

# Victoria Mt Eden Limited - Wesley Home and Care

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## Introduction

This report records the results of a Partial Provisional 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: 19 November 2025    End date: 19 November 2025

**Proposed changes to current services (if any):** The service has applied to re-open, reconfigure a current refurbished building (Eden Lodge wing at Wesley Home and Care) to provide 22 rest home level beds (HealthCERT letter dated 14 July 2025). These rooms were verified as suitable to provide rest home care. The reconfiguration of service resulted in a change in bed numbers from 51 to 73. The provider intend to use the service from 15 December 2025.

**Total beds occupied across all premises included in the audit on the first day of the audit: 48**



# 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.

## General overview of the audit

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 48 residents. All rooms are single occupancy.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. This partial provisional audit was undertaken to assess an existing refurbished building co-located on the same site (historically used as a dementia unit and thereafter a nursing accommodation after closing of the dementia unit), and the preparedness of the provider to provide services for an additional 22 rest home beds. All single occupancy. The increase in beds will result in a change in bed numbers from 51 beds to 73 beds. The provider intends to use this building from 15 December 2025.

The audit process included the review of policies and procedures, a review of documentation related to the transition to the new building including equipment and staffing plans, observation of the environment, interviews with management, and a staff member. The additional building will utilise all aspects of Wesley Home and Care service delivery operations.

The shortfall related to activities programme and planning identified at the certification audit, will remain.

This partial provisional audit verified that the refurbished beds are suitable for rest home level of care upon completion of the following identified shortfalls related to the food service; internal and external environment; fire drill; appropriate systems to summon for assistance; infection control resources; physical environment related to the management of hazardous waste and substances and hygienic storage of clean linen.

## **Ō tātou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The facility manager and the operations manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. This partial provisional audit verified the reconfiguration and the service`s ability as being suitable to provide rest home level of care in the additional rooms.

There is a vision, values, and objectives relevant to the aged care facility operations and quality objectives.

There is a staffing and rostering policy. All staff employed have a comprehensive orientation and training plan documented. A transition plan is documented and already being implemented.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

All meals will continue to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef provides oversight of food services. All kitchen equipment is operational. There are spacious dining areas to support

additional residents. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are required to administer medications. Secure storage for medications is in place. An electronic medication system is used. There are no changes to medication management or administration proposed for the verification of additional beds.

Activities are provided.

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

The refurbished building is verified as suitable for rest home. All rooms are for single occupancy. There are communal spaces with access to the outdoors. There are sufficient number of communal showers and toilets available.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated.

Documented systems are in place for essential, emergency and security services.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. There has been one outbreak reported since the last audit.

There are documented policies and procedures for the cleaning and laundry services, with monitoring systems in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## **Here taratahi | Restraint and seclusion**

Not Audited.

## 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	7	0	6	0	0	0
Criteria	0	76	0	10	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 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>	FA	<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 48 residents. There was one resident on a long-term support chronic health conditions contract (LTS-CHC), all other residents were under the age-related residential care contract (ARRC). All rooms are single occupancy.</p> <p>This partial provisional audit was undertaken to assess an existing refurbished building co-located on the same site (historically used as a dementia unit and thereafter a nursing accommodation after closing of the dementia unit) and the preparedness of the provider to provide services for the additional 22 rest home beds. All rooms are single occupancy. The increase in beds numbers will result in a change in bed numbers from 51 beds to 73 beds.</p> <p>The audit process included the review of policies and procedures, a review of documentation related to the transition to the new building including equipment and staffing plans, observation of the environment and interviews with management, and a staff member. The additional building will utilise all aspects of Wesley Home and Care service delivery operations.</p> <p>Wesley Home and Care has two directors: one of whom owns three other</p>

