



**Inspection Report**

**Experion Care NZ Limited - Wensley House**

**7 February 2024**

HealthCERT  
Quality Assurance and Safety  
Regulation and Monitoring | Te Pou Whakamaru  
Ministry of Health | Manatū Hauora

## Table of Contents

1. Provider Details .....	3
2. Executive Summary .....	3
3. Background .....	4
4. Inspection Methodology .....	12
5. Inspection Limitations .....	13
6. Inspection Findings .....	13
7. Summation Meeting .....	13

## 1. Provider Details

Certificate:	Experion Care NZ Limited - Wensley House
Premises:	Wensley House
Premises Address:	49 Wensley Road, Richmond, Nelson
Contact Person:	Owner of Experion Care NZ Limited: [REDACTED]
Internal Ref:	PRMS_Audit_000032366002
Inspection Date:	7 February 2024

## 2. Executive Summary

This announced inspection was undertaken on 7 February 2024 at Experion Care NZ Limited - Wensley House, 49 Wensley Road, Richmond, Nelson (Experion Care, Wensley House).

The inspection was undertaken to determine if the previous findings from the Ministry of Health - Manatū Hauora (the Ministry) inspection undertaken in May 2023 and the findings from the surveillance audit in September 2023 had been resolved and that Wensley House was now providing services that met the Ngā paerewa Health and disability services standard (NZS8134:2021) (Ngā Paerewa). The inspection was completed by the Ministry in accordance with sections 40, 41 and 43 of the Health and Disability Services (Safety) Act 2001 (the Act) to determine if health care services are being provided in compliance with Section 9 of the Act.

Prior to the inspection, Wensley House had been visited by the Health New Zealand - Te Whatu Ora Commissioning team on 6 December 2023. It was agreed at this meeting that corrective actions from the previous Ministry inspection (undertaken in May 2023) and corrective actions from the September 2023 surveillance audit would need to be addressed at this follow up inspection.

Failure to address corrective actions to completion would result in Health New Zealand - Te Whatu Ora placing Wensley House back into temporary management in order to look for alternative arrangements for the residents. If this was a necessary action, HealthCERT would assess the need to remove the certification for Wensley House and/or Health New Zealand - Te Whatu Ora would revoke the contract.

This inspection included review of resident files, review of the quality and risk system, interviews with the owner, a director, facility manager, registered nurse and other care staff, clinical governance advisor, GP, review of policy and procedure documentation and review of other related documentation demonstrating evidence of corrective action management.

Based on the evidence provided against the inspection and the 2023 surveillance audit corrective actions, Experion Care met the requirements of Ngā Paerewa. The May 2023 inspection and September 2023 surveillance audit corrective actions were able to be closed as fully attained.

### 3. Background

#### Law:

Providers of health care services must be certified by the Director-General of Health (Sections 9(a) and 26 of the Act) and must comply with all relevant Health and Disability Service Standards (Section 9(b)). Under Section 9 of the Act a person providing health care services of any kind must do so -

- a) while certified by the Director-General of Health to provide health care services of that kind; and
- b) while meeting all relevant service standards; and
- c) in compliance with any conditions subject to which the person was certified by the Director-General to provide health care services of that kind; and
- d) in compliance with this Act; and
- e) if the services are rest home care or geriatric services that are hospital care, in compliance with any applicable regulations under section 53(1)(a).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008. The standard approved is Ngā Paerewa.

Wensley House is located in Richmond, Nelson and is one of six small care homes owned and managed by Experion Care NZ Limited. This facility is certified for rest home level care with a 30-bed capacity in the care home and 13 serviced apartments certified for rest home level of care. Experion Care have owned Wensley House since 2017.

In March 2023 Wensley House had been placed under temporary management, by Health New Zealand - Te Whatu Ora Nelson Marlborough. Earlier in 2023 following complaints and concerns about the standard of care being delivered to residents, Health New Zealand - Te Whatu Ora placed an experienced aged care consultant in Wensley House to support the then General Manager (GM). Admissions to the facility were stopped at this time and have not resumed.

