Windsor House Board of Governors - Windsorcare

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: Windsor House Board of Governors

Premises audited: Windsorcare

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 18 December 2025 End date: 19 December 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 76

Executive summary of the audit

Introduction

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

- ō tātou motika │ our rights
- hunga mahi me te hanganga │ workforce and structure
- ngā huarahi ki te oranga │ pathways to wellbeing
- te aro ki te tangata me te taiao haumaru │ 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
(blue)	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
(green)	No short falls	Subsections applicable to this service are fully attained
(yellow)	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this are service partially attained and of low risk

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

General overview of the audit

Windsorcare is certified to provide hospital (geriatric and medical), rest home, and dementia levels of care for up to 81 residents. There were 76 residents in total at the time of the audit.

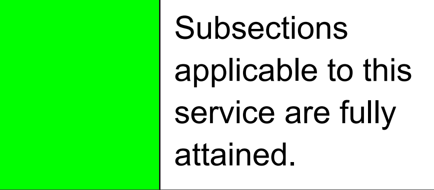
This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents,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

The general manager is appropriately qualified and experienced and is supported by an experienced clinical manager. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided.

The service has addressed the two previous audit shortfalls around timeframes for completion of resident information, and dementia training for caregivers.

This surveillance audit identified no shortfalls.

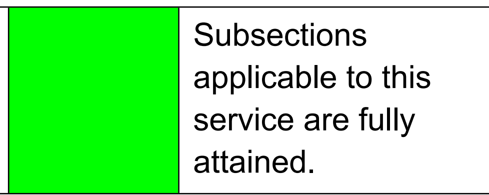
Ō tātou motika | Our rights

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 are fully attained.

Windsorcare provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and Pacific health plan in place. An informed consent policy is implemented, and residents understood their right to make informed choices.

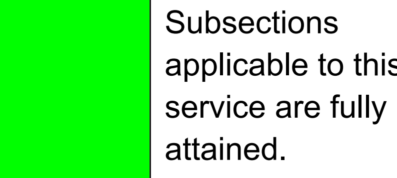
The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Subsections applicable to this service are fully attained.

The strategic plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy documented. 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.		Subsections applicable to this service are fully attained.

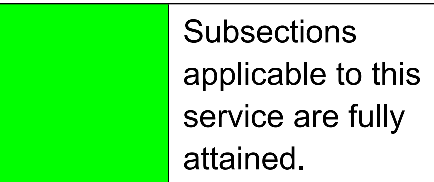
Registered nurses assess residents on admission. InterRAI assessments are used to identify residents’ needs, and long-term care plans are developed and implemented. The general practitioner completes an assessment on admission, and reviews occur thereafter on a regular basis. Residents’ files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

There is a current food control plan. Dietary needs, allergies, intolerances, and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

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

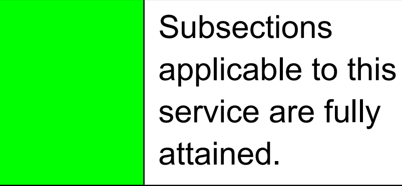
The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical/clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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 are fully attained.

The infection control programme is reviewed annually. All staff complete infection control education. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There has been one outbreak reported since the previous 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 are fully attained.

The restraint coordinator is a registered nurse. The facility had no residents using restraints at the time of audit. Elimination of restraint use is included as part of the education and training plan.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	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
Subsection 1.1: Pae ora healthy futures 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.	FA	The Māori health plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Windsorcare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The service does not currently have any residents who identify as Māori at the facility. As part of staff training, Windsorcare incorporates the Māori health strategy (He Korowai Oranga), te whare tapa whā Māori model of health and the wellbeing model of care. Staff who identified as Māori confirmed in interview that mana motuhake is recognised.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa 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 equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The organisation recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific health plan documented as part of the Pasifika Peoples Health Policy. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were residents and staff who identified as Pasifika. Staff interviewed confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Interviews with five residents (two rest home and three hospital) and four family/whānau (one hospital and three dementia level of care) confirm residents are aware of their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, abuse or neglect and bullying. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff are held responsible for creating a positive, inclusive and a safe working environment. The caregivers interviewed stated that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Thirteen staff members interviewed (four registered nurses (RN), one enrolled nurse (EN), seven caregivers, and one clinical administrator confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The service implements a process to manage residents’ comfort funds, such as sundry expenses. All property is identified when the resident enters the service and residents and family/whānau interviewed stated that staff look after any property they use and treat property with respect.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about	FA	There are policies around informed consent that meet the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and other vaccinations. Residents and family/whānau interviewed could describe what informed consent is and knew they had the