	<p>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 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. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequities.</p> <p>The facility manager is supported by the operations manager (a registered nurse with experience in aged care consultancy and 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 and Tangata whaikaha for equitable service delivery. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the strategic plan.</p> <p>The operations manager has connections with Māori advisors and Pacific communities who provide advice 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.</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 Paerewa Health and Disability Services Standard</p>
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		<p>2021</p> <p>A comprehensive transition plan documents timeframes for staffing and roster planning; the management structure; activities coordination (including recruitment, activities programming and planning); cleaning and domestic team; staff education and induction planning; operational readiness (including supplies and equipment, power back up, security and surveillance); allied services maintenance; resident services, including meal services, laundry services, medication management, interRAI readiness; documentation; and compliance (including staff training, contracts, admission and enquiry packs and the opening week plan).</p> <p>The planned opening date is the 15 December 2025. There are no current waiting list of residents. There are no changes to governance or management as a result of the verification of additional beds.</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>Acuity and clinical staffing ratios are described in a policy that outlines rostering and staffing ratios. The policy includes rostering and staffing in an event of acuity change and outbreak management. The facility manager outlined the recruitment process to ensure the appointment of appropriately skilled and qualified staff for the service. All support staff except for an activities coordinator have been employed. The operational manager's office will be located in the new refurbished building to ensure support and supervision. The operations manager takes over managerial duties in the absence of the facility manager.</p> <p>The facility manager will retain that role and will have overall responsibility for the management of the care facility. The operations manager and the clinical manager will oversee the day-to-day operations. The facility manager, operations manager and clinical manager work all full time Monday to Friday. In addition, there are two registered nurses; one works afternoons Monday to Thursday and one works Thursday and Fridays till 9 pm and Saturday mornings. The registered nurses will oversee all rest home level care.</p> <p>There are 16 healthcare assistants employed and inducted to the service who provide personal cares for residents and are all medication competent. The service also employs ten caregivers (note this is a</p>

	<p>separate role who also have certificates in Health and Wellbeing) who undertake laundry, bedmaking, assist with showering, meal services and cleaning tasks. The teams allocated have a mix of healthcare assistants and caregivers. All staff will work across both buildings. The transition roster reviewed evidence a staff member trained in first aid 24/7 on all shifts in both buildings.</p> <p>The transition plan outlines how the staffing roster will start off as a base roster, and will adapt as resident numbers increase. The transition plan outlines the two facilities, and the additional staffing will be brought on board as resident numbers require this. The proposed roster for the refurbished wing will comprise of one healthcare assistant and one caregiver on all shifts seven days a week. The organisation has an existing casual pool available. The clinical manager, operations manager and one full time registered nurse share the on-call roster. The facility manager continues to provide after-hours support for all operational issues each week.</p> <p>The maintenance team are in place and already performing their duties five days per week. They also provide after-hours support for all maintenance issues if required. Cleaning and laundry tasks are performed by a group of caregivers seven days per week. Recruitment is in place for the activities team members. Applications have been received and are being short listed.</p> <p>The service will implement the organisation's annual education and training schedule. The education and training schedule lists compulsory training, which includes cultural awareness training. The organisation supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. All new healthcare assistants and caregivers employed will be encouraged to complete a New Zealand Qualifications Authority (NZQA) qualification. A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include (but not limited to) moving and handling, hand hygiene, and donning on and off of personal protective clothing. All caregivers and healthcare assistants complete the same competencies. Additional registered nurse specific competencies include interRAI assessment competency. The clinical manager, operations manager and one registered nurse are interRAI competent. The organisation provides</p>
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		<p>access to all staff to utilise an external support programme.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule that will be implemented. The education and training schedule lists compulsory training which includes cultural training. External training opportunities for care staff include training through Health New Zealand and the hospice.</p> <p>There is a Careerforce assessor who supports staff training. Compulsory training also includes topics relevant to the conditions of the cohort of residents. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants and caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 26 permanent and casual staff, 14 have completed NZQA level three or above.</p> <p>Wellbeing support is provided to staff through the availability of debriefs, karakia, individual spiritual, cultural, and emotional support when required.</p> <p>There are no changes to staff education as a result of the verification of additional beds.</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</p>	<p>FA</p>	<p>Human resource policies including recruitment, selection, orientation, and staff training and development are in place. Five staff files were (three newly employed healthcare assistants, clinical manager and a registered nurse). Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. Staff files reviewed include a signed employment contract, job description, and induction documentation relevant to the role. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as infection prevention portfolio; these are signed and on the personal file.</p> <p>A register of registered nurses' practising certificates are maintained within the facility. Two of the staff files sampled had been employed more</p>

