systems are in place to ensure restraint use is reported through to the management and staff meetings and to governance level. There were no residents using restraint at time of audit.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents and families/whānau, and the choice of device must be the least restrictive as possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan, which incorporates least restrictive practice, cultural interventions, and de-escalation techniques. Challenging behaviour training was last delivered April 2025, and restraint training in June 2025.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>A resident satisfaction survey' is completed annually, last completed January 2025 (results sighted). Feedback included minor maintenance issues, food choices, and staff not knocking on resident doors prior to entering. Corrective action plans have not been developed to address feedback.</p> <p>Resident meetings are held monthly, and minutes maintained; however, there were no evidence that issues are followed up and progress reported in subsequent meetings – eg. residents requested a cooked breakfast and improvements to be made to the evening meal.</p> <p>The internal audit programme is implemented with corrective action plans put in place when non-conformity is identified; however, the plans are not always updated and/or closed when the corrective action has been implemented (eg,</p>	<p>(i). There was no evidence that a corrective action plan had been developed to address the feedback from the January 2025 resident feedback.</p> <p>(ii). There is no evidence in the resident meeting minutes that issues are followed up and progress reported back to the subsequent meeting.</p> <p>(iii). When corrective action plans are developed to address issues/ non-conformities, plans were not always updated and/or closed out when resolved.</p>	<p>(i). Ensure corrective action plans are developed to address resident feedback.</p> <p>(ii). Ensure resident meetings record follow up on issues raised at meetings.</p> <p>(iii). Ensure corrective action plans are closed when completed.</p> <p>90 days</p>

		replacement of hoist).		
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	PA Low	The food control plan is current until 19 June 2026. Kitchen staff are responsible for monitoring the fridge and freezer temperatures in the kitchen; however, the temperatures for the fridge and freezer were not monitored or documented on weekends.	Kitchen fridge and freezer temperatures are recorded Monday to Friday; however, there is no evidence that temperatures are taken and recorded on the weekends.	<p>Ensure kitchen fridge and freezer temperatures are recorded daily.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The service is on single level, with the studio rooms located in the same building as the rest home areas. Studio rooms have access to a central communal lounge. The lounge was seen to be being used by the rest home residents during the audit. There is no call bell in the communal studio lounge for rest home residents to access.	There is no call bell in the communal studio lounge for rest home residents to access.	<p>Ensure there is a call bell available to rest home residents in the studio lounge.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.