my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. 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. 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.		right to choose. Consent forms are appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians where necessary. All documentation regarding EPOA, and the appropriate activation letter is on file as evidenced in the resident files reviewed.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The Code is visible and available in te reo Māori, and English. Resident meetings are held quarterly and identify feedback from residents and consequent follow up by the service. The service maintains a record of all complaints, both verbal and written, by using an electronic complaints' register. The complaints process is linked to advocacy services. There have been nine complaints made since the last audit in June 2024; four in 2024 and five in 2025 year to date. The complaints reviewed were all acknowledged, investigated, and resolved within the timeframes set out by the HDC. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for Māori.
Subsection 2.1: Governance The people: I trust the people governing the service to	FA	Windsorcare provides rest home, hospital (medical and geriatric), and dementia level care for up to 81 residents. There are 11 dedicated rest home beds, 10 dual purpose beds in the rest home unit, 40 hospital beds and 20

have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.		beds in the dementia unit. One of the rest home rooms was being used as a family/whānau room at the time of the audit. There were 76 residents in total; 25 rest home residents including; one resident on a younger persons with a disability (YPD) contract, 31 hospital level residents including; one resident on a long-term support chronic health conditions (LTS-CHC) contract, and 20 dementia care residents. The remaining residents were on the age-related residential care (ARRC) agreement. The service is governed by the Windsor House Board of Governors (there are eight governors on the Board including the chairperson). The Board meets monthly and receives reports on all aspects of service delivery at Windsorcare. The general manager reports to the monthly Board of Governors meeting. The service has a strategic plan in place for 2025-2030. The strategic plan reflects a leadership commitment to the quality and risk management system and also to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The organisation has a philosophy of care which includes a mission statement. The Board and senior management have committed to working collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori. The Board oversees compliance with legislative, contractual, and regulatory requirements, and external advice is sought as required. The chair of the Board of Governors collaborates with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The service has a clinical governance structure in place that is appropriate to the size, scope, and complexity of the service. The general manager has a PhD in management and has been in the role for over ten years. They are supported by a clinical manager who has been in the role for over seven years and provides clinical oversight at Windsorcare. They have over 20 years' experience in aged care and clinical management. The general manager and clinical manager have completed in excess of eight hours of professional development in the past 12 months.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep	FA	Windsorcare has a robust quality and risk management programme. Key components of the quality and risk management programme link to the

me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.		monthly combined management/quality/infection control and health and safety meetings, and RN/clinical meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls; infection rates; complaints received; restraint use; pressure injuries; and medication errors. Results of quality data, results from benchmarking, results from internal audits and corrective actions are discussed in all facility meetings. Quality improvements are raised for identified areas for improvement. An annual internal audit schedule including specific clinical-focused audits, was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Six-monthly multidisciplinary team (MDT) meetings provide an opportunity for residents and family/whānau to state any area that they are satisfied with and any areas that may require improvement. Any improvement areas are followed up and actioned. There is a health and safety system in place that complies with current legislation. Staff are inducted into health and safety during orientation and receive ongoing training. Staff incidents, accidents and near misses are reported and followed up by the clinical manager. Where needed, staff are supported for a safe return to work. The hazard register is reviewed at least annually. Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally and with an external consultant. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications completed since the last audit. There have been six incidents reported to the Health Quality and Safety Commission (HQSC) since the previous audit. One outbreak has been reported to external authorities since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.	FA	There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. The electronic roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and clinical manager both work full time from Monday to Friday. The general manager is available 24/7 for any operational related

Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		issues and the RNs share the on call 24/7 duties for any clinical concerns. Registered nurses have a roster pattern of ‘four on, two off.’ Due to this, there are often more than two RNs on duty. In this case, one of the RNs completes documentation. One of the RNs works three days as a clinical support. The RNs are supported by a team of caregivers. Interviews with the caregivers and RNs confirmed that their workload is manageable. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. There is an annual education and training schedule being implemented. The education and training schedule that lists compulsory training. This includes cultural awareness training. Learning opportunities are available for RNs and caregivers so that they can provide high-quality and equitable safe services. Competencies are completed by staff, which are linked to the education and training programme. All staff are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment, cultural safety, and moving and handling. A record of completion is maintained on an electronic register. Out of the thirteen RNs and one EN, eleven RNs are trained in interRAI. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of fifty-one caregivers, forty-one have completed the required dementia unit standards, eight caregivers are in progress of completing the training, and two new caregivers are enrolled to complete the dementia standards. All ten caregivers are within the 18-month timeframe period. The previous audit shortfall relating to the dementia standards training (#2.3.2) has been addressed.
Subsection 2.4: Health care and support workers 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 health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.	FA	A register of practising certificates is maintained for all health professionals, including RNs, general practitioner (GP), podiatrist, physiotherapist, and pharmacists. Seven staff files were reviewed for two RNs and five caregivers. 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 RNs, caregivers, and activity staff to provide a culturally safe environment for Māori. All staff who had been employed for over one year have an annual appraisal

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.		completed.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Six resident files were reviewed: two from each level of care (hospital, rest home, and dementia level of care). The files reviewed included one rest home level care resident on a YPD contract and one hospital level care resident on an LTS-CHC contract. Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. An initial assessment is undertaken by an RN on admission, and an initial care plan is developed in a timely manner. All residents have interRAI assessments completed by the RNs within three weeks of admission and the assessment is used to inform development of the long-term care plan along, with input from resident and family/whānau, caregivers and activities staff. All long-term care plans include planned interventions that cover medical conditions, physical needs, assistance required with activities of daily living, psychosocial, and cultural needs and preferences. Residents in the dementia unit have care plans documented to manage their behaviours and the best way to deescalate the behaviours over a 24-hour period. Also included is information about the resident's past life and significant people and events, for staff to use for reminiscing and conversations that engage the resident meaningfully. Family/whānau interviewed confirmed they are involved in assessments, care planning, and review processes, and that residents are supported to have choice and control in meeting their needs and goals. Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and resident interviews, and resident records evidenced that family/whānau are informed where there is a change in resident's health status. There are two GPs that visit the service twice a week. Initial medical assessments occur within the required timeframes. One of the GPs was interviewed, was happy with the communication from the RNs, and stated that all assessments and referrals were timely and appropriate. There was evidence in resident files that allied health care professionals (physiotherapist, dietitian, podiatrist, wound specialist) were involved as clinically indicated. The electronic files allow for integration of services with all staff, including

		caregivers, RNs and activities staff involved in contributing to the residents' files. 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 handover at the beginning of their shift, as observed on the day of audit. Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded as per policy. Monitoring of care is stated in the care plans and include (but are not limited to) intentional rounding, skin monitoring, wound monitoring, regular repositioning, and food and fluid management. A wound register is maintained electronically. Example of wounds are pressure injures (stage two and unstageable) lesions, abrasions, skin tears, ulcers, and surgical wounds. Review of the wound register confirms all are being assessed and monitored. Wound management includes taking regular photographs and measurements of wounds. Wound care plans were reviewed as specified in the care plan and have at least two to three pictures uploaded in the form per week. Care plans are evaluated and reviewed at least six-monthly and include input from the RN, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the resident's goals are being met and if there are new goals identified, the care plan is reviewed and updated. The previous audit shortfall relating to non-compliance with contractual timeframes, completion of interRAI assessments, long term care plans, and their evaluation (# 3.2.1) has been addressed.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for 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	FA	Medication management is safe and meets legislative requirements. Medications are administered by RNs and medication competent caregivers, all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy.