<p>services.</p>		<p>than a year and had a current appraisal on file. All staff employed have completed an induction programme and are ready to be deployed to work across both buildings. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses, healthcare assistants and caregivers to provide a culturally safe environment to Māori. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Information held about staff is kept secure, and confidential in a hard copy format protected from unauthorised access. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. The service will implement the organisation's debrief policy and provide support when required.</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the additional beds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>There is a limited activities programme. Currently, a healthcare assistant covers activities two hours a day during the week. The service has contracted an outside person for an additional six hours a week; however, this has not yet been fully implemented. The 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. The finding related to criteria# 3.3.1 identified at the certification audit continues.</p> <p>There are several resident led activities (knitting group, table tennis and singing along) but not documented as such on the activities calendar; therefore, the calendar evidences limited activities provided. Although the majority of the residents are of Asian ethnicity; the historic activities planner evidence ANZAC celebrations, Matariki and Māori language week are facilitated. There is a church service every two weeks. The facility has several fish tanks and pet therapy dog visits. The residents</p>

		<p>are able to visit parks, the library and go shopping through weekly van drives.</p> <p>The weekly calendar is placed in large print on noticeboards. The residents were observed to be engaged in activities on the day of the partial provisional audit following an exercise programme on You Tube.</p> <p>The facility is currently in the process of recruiting an activities coordinator.</p> <p>Residents will be supported to provide feedback about the activities programme through residents` meetings and the annual survey.</p> <p>The facility manager stated that activities resources will be made available in the additional building and residents will be encouraged to also attend group activities in the main facility.</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>The organisation has robust medication management policies and procedures in place that guide all aspects of the safe management of medication for the facility. The service has an electronic medication system in place. There is a process in place related to allergies/sensitivities reviewed and documented on the electronic system. Over the counter medications and supplements are be considered by the prescriber as part of resident's medication.</p> <p>The transition plan has been implemented on how staff will be trained in this system and by when, to ensure all are competent by opening day. The operations manager confirmed the process is complete with sufficient staff now medication competent.</p> <p>The medication policy outlines the process to be followed in the event a resident wishes to self-administer their medication, safe storage for medication is available when required. No standing orders are used. The operations manager described working in partnership with all residents and family/whānau to provide ongoing support, advice, and treatment for all residents to ensure they understand their medication regime.</p> <p>The service uses robotic rolls for all regular medication. A contract is in place with a local pharmacy to provide all medications to the service. The pharmacy has been very supportive of the new addition to the facility.</p>

		<p>The medication storage and secure safe are part of a secure nurse's station and, although small, is adequate for purpose. There is a lockable new medication trolley and shelves in place. There is a hand basin available to perform hand hygiene adjacent to the nurse's station. The transition equipment plan includes a medication fridge; this was not yet in place (link 4.1.1). There is a process in place to perform and monitor medication room and fridge temperatures daily. This will be the responsibility of registered nurses and healthcare assistants.</p> <p>A local medical practice is contracted to provide all medical requirements for the prospective residents. This includes a general practitioner, weekly/fortnightly clinics and the provision of after-hours support seven days per week. There are no changes to management or administration of medication as a result of the verification of additional beds.</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; the food control plan expired 25 September 2025. The verification audit is planned and booked for the 27 November 2025.</p> <p>A dietitian has reviewed the four-weekly seasonal menu in September 2025. 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 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/whanau 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</p>

		<p>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 will be transported to the dining room in the refurbished wing in a hotbox and trolley; this has not yet been purchased. Meals will be plated in the main kitchen and served by caregivers. There is a process to monitor end temperatures when receiving the food. Although the pathway from the back of the kitchen to the refurbished building is not covered, the pathway is safe for staff use only.</p> <p>A review of the equipment list and discussion with the facility manager confirmed sufficient food services resources are available to cater for the additional residents. The dishes will be transported to the main kitchen to be cleaned. A dishwasher is available in a small kitchenette next to the dining room where coffee and tea making facilities are available.</p> <p>The residents can provide feedback through the resident's meetings and through resident surveys.</p> <p>There will be no other changes to the provision of food services.</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 building holds a current warrant of fitness expiring on 23 April 2026. The environment is inclusive of peoples' cultures and supports cultural practices. There were no changes required to the compliance schedule and the building warrant of fitness was verified as suitable for use. 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 occurs annually and will include the new equipment on the equipment list provided (oxygen concentrators, observation equipment, chair scale, full hoist to be used in case of falls and standing hoist). The schedule will be followed for resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot</p>