During the first two months of the consultant support there were minimal changes made to improve the service by the GM resulting in the GM being removed by Health New Zealand - Te Whatu Ora under clause A22.2 of the Aged-related Residential Care Services Agreement and a temporary manager put in place. Wensley House was also in breach of the Age-related Residential Care Services Agreement with Health New Zealand - Te Whatu Ora at this time under clauses A2.1, A4.1 and D5.4.

### Review of corrective actions

The corrective actions resulting from the previous May 2023 Inspection and September 2023 Surveillance audit were reviewed as follows:

#### May 2023 Inspection corrective action – subsection 1.8 I have the right to complain

- Ensure that a robust complaints process is implemented and that it meets the expectations of the Code of Health and Disability Services Consumers' Rights.

### Evidence submitted and reviewed:

The current facility manager has set up a new complaint file which evidenced two internal complaints made by residents around food services. The complaints were acknowledged, investigated and letters of the outcomes were sent to the complainants. The complainants both signed the resolution part of the letter to confirm they were happy with the outcome, and meals had improved.

The complaints process had been added to the agenda for staff and resident meeting.

Photographic evidence was submitted to demonstrate that Health and disability 'Your Rights' pamphlets were now available for new admissions and placed at the entrance of the rest home and studios.

Email evidence of Health and Disability Advocacy training for residents/staff had been booked and delivered in December (Residents Rights).

The correction action resulting from the 2023 inspection was reviewed at the 2023 surveillance audit and closed as fully attained.

### **May 2023 Inspection corrective action – subsection 2.1 Governance**

- Develop processes to ensure monitoring of Wensley House operational practices to ensure they meet all necessary requirements.
- Develop processes to monitor performance to ensure the facility is meeting its own goals and those of Experion Care.
- Provide documentation to support the appointment of the newly appointed facility manager.
- The governance body proactively monitors the quality and risk management system.
- The governance body to undertake Te Tiriti, health equity and cultural safety training and education to enable them to demonstrate expertise.
- Implement a clinical governance structure.

### **September 2023 Surveillance audit corrective action – criterion 2.1.2**

- Ensure all discussions of organisational and site-specific goals are documented.

### Evidence submitted and reviewed:

Copy of updated (September 2023) Experion Care business plan sighted and elements discussed during inspection with owner and new director.

Wensley House have introduced a centralised tracking system which comprises of monthly clinical indicator reports, schedules for facility meetings, internal audit and education, managers weekly reports and a clinical advisors' report. This programme has many features and benefits to enhance the operational practices across the organisation and should improve the visibility of how Wensley House is performing to the directors and clinical governance advisor. Discussion occurred with the directors around some of the reports being very clinically driven and although this was of the upmost importance more business and quality and risk information plus narrative may need to be included to ensure ongoing viability of Wensley House and increasing the director's awareness of when they may need to increase their engagement with the facility manager. The appointment of the new director who is well versed in the aged care sector and is a professional director, based in New Zealand, now allows the executive team to intervene in a timely manner

should the need arise. The centralised tracker which, is stored in a cloud system will enable the board to analyse trends and organisational practices and make informed decisions for quality improvements.

Wensley house's objectives were reviewed, and discussed with the directors, in particular, that they were very generic and not very future driven or focussed. The directors agreed and explained they were like this on purpose to keep Wensley focused on the current issues that needed to be addressed and will be reviewed again in six months.

A Māori Health advisor has been appointed along with the clinical governance advisor (job descriptions sighted), both positions will strengthen the organisations' ability to meet Ngā Paerewa and support the facility manager. Evidence was provided of the board members undertaking Te Tiriti, health equity and cultural safety training.

Evidence was submitted in relation to the facility managers appointment. Some discussion with the owner occurred related to this.

A clinical governance structure has been put in place, with monthly meetings to review the weekly reports submitted from all Experion Care NZ Limited facilities.

The owner is to be commended for introducing the new positions to the executive team, which will enhance and add value to the organisation.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are met as fully attained and closed.