manner that complies with current legislative requirements and safe practice guidelines.		There is a large medication and treatment room on each level. Medications are stored in locked medication rooms and medication trolleys are also locked. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Medication room temperatures are recorded and within acceptable range. Medications with a short shelf life are dated when opened and discarded as per the manufacturer's instructions. Medications are reviewed three-monthly by the GP, in collaboration with the RNs and resident and family/whānau. Twelve electronic medication charts were reviewed. All had photographic identification. Any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff were sighted in each medication room. Pro re nata (prn) medication is administered as prescribed, and the reasons and effects are documented in the progress notes. There are no standing orders. There were no residents who self-administer their medications. The service has a medication management policy in place that outlines the assessment, approval, monitoring, and review process for self-administration should a resident be assessed as suitable in the future
Subsection 3.5: Nutrition to support wellbeing 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 hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are included in the menu. The support services manager oversees the kitchen and receives an assessment dietary requirement report completed by the RNs and is notified of any dietary changes. Food preferences and cultural preferences are encompassed into the menu. Dislikes and special dietary requirements are accommodated, including food allergies. The catering and environmental services manager interviewed confirmed the kitchen accommodates residents' requests and can prepare food that is specific to the culture of a resident. There is a verified current food control plan.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. To coordinate a supported transition of care or supports when residents are transferred to the public hospital, their family/whānau is informed, and the RN completes a set of transfer documents. Resident needs

they and whānau receive the necessary support during their transition, transfer, and discharge. 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.		and potential risks are communicated to the health service by the RN.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The buildings, plant, and equipment are fit for purpose at Windsorcare and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. A current building warrant of fitness is displayed. There is an annual maintenance plan 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 per day as required. Hot water temperature recordings are completed monthly. Corrective actions are undertaken when any hot water temperatures are outside of expected thresholds.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The service has a clearly defined and documented infection prevention and control programme that is approved by the governance body and is linked to the quality improvement programme through routine surveillance, reporting, and review of infection-related data and corrective actions There is a defined and documented infection prevention and anti-microbial stewardship programme implemented that was developed by an external infection control service and consultant. The programme is reviewed annually by the clinical manager who is also the infection control coordinator. The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Infection prevention and control education is provided by a suitably qualified person with expertise in infection prevention and is included as a core component of all staff orientation programme. Staff

		education includes (but is not limited to): standard precautions; isolation procedures; hand hygiene competencies; and donning and doffing personal protective equipment (PPE). All staff have completed the required training within the last 12 months.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at monthly combined management/quality/infection control and health and safety meeting and RN/clinical meetings. Surveillance results and any identified recommendations for improvement are documented and reported to the governance body and shared with relevant staff in a timely manner through established quality and reporting processes. The service has incorporated ethnicity data into surveillance methods and data captured is able to be easily extracted. Internal benchmarking is completed by the infection control coordinator. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There has been one outbreak (Norovirus) since the last audit. The facility followed their outbreak and pandemic plan. There were clear communication pathways with responsibilities, and include daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment and were allocated to a cohort of residents to minimise risks. Family/whānau were kept informed by phone or email. Visiting was restricted.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to	FA	The facility is committed to providing services to residents without the use of restraint wherever possible. Restraint policy confirms that restraint consideration and application must be done in partnership with whānau, and

improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		the choice of device must be the least restrictive possible. The restraint coordinator (registered nurse) was interviewed. The restraint coordinator described the facility's focus on remaining restraint free. When restraint is considered, the restraint coordinator works in partnership with the resident and whānau to promote and ensure services are mana enhancing. At the time of the audit, there were no residents using restraint. Monthly data is collected, analysed, and reported to the Board, supporting the ongoing monitoring and promotion of resident and staff safety. All staff have annual restraint training. Maintaining a restraint-free environment, de-escalation, and managing distressed behaviour and associated risks is included as part of the orientation programme and ongoing training. Training also includes alternative cultural-specific interventions.

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.