	<p>water temperatures once the service is opened as per policy.</p> <p>The building was built in 2001, is single storey and historically used as a dementia unit prior to the current management. Until recently it was used as nursing accommodation.</p> <p>The building (Eden Lodge) is located on the same site as the main building with a parking area in between. There is not yet a safe pathway for residents to use between the building. There is a front door with a lip which might cause a trip hazard. There is a nurse's station with surrounding glass and a separate quiet lounge.</p> <p>There are two wings. Wing A with 12 rooms and wing B with 10 beds. Wing A is completed with furnishings and furniture in place. Wing B was still under refurbishment with furnishings and furniture purchased but not yet in place. The bedrooms are single occupancy. The resident bedrooms are spacious and allow easy access for mobility aids. Natural lighting is provided with large windows, and the rooms are well ventilated. Residents will be able to maintain their own heating temperatures with their personal air conditioning units. There are five communal toilets/shower between the two wings, there are two separate toilet facilities, one is accessible near the entrance to the facility. The flooring is appropriate with ease of cleaning.</p> <p>Each wing has corridors with handrails for residents to safely mobilise using mobility aids. One outdoor area is yet to be finalised. The outdoor areas have contractor's material and rubble. The residents have other areas to safely access the outdoors if this is not finished by opening day. A safety plan in place will mitigate the risk until the areas are completed. There are outdoor areas with outdoor seating and shade.</p> <p>There is an open plan dining room and lounge. This room is designed to be flexible to accommodate activities, as well as dining facilities. Residents preferring to have their meals in their rooms have space to do so. There are adequate storage areas for mobility equipment. All heaters in communal areas can be adjusted. Furniture is arranged around to create a homely and welcoming environment. Not all communal toilets/showers, visitors and staff toilets have a system that indicates if they are vacant or occupied.</p> <p>Equipment/accessories are available to promote care of the residents. The facility manager confirmed there has been Māori consultation and a</p>
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		co-design approach for the refurbishment. The rooms are verified as suitable for rest home level of care upon the completion of corrective actions related to the internal and external physical environment.
<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>	PA Low	<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. The fire evacuation scheme was verified by the fire engineer as suitable for purpose with no changes required. The fire exits, signs, fire extinguisher and sprinkler system were in place.</p> <p>Fire evacuation drills are held six-monthly, last completed May 2025. However, all staff have yet to complete a fire drill that include the new refurbished building. 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. The facility manager explained the call bell system is wireless (same as the main building); there will be three call bell screens with emergency call assist. The staff will be issued with communication devices to call for assistance.</p> <p>Call bells will be included in the current maintenance schedule to be tested. There is an agreement in place with the current contractor. The facility will be secured at night; the door will be closed at a predetermined time and the CCTV will be connected to the main building. There is a process in place for the sign in of visitors and sign out of residents.</p>

<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>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 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 the GP.</p> <p>Wesley Home and Care has a process in place to mitigate their risk around outbreaks of infection. The service offers influenza vaccinations. Vaccinations for staff and residents are available and encouraged.</p> <p>There are no changes to governance of the infection control programme or antimicrobial programme as a result of the verification of additional beds.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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>PA Low</p>	<p>The infection prevention coordinator undertook external education in infection prevention. There is a job description in place that described the roles and responsibilities of the role. Infection prevention is linked into the quality risk and incident reporting system. The infection prevention and AMS programme is reviewed annually.</p> <p>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 in the main building. Once the storage space is sorted in A wing; the outbreak kits will be moved.</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.</p>

		<p>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 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 education equipped staff to practice in a culturally safe manner.</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 were involved in the reconfiguration of the building works onsite from an infection prevention perspective.</p> <p>There are adequate hand washing facilities. However, flowing soap, hand sanitizers and paper towels are to be put in place throughout the facility including resident bedrooms. Personal protective equipment is not yet available at point of care. There are no changes to the infection control programme as a result of the verification of additional beds.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<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</p>