### **May 2023 Inspection corrective action – subsection 2.2 Quality and risk**

- Implement a quality and risk management system.
- Implement a document control system that is user friendly for staff and is document controlled.
- Ensure all incident/ accident forms are completed and integrated into the quality and risk management system.

### **September 2023 Surveillance audit corrective action – criterion 2.2.3**

- Ensure the quality and risk programme is fully implemented.
- Ensure current policies and procedures are available to all staff.
- Ensure internal audits are held according to schedule.
- Ensure all corrective actions identified are evidenced as being followed up and signed off when completed.
- Ensure satisfaction surveys are held at least annually, and results are analysed.
- Ensure meeting minutes reflect discussions around the analysis of quality data and satisfaction results held.
- Ensure quality data collated through incident and infection reports are analysed.

#### Evidence submitted and reviewed:

A great deal of work has gone into meeting the requirements of this subsection. The introduction of Lee care has enabled the management team at Experion Care to regularly review quality information and be reactive in a timely manner to any emerging issues. Benchmarking within the Experion Care group can also now take place.

Multiple documents were reviewed, demonstrating that a quality and risk programme has been established and is continuing to be implemented. Internal audits have been commenced with corrective actions arising from them being actioned and signed off. These will now be able to be tracked by the clinical quality advisor when they are not submitted into the system in the required timeframe. Satisfaction surveys were reviewed and demonstrated that overall residents were satisfied with the services they receive, however there remains room for improvement in the issues raised plus the number of questions that were not answered by all participants. More narrative on surveys would be helpful to enable the reader to fully understand the results, such as number of surveys given out versus number of respondents. Meeting minutes were sighted and demonstrate that areas of the quality and risk programme are discussed with staff. Clinical indicator analysis reports were sighted along with the facility managers reports. Many areas of these reports appeared to be not applicable for Wensley House residents and may need refining into the future, or the frequency of the reports reduced.

Staff have access now to policies and procedures both electronically and hard copy. A staff member reported that they now look up a procedure if they are unsure what to do and feel more confident in their work having the policies and procedures readily available. A document review committee is now in place and is undertaking reviews of all the documents, taking a several documents every month and reviewing and entering the review date. Policies to be personalised to each facility.

Incident forms reviewed were completed in full and are now integrated into the quality and risk system.

A Hazard register is now in place, and includes potential hazards. Discussion and walk around the facility with the owner demonstrated that issues are being identified and added to the register and then actioned. Examples of an arborist being employed to cut a tree back that was deemed a hazard on the property and the change in location of the sluice to allow more room within the laundry demonstrated that proactive management of the facility was now occurring.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are met as fully attained and closed.

### **May 2023 Inspection corrective action – subsection 2.3 Service Management**

- Implement a training/education plan to meet the needs of Wensley House staff.

### **September 2023 Surveillance audit corrective action – criterion 2.3.1 and 2.3.4**

- Ensure there is adequate staff rostered on duty to meet the needs of the residents.
- Ensure all compulsory training sessions and staff competencies are held according to schedule.

### **Evidence submitted and reviewed:**

Training and education is an area where Wensley House has had recurring findings over many past audits. Wensley House now has an Inservice training and education planner in place that identifies the topics to be covered, who is required to attend and the frequency of the training. It is comprehensive and covers all areas that are required under the ARCC agreement and to enable staff to have the skills to deliver high quality safe services. Evidence was sighted of training having been delivered recently, such as, manual handling

which was delivered by a physiotherapist and signed records of staff attending the training were sighted. Other training has been undertaken. Staff expressed satisfaction with the sessions they had recently attended and were looking forward to further in-service training and the ability to access online education.

Medication competency training has been undertaken by all health care assistants who administer medications.

Rosters were reviewed and demonstrated that at the time of the inspection there were no gaps in the roster or in the previous months worked rosters. In recent months an administrator has been employed, two casual registered nurses, two cooks and all healthcare assistants' positions were now filled. On each roster sighted evidence was seen of there always being a medication competent healthcare assistant on duty and a first aid trained staff member. Experion Care has demonstrated their commitment to ensuring adequate registered nurse cover. Following the resignation last year of the registered nurse they relocated an International qualified registered nurse (IQN) from another Experion Care facility who was provided with support from the clinical governance advisor for clinical matters whilst searching for a permanent replacement registered nurse. A permanent replacement was employed at the end of 2023.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are met as fully attained and closed.

#### **May 2023 Inspection corrective action – subsection 2.4 Health care and support workers and their availability**

- Good employment practices will be implemented to meet the requirements of the standard.

#### **September 2023 Surveillance audit corrective actions**

- **Criterion 2.4.2:** Ensure extra roles are defined in job descriptions, including the infection control coordinator, health and safety representative, and restraint coordinator.
- **Criterion 2.4.4** Ensure all staff complete a role specific orientation and a signed copy is retained on staff files.
- **Criterion 2.4.5** Ensure all staff have an annual appraisal as per policy.

#### Evidence submitted and reviewed:

There is a dedicated Human Resource (HR) team located in India who support the Experion Care Group facility managers as required. There is also a professional HR consultant who advises the organisation on compliance issues, contractual matters and any other people related issues. During the surveillance audit it was reported that all six staff files reviewed (three caregivers, one RN, one recently employed kitchenhand, and one recently employed cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and reference checks. This is an improvement on the files reviewed during the unannounced inspection. The employment practices were discussed during this inspection and verified that good employment practices are now being followed. Since this audit all staff were given an updated orientation/induction form to read and sign, ensuring that all staff are familiar with their specific job expectations.

Since the surveillance audit staff appraisals have been completed, and staff spoken too appreciated the time invested in this process. The job description for the health and safety coordinator, restraint coordinator and the infection control coordinator were sighted, and all were signed and dated by the incumbent. The job descriptions were detailed and explained the objectives and responsibilities of the roles.

The facility managers HR records have been reviewed and the orientation sheet demonstrated completion of the process.

There were no complaints made to the inspection team during this inspection about the management and ownership of the facility that were raised at the last inspection. Staff appeared to be enjoying their work and all previous aggrievements no longer an issue.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are met as fully attained and closed.

### **May 2023 Inspection corrective action – subsection 3.2 My pathway to wellbeing**

- Ensure assessments, care plans, interventions, re-assessments and evaluations are comprehensive, are undertaken in a timely manner and are current, reflect the needs of the residents and promote continuity of service delivery.

### **September 2023 Surveillance audit corrective actions:**

- **Criterion 3.2.1:**
  - Ensure assessments and care plans are completed in line with timeframe
  - Ensure family input into assessments and care planning is documented.
- **Criterion 3.2.3:** Ensure long-term care plans are current with detailed interventions to manage and guide the care of the residents.
- **Criterion 3.2.5:**
  - Ensure interventions are documented in a care plan for acute issues as guided by the policy.
  - Ensure long-term care plans are reviewed and updated at least six-monthly.

### Evidence submitted and reviewed:

The clinical documentation planner was sighted and demonstrated it was current and up to date. The clinical documentation planner detailed:

- each resident's date of admission
- date initial interRAI assessment completed (with the exception of long term residents whose initial admission files had been archived)
- date next interRAI assessment due
- date the long-term care plan completed
- due date for next care plan evaluation.

The registered nurse (RN) when interviewed confirmed she was accountable for maintenance of the clinical documentation, and that this responsibility was noted in her position description.

The RN advised Long Term Care Plans (LTCPs) are completed by the RN for all clinical aspects, and the Diversional Therapist (DT) interviews the resident to complete all the non-clinical aspects of the LTCP (cultural needs, values, beliefs, strengths, goal and aspirations. goal setting, cultural needs). The DT confirmed this process when interviewed and advised family/whānau are included with resident consent.

Three resident files were reviewed and confirmed InterRAI assessments and LTCP were current and included a due date for the next evaluation. The RN demonstrated a report that can be run from Experion Lee Care for residents last GP review date and next due date for GP review. The RN explained if the GP does not attend as scheduled, she makes a call to the GP practice to confirm when the visit will occur. The Experion Lee Care platform has an alert function for assessments (LTCP, Bowel charts, behaviour charts, hygiene care etc) for completion in a required timeframe. The RN confirmed she monitors the alerts for any overdue assessments. The RN has also implemented a daily diary in which resident appointments are noted (GP visits, physio appointments, Hospital/Dental appointments etc). On the wall of the RN office was a schedule of InterRAI assessments and LTCP due dates.

The RN confirmed that all informed consents – admission agreements had been updated in August/September 2023 with the exception of one resident who was scheduled to have a family meeting the day after this inspection. These admission agreements included signed Enduring Power of Attorney agreements (EPOA's). The admission agreements were sighted during this inspection.

The Diversional Therapist confirmed goal setting was undertaken with family/whānau input but reiterated the residents at the time of this inspection had been residing at Wensley House long term and no new residents had been admitted enabling us to review new assessments and care plans.

The RN demonstrated the functionality of the facilities electronic platform Experion Lee Care to identify the 6 month date of when a LTCP is due for review.

Three monthly GP reviews are undertaken and when required (eg, when a residents health status changes).The GP was interviewed during this inspection. The GP spoke highly of the current RN clinical assessment care and organisational skills. The GP explained that she has a connection to Experion Lee Care via MedTech which gives her the ability to review residents progress notes, and that when she visits Wensley House to complete resident reviews she emails her progress notes to the RN who then uploads them into Experion Lee Care.

Three residents LTCPs were sighted on the Experion Lee Care. The LTCP were current and had a due date for review entered. The care plans detailed required interventions and included daily shift progress notes. GP reviews included medication reviews had been completed at three months. Acute needs care plans were noted (refer below).

The three resident LTCPs were reviewed for recording of acute issues documentation. All acute issues identified were managed well.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are now fully attained and closed.

### **May 2023 Inspection corrective action – subsection 3.4 My medication**

- Implement a system to ensure all residents medication records are reviewed at least three monthly by the GP.

### **September 2023 Surveillance audit corrective actions:**

- **Criterion 3.4.1:**
  - Ensure that medication room temperature monitoring is completed.
  - Ensure effectiveness of Pro re Nata (PRN) medication is consistently documented.
- **Criterion 3.4.3:**
  - Ensure all staff who administer or may need to administer medications, has a current competency in place.
- **Criterion 3.4.6:**
  - Ensure self-administration competency is completed.

### Evidence submitted and reviewed:

As stated in the above reporting, there is now a robust process in place to ensure GP reviews are undertaken. Since the previous inspection the organisation has a new contract with one GP who cares for the majority of residents at Wensley House.

The issues reported at the unannounced inspection relating to the collection of Methadone, ceased immediately following that inspection and the pharmacist now has a contract for the supply of pharmaceuticals to Wensley House.

Medication room temperature monitoring reports were sighted for 1 January 2024 to 5 February 2024 during this inspection. Temperatures were consistently recorded as required. Noted on the monitoring report is an escalation process for when temperatures are outside of the required range.

The RN confirmed when interviewed that PRN medications are managed in Medimap, and that effectiveness is documented. Medimap was reviewed during this inspection and documentation of the effectiveness of PRN medications sighted.

Staff competency and training records were reviewed during this inspection and evidenced that all care staff managing medications have a current competency. A two-week roster was sighted and evidenced all shifts had a medication competent staff member on shift throughout every 24 hour period.

The RN advised there is only one rest home resident at Wensley House who is currently self-administering medications. This residents LTCP was reviewed during this inspection and noted the resident has been assessed by the GP to be competent to self-administer medications. There was a completed competency signed by the GP uploaded into the resident's file.

The GP when interviewed confirmed she had assessed the resident as competent and would be completing three monthly competency assessments as per policy.

The corrective actions from the 2023 inspection and the 2023 surveillance audit are now fully attained and closed.

### **2023 September Surveillance audit corrective action – criterion 3.5.3**

- Ensure the food control plan is implemented to include relevant temperature checks and safe food storage.

#### Evidence submitted and reviewed:

At the previous inspection the kitchen was found to be unclean, untidy and dangerous with power boards loaded up and hanging off the Bain Marie. There was no food control plan in place, which had been a long-standing corrective action. The refrigerators required cleaning and defrosting. It was pleasing to see at this inspection a tidy, clean, safe kitchen. A food control plan is in place and requirements of a food control plan were being undertaken. The new chef was aware of the nutritious needs of the residents and the likes and dislikes of the residents. They were also knowledgeable on the requirements of food storage and monitoring. Eggs were no longer being constantly moved from the refrigerator and all refrigerator and freezer temperatures were being monitored and recorded daily, as well as the food serving temperatures. Many of these issues have been long standing at Wensley House. Residents reported an improvement in the food now being provided. Staff in the kitchen were seen to be happy and working well as a team.

The corrective action resulting from the 2023 surveillance audit is now fully attained and closed.

### **General overview of Wensley House**

It was pleasing to return to Wensley House and see the improvements that have been made by the entire team. The grounds had seen some improvements acknowledging that there are still actions that could further enhance the environment, not just from a visual perspective but also safety. Within the rest home some alterations to various auxiliary rooms are further enhancing the way in which the home is functioning for the staff such as redesigning the laundry / sluice area. The staff were engaged and reported enjoying their jobs and were pleased with the changes that had been made, the atmosphere within the home felt a vast improvement to our last visit. The facility manager is settling into the role and now has a competent registered nurse in place to support her and the team to ensure that residents get the high-quality care that they require and is expected.

We acknowledge the commitment that the owner has demonstrated to improve the service for the residents and staff and contractors who contribute to the care of the residents. The new systems especially the patient management system and clinical governance is now supporting the organisation to deliver services that will improve the outcomes for the residents.

### **Inspection Team**

The inspection was undertaken by Chris McLelland, Senior Advisor, HealthCERT, and Jo Noble, Principal Advisor, HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health.

## 4. Inspection Methodology

The following methodology was used during the inspection:

- Interview with directors, manager, clinical quality advisor, staff and GP.
- Observation of residents.
- Physical inspection of premise / equipment.
- Review of Clinical Records.
- Review of policies and procedures.

## 5. Inspection Limitations

The scope of the inspection was limited to the corrective action management from the previous May 2023 inspection and September 2023 surveillance audit.

## 6. Inspection Findings

There were no new findings identified at this inspection. All previous corrective actions resulting from the May 2023 inspection and some from the September 2023 surveillance audit have been reviewed at this inspection and are now able to be closed as fully attained.

## 7. Summation Meeting

Present: [REDACTED] (Owner, Director) [REDACTED] (Director), [REDACTED] (Facility Manager) [REDACTED] (Clinical Governance Advisor), Jo Noble (Principal Advisor HealthCERT) and Chris McLelland (Senior Advisor, HealthCERT). At the end of the summation Mardi Fitzgibbon (Regional Manager, Aging Well team, Te Waipounamu) and Karen Dennison (Principal Service Development Manager, Aging Well team, Te Waipounamu) joined the meeting.

Chris McLelland thanked the facility for their participation and approach to the inspection recognising that this was an inspection of great significance to the future of Wensley House. The amount of work that had been undertaken since the last inspection and the commitment shown by the owner to improve services was acknowledged. The owner expressed how cathartic the experience had been for him and that he had decided on the path of transformation. The inspectors discussed the changes they had seen during the day and the overall atmosphere of the rest home in comparison to the last visit. They encouraged the facility manager to continue the progress made and wished her well with this work. Chris was pleased to advise that all corrective actions that were reviewed at this inspection were now able to be closed and that the facility were now able to commence admitting new residents. The Aging Well team endorsed this when they arrived and also expressed their appreciation of the work that had been undertaken.

We are pleased to advise that Wensley House can now commence admitting new residents into the facility.

The provider was advised that this investigation report would be published on the Ministry of Health website.