<p>responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>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. There are no changes to the antimicrobial programme as a result of the verification of additional beds.</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>The infection prevention policy describes surveillance as an integral 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>There was a Covid-19 outbreak immediately prior to the partial provisional audit. There were regular infection logs completed, appropriate treatment provided, and short-term care plans implemented. Individual residents and family/whānau were given information on infections and infection prevention as part of their cares. The operations manager is knowledgeable around the notification requirements.</p> <p>There are no changes to surveillance activities as a result of the verification of the additional beds.</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 Low</p>	<p>The facility manager and operational manager confirmed the service will continue with implementing the organisation’s waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>An external contractor is used to provide the required materials, resources, and chemicals to support the laundry and cleaning processes.</p> <p>There is to be one sluice room, which at time of audit, was yet to be completed and secured. Interviews confirmed that enough PPE resources are available provided, such as aprons, gloves, masks and visors; these are yet to be put in place (link 5.2.4). Training and education in waste management, chemical safety, and infection prevention is included within the staff training during their orientation process and as a component of the mandatory training. All caregivers responsible for the cleaning and laundry tasks have all completed the required training. Cleaning and laundry tasks are completed seven days a week.</p> <p>There is a locked chemical room. Chemical bottles are labelled with manufacturer labels. Safety data sheets are available but not yet in place. Cleaners were being recruited at time of audit.</p> <p>There are policies to ensure the safe and effective management of all aspects of the laundry services, chemical safety and hazardous waste disposal. A cleaner’s trolley and laundry trolley have been purchased.</p> <p>All laundry is completed on site. The laundry is adjacent to the main building. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff. The management confirmed covered trolleys will be used to deliver clean linen. The storeroom for clean linen is in A wing and has yet to be completed.</p> <p>The environment, cleaning and laundry services are included in the organisational internal audit schedule, which will be reviewed and monitored by the infection control coordinator. There are no changes to governance of the environment as a result of the refurbishment.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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>	PA Low	<p>There is a limited activities programme documented. Currently there is a healthcare assistant who covers activities two hours a day during the week. The service has contracted an outside person for an additional six hours a week since the previous audit; however, this has not yet been fully implemented. The 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.</p>	<p>(i). There is a very limited activities programme offered.</p> <p>(ii). Lifestyle assessments are not always completed.</p>	<p>(i). Implement a well-planned activities programme that meets the needs of residents with sufficient resources to deliver the programme.</p> <p>(ii). Ensure that lifestyle assessments, plans and reviews are completed in a timely manner.</p> <p>90 days</p>
<p>Criterion 3.5.5</p> <p>An approved food control plan</p>	PA Low	<p>There is no current approved food control plan; the food control plan expired 25 September 2025. The</p>	<p>(i). There is not a current approved food control plan in place.</p>	<p>(i). Ensure a current food control plan is in place.</p> <p>(ii). Ensure equipment to</p>

shall be available as required.		verification audit is planned and booked for the 27 November 2025. The food control plan supports safe transfer of food and maintaining end food temperatures. There are not yet a hotbox and trolley purchased to transfer the meals from the kitchen to the building.	(ii). Not all equipment to transport the food has been purchased or in place.	transport food is purchased and in place.  Prior to occupancy
<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	<p>There are two wings. Wing A with 12 rooms and wing B with 10 beds. Wing A is completed with furnishings and furniture in place. Wing B was still under refurbishment, with furnishings and furniture purchased but not yet in place; one room has a pin code access to the door and two rooms have incomplete light fittings.</p> <p>There are five communal toilets/shower between the two wings, there two separate toilet facilities, one is accessible near the entrance to the facility. All are lockable. Not all the facilities have yet a vacant /in use sign on the door.</p>	<p>(i). Wing B was still under refurbishment: (a). The furnishings and furniture were not yet in place;(b). one room has a pin code lock on the door that needs to be removed and replaced with a handle and (c). There were two rooms without light fittings.</p> <p>(ii). Not all communal toilets/shower facilities have a vacant/in use sign on the door.</p>	<p>(i)(a-c). Ensure wing B is fully refurbished including replacement of room one's pin code pad with a handle and completion of two rooms `s light fittings.</p> <p>(ii). Ensure all communal toilets/ shower facilities have a vacant/in use sign on the door.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>There is safe access to the outdoors from the dining/lounge to an outside deck. There is a front door that is protected from the weather that leads to the front entrance with nursing station and separate quiet lounge. There is a lip at the front entrance.</p> <p>One outdoor area is yet to be finalised.</p>	<p>(i). There is a lip to the front entrance that might cause a trip entrance.</p> <p>(ii). Contractors and building rubble has not yet been removed from the front at the entrance and the deck leading from the dining room/lounge.</p>	<p>(i). Ensure there is safe entry and exit to the building.</p> <p>(ii). Ensure all contractors material and building rubble are removed.</p> <p>(iii). Ensure a safe</p>

		<p>The outdoor areas have contractors' material and rubble.</p> <p>The operations manager stated the residents will be encouraged to attend group activities in the main building. Currently residents will need to cross a busy carpark to get to the main building (approximately 40-meter crossing).</p>	<p>(iii). There is not yet a safe pathway for residents to use from the one building to the main building.</p>	<p>pathway for residents to use between the two buildings.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	<p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on 9 February 2024. The fire evacuation scheme was verified by the fire engineer as suitable for purpose with no changes required. The fire exits, signs, fire extinguisher and sprinkler system were in place. Staff complete fire and emergency training at orientation.</p> <p>Fire evacuation drills are held six-monthly, last completed May 2025. However, all staff have yet to complete a fire drill that include the new refurbished building.</p>	<p>(i). Staff still need to complete a fire drill that includes the new refurbished building.</p>	<p>(i). Ensure staff complete a fire drill that include the new refurbished building.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>There is good WI-FI reception within the building. The facility manager explained the call bell system is wireless (same as the main building) with call buttons or pendants; there will be three call bell screens with emergency call assist. The call bell system will be secured in case of Wi- Fi outage. The staff will be issued with communication devices to call for</p>	<p>(i). The call bell system was not yet installed, functional in all areas or secured in case of Wi-Fi failure.</p> <p>(ii). There is no process in place for staff to summon assistance from the main building if needed.</p>	<p>(i). Ensure the call bell system is installed, fully functional and secured from Wi-Fi outage.</p> <p>(ii). Ensure staff have communication devices in place to summon assistance from staff in the main building when</p>

		<p>assistance. There is an agreement in place with the installer.</p> <p>There will be call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Staff will be able to communicate by phone and mobile phone with other staff in the main building; this was not yet in place.</p>		<p>required.</p> <p>Prior to occupancy</p>
<p>Criterion 4.2.6</p> <p>Service providers shall identify and implement appropriate security arrangements relevant to the people using services and the setting, including appropriate identification.</p>	PA Low	<p>There are security arrangements in place. The facility manager stated there is CCTV at the main entrance that has yet to be connected to the main building. There is an appropriate risk mitigation strategy in place should this not be functional prior to opening.</p>	<p>(i). The CCTV available has yet to be connected to the main building.</p>	<p>(ii). Ensure the CCTV is connected to the main building.</p> <p>Prior to occupancy</p>
<p>Criterion 5.2.4</p> <p>Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.</p>	PA Low	<p>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 in the main building. Once the storage space is sorted in A wing; the outbreak kits will be moved. There are adequate hand washing facilities. However, flowing soap, hand sanitizers and paper towels are to be put in place throughout the facility including resident bedrooms. Personal protective equipment is not yet available.</p>	<p>(i). Flowing soap, hand sanitizers and paper towels are not yet in place throughout the refurbished wing including resident bedrooms.</p> <p>(ii). Adequate personal protective equipment is not yet in place at point of care.</p>	<p>(i). Flowing soap, hand sanitizers and paper towels are to be put in place throughout the facility including resident bedrooms.</p> <p>(ii). Ensure adequate personal protective equipment is in place at point of care.</p> <p>Prior to occupancy</p>

<p>Criterion 5.5.2</p> <p>Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.</p>	<p>PA Low</p>	<p>The service has organisational policy and procedure in place to provide guidance and keep staff and visitors safe; however, discussion with management and observation confirmed the service does not have an operational sluice room. There are no material safety data sheets (MSD) available for chemicals.</p>	<p>(i). The refurbished wing does not have a sluice room in operation to support the safe management of waste and/or hazardous substances.</p> <p>(ii). There are no MSD sheets available for chemicals.</p>	<p>(ii). Ensure a sluice room is in operation prior to opening the refurbished wing</p> <p>(ii). Ensure there are MSD sheets available for chemicals.</p> <p>Prior to occupancy</p>
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>All laundry is completed on site. The laundry is adjacent to the main building. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff. The management confirmed covered trolleys will be used to deliver clean linen. The storeroom for clean linen is in A wing and has yet to be completed.</p>	<p>(i). The storeroom for clean linen is in A wing and has yet to be completed.</p>	<p>(ii). Ensure safe and hygienic storage of linen.</p> <p>Prior to occupancy</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.

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End of